

GLOSSARY AND ACRONYMS

The following is a list of abbreviations, acronyms and definitions used in this manual chapter.

Glossary

638 Clinic – An Indian Health Service provider serving the Native American population with preventive, diagnostic, therapeutic, rehabilitative or palliative medical care.

Adjunct Services – Services provided by the Medicaid provider at times other than regularly scheduled office hours or at regularly scheduled evening, weekend or, state legal holidays in addition to basic service.

Ambulatory Surgical Center (ASC) – A free-standing facility, separate from a hospital, which meets the needs of eligible patients for minor surgery on a one-day basis. ASCs are reimbursed a flat fee per occurrence.

Bureau of Health Services Financing (BHSF) – The Bureau within the Department of Health and Hospitals responsible for the administration of the Louisiana Medicaid Program.

Centers for Medicare and Medicaid Services (CMS) – The federal agency in DHHS charged with overseeing and approving states' implementation and administration of the Medicaid and Medicare programs.

Children's Health Insurance Program (CHIP) Phase IV – An expansion of Louisiana's State Child Health Insurance Program that provides prenatal care services, from conception to birth, for low income uninsured mothers who are not otherwise eligible for other Medicaid programs.

ClaimCheck – A commercial claims editing tool utilized by Louisiana Medicaid which evaluates billing information and coding accuracy based on national coding standards during the claims processing cycle.

Clear Claim Connection – A web-based reference tool that enables providers with access to the editing rules and clinical rationale for ClaimCheck processing.

Clinical Data Inquiry (CDI) – A daily updated on-line inquiry providing a complete history of a Medicaid enrollee's paid claims for a specified time period.

Co-payment – A fixed dollar amount paid by a Medicaid enrollee at the time of receiving a covered service from a participating provider.

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Deficit Reduction Act of 2005 (DRA) – The federal law enacted in February 2006 aimed to reduce the rate of federal and state Medicaid spending growth through a new flexibility on Medicaid premiums, cost sharing and benefits, along with tighter controls on asset transfers in order to qualify for Medicaid long-term care.

Department of Health and Hospitals (DHH) – The state agency responsible for administering the Medicaid program and other health related services including public health, behavioral health and developmental disabilities. In this manual, the use of the word “department” means DHH.

Department of Health and Human Services (DHHS) – The federal agency responsible for administering all state Medicaid programs as well as other public health programs.

Dual Eligible – Individuals entitled to Medicare and full or partial Medicaid benefits.

EarlySteps – Louisiana’s early intervention system for children with developmental disabilities.

Electronic Clinical Documentation Improvement (eCDI) – Louisiana Medicaid’s electronic clinical data inquiry providing paid claims history for specified Medicaid enrollees for a selected time period.

Electronic Medicaid Eligibility Verification System (eMEVS) – Louisiana Medicaid’s electronic system for direct access to Medicaid eligibility information for enrolled providers.

Enrollee – A person meeting Medicaid eligibility, applied and approved by the Medicaid program to receive benefits regardless of whether services are actually received and/or claims paid on his/her behalf.

Enrollment – The act of registering into the computerized system for payment of eligible services under the Medical Assistance Program. Enrollment includes the execution of the provider agreement and assignment of the provider number used for payment. This is also referred to as provider enrollment.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) – A program established by the federal government in 1967 to provide low-income children with comprehensive health care.

Federal Financial Participation (FFP) – The federal government’s share of Louisiana’s Medicaid payments made to enrolled providers for services rendered to Medicaid enrollees.

Federal Medical Assistance Percentage (FMAP) – The percentage rate used to determine the matching funds rate allocated annually by the federal government for the operation of the state Medicaid program.

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Federally Qualified Health Center (FQHC) – An entity receiving a grant under Section 330 of the Public Health Service Act; is receiving funding from such grant under a contract with the recipients of a grant and meets the requirements to receive a grant under Section 330 of the PHS Act; is not receiving a grant under Section 330 of the PHS Act but determined by the Secretary of DHHS to meet the requirements for receiving a grant based on the recommendation of the HRSA; is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self Determination Act or an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.

Fiscal Intermediary (FI) – The fiscal agent contracted by DHH to operate the federally approved Medicaid Management Information System (MMIS). The fiscal intermediary processes Medicaid claims for services provided under the Medicaid Program and issues appropriate payment and provides assistance to providers.

Global Surgery Period (GSP) – This concept refers to those services that are paid as part of the reimbursement for surgical procedures. This can include both pre-operative and post-operative services.

Health Professional Shortage Area – An urban or rural area, population group, or public or nonprofit private medical facility which the Secretary of DHHS determines has a shortage of health professionals.

Health Resources Services Administration (HRSA) – An office within the Department of Health and Human Services whose mission is to improve access to healthcare services for the uninsured, isolated, or medically vulnerable through leadership and financial support.

Lock-In – An educational program administered by the Medicaid pharmacy program staff which restricts certain Medicaid enrollees to a specific physician and/or pharmacy.

Louisiana Children's Health Insurance Program (LaCHIP) – A Medicaid expansion population covering children less than 19 years of age without health insurance and income up to 200% of the federal poverty level (FPL).

LaCHIP Affordable Plan – A stand alone eligibility group providing Medicaid coverage for children under the age of 19 not covered by health insurance with income below 250% of the federal poverty level (FPL).

Medicaid – A federal-state financed medical assistance entitlement program provided under an approved State Plan authorized under Title XIX of the Social Security Act.

Medicaid Eligibility Verification System (MEVS) – Louisiana Medicaid’s electronic eligibility verification system accessed through a switch vendor.

Medicaid Management Information System (MMIS) – The computerized claims processing and information retrieval system for the Medicaid Program. This system is an organized method of payment for claims for all Medicaid covered services. It includes all Medicaid providers and eligible recipients.

Medical Vendor Administration (MVA) – The appropriated entity responsible for the administration of Louisiana’s Medicaid program.

Medical Vendor Program (MVP) – That portion of Medicaid expenditures directly related to payments for services rendered to enrollees.

Medically Necessary – Those health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.

Medically Needy Program (MNP) – A Medicaid eligibility group with limited Medicaid benefits for those individuals with income and resources insufficient to meet medical needs during a specific time period.

Medically Underserved Area – Areas designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Medically Underserved Population – Areas designated by HRSA as having high infant mortality, high poverty, and/or high elderly population.

Medicare – The Social Security Act Title XVIII that provides the health insurance program for the aged and disabled.

Medicare Part A – The hospital insurance portion of Medicare.

Medicare Part B – The supplementary insurance portion of Medicare that covers medically-necessary physician and outpatient care.

Medicare Part C – The managed care portion of Medicare.

Medicare Part D – The prescription drug portion of Medicare.

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National Correct Coding Initiative (NCCI) – The federally mandated editing methodologies applied to Medicaid claims filed on or after October 1, 2010 that are used to prevent improper payments when incorrect code combinations are reported.

Prior Authorization (PA) – Management tool used to determine if treatments/services are medically necessary and appropriate for the patient.

Provider Enrollment (PE) – Another term for enrollment of providers.

Recipient – Enrollee having received Medicaid services and paid claims rendered to the enrolled provider.

Recipient Eligibility Verification System (REVS) – Louisiana Medicaid’s automated telephonic voice response system for verifying Medicaid eligibility.

Secretary – The secretary of the Department of Health and Hospitals or any official to whom (s)he has delegated the pertinent authority.

State Fiscal Year (SFY) – The state’s 12-month budget appropriation time period beginning July 1 and continuing through June 30 of the next calendar year.

State Plan – The formal agreement between Louisiana and CMS regarding the policies and payment methodologies governing the administration of the Medicaid program. FFP is not available for any service/payment not approved by CMS.

Supplemental Security Income – A federal cash assistance program for low-income aged, blind or disabled individuals established by Title XVI of the Social Security Act.

TAKE CHARGE – Louisiana Medicaid’s family planning waiver.

Temporary Assistance for Needy Families (TANF) – Monthly cash assistance program for impoverished families with children under the age of 18.

Title V – Section of the Social Security Act establishing the Maternal and Child Health Services Block Grant.

Title XIX – Section of the Social Security Act authorizing state Medicaid services, populations and programs.

Trade Areas – Designated areas in the states of Texas, Arkansas, and Mississippi where a Louisiana Medicaid enrollee typically seeks medical care.

Acronyms

17-P – 17 Alpha Hydroxyprogesterone Caproate

AADE – American Association of Diabetes Educators

ADA – American Diabetes Association

ADA – American Dental Association

APRN – Advance Practice Registered Nurse

ASC – Ambulatory Surgical Center

ASMBS – American Society for Metabolic and Bariatric Surgery

CCN – Coordinated Care Network

CDE – Certified Diabetes Educator

CDI – Clinical Data Inquiry

CERMe – Care Enhance Review Manager Enterprise

CEUs – Continuing Education Units

CFR – Code of Federal Regulations

CHAMP – Child Health and Maternity Program

CHIP – Children’s Health Insurance Program

CLIA – Clinical Laboratory Improvement Amendment

CNM – Certified Nurse Midwife

CNP – Certified Nurse Practitioner

CNS – Clinical Nurse Specialist

CPT – Current Procedural Terminology

CRNA – Certified Registered Nurse Anesthetist

DD – Developmentally Disabled

DME – Durable Medical Equipment

DSMT – Diabetes Self Management Training

E/M – Evaluation and Management

E&M – Evaluation and Management

EDI – Electronic Data Interchange

EDSPW – Expanded Dental Services for Pregnant Women

EFT – Electronic Funds Transfer

EHR – Electronic Health Records

EPSDT – Early and Periodic Screening, Diagnosis and Treatment

ESRD – End Stage Renal Disease

FMAP – Federal Medical Assistance Percentages

FPL – Federal Poverty Level

HCBS – Home and Community Based Services

HCPCS – Healthcare Common Procedure Coding System

HHA – Home Health Agency

HIPAA – Health Insurance Portability and Accountability Act

HMO – Health Maintenance Organization

ICF/DD – Intermediate Care Facility/Developmentally Disabled

IEP – Individualized Education Plan

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IFSP – Individualized Family Service Plan

IHS – Indian Health Service

ITB – Intrathecal Baclofen

LINKS – Louisiana Immunization Network for Kids Statewide

LPN – Licensed Practical Nurse

LTC – Long Term Care

MCH – Maternal Child Health

MED REV – Medical Review

MST – Multi-Systemic Therapy

MVA – Medical Vendor Administration

MVP – Medical Vendor Program

NCBDE – National Certification Board for Diabetes Educators

NDC – National Drug Code

NOW – New Opportunities Waiver

OBRA – Omnibus Budget Reconciliation Act of 1993

OFS – Office of Family Support

OPH – Office of Public Health

OSCAR – Online Survey, Certification and Reporting

OT – Occupational Therapy

PA – Physician Assistant

PACE – Program of All Inclusive Care for the Elderly

PAU – Prior Authorization Unit

PCCM – Primary Care Case Management

PCP – Primary Care Provider

PCS – Personal Care Services

PDL – Preferred Drug List

PEU – Provider Enrollment Unit

PPM – Provider Performed Microscopy

POC – Plan of Care

PSR – Provider Specialty Restriction

PT – Physical Therapy

REVS – Recipient Eligibility Verification System

RHC – Rural Health Clinic

RN – Registered Nurse

RFSR – Request for Services Registry

RUM – Radiology Utilization Management

SCHIP – State Children’s Health Insurance Program

SL – Service Limits

SRI – Statistical Resources, Inc.

SSA – Social Security Administration

ST – Speech Therapy

TCM – Targeted Case Management

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TOS – Type of Service

TPL – Third Party Liability

TS – Type of Service

UCC – Uncompensated Care Costs

VFC – Vaccines for Children

VNS – Vagus Nerve Stimulator

WIC – Women, Infants and Children