



Health Care Jargon **Dictionary**

Your Guide to Demystifying Health Vocabulary

Top health care terms **defined.**

Health care is so full of acronyms and jargon that it can be easy to get tripped up. What's the difference between an HIE and an HIX? Which new executive roles are emerging at hospitals? What does MACRA actually stand for?

We've created this dictionary to review frequently referenced health terms that you might not have understood, but didn't want to ask your customers to define. While this list is certainly not comprehensive, it explains one hundred terms relating to reform and innovation, payment and insurance, sites of care, personnel, and health organizations. Many terms have links to additional Advisory Board resources for further exploration.

Keep this booklet nearby as your go-to resource to demystify wonky health care acronyms, to provide context to your everyday conversations, and to speak fluently about health care trends and concepts with your provider partners. Click on any letter in the table of contents to be taken to terms for that letter.

LEGEND



Reform and Innovation

Important governmental policies that are shaping health care delivery.



Sites of Care

Traditional and non-traditional providers of health care and the patients they serve.



Payment and Insurance

Reimbursement structures for billing commercial and government health care programs.



Personnel

Crucial stakeholders within a health system and their specific roles in providing care.



Organizations

Key health care entities—governmental and private—and their impact on the health care economy.

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A

ACA (or PPACA) ●

Patient Protection and Affordable Care Act

A comprehensive health care reform bill passed in 2010, the ACA seeks to achieve a triple aim of improving population health, lowering per capita costs, and elevating patient experience.

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Accountable Care ●

The responsibility of providers to manage total cost of care for a population by standardizing care pathways, driving care coordination, and multiplying ambulatory access points.

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ACO ●

Accountable Care Organization

Comprised of one or more providers (physician groups, hospitals) and a payer (Medicare, private insurers), ACOs receive shared savings bonuses—along with traditional fee-for-service payments—for lowering costs and increasing quality of care for their assigned patients.

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AHA ●

American Heart Association

A non-profit health awareness agency which focuses on reducing

the number of deaths caused by cardiovascular diseases and stroke.

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AHRQ ●

Agency for Healthcare Research and Quality

A branch of [HHS](#) that focuses on improving hospital care processes by maintaining publically available databases on quality, costs, outcomes, and patient safety.

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AMA ●

American Medical Association

A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.

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AMC ●

Academic Medical Centers

A health care organization that is often linked to a medical school and hospital complex.

APC ●

Ambulatory Payment Classification

Ambulatory Payment Classification is the billing code system that hospitals use to charge [CMS](#) for outpatient services provided to Medicare and Medicaid patients.

APM ●

Alternative Payment Models

Alternative Payment Model (APM) is one of two payment tracks mandated under MACRA; it shifts Medicare provider payments from fee-for-service to a value-based model.

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ARRA ●

American Recovery and Reinvestment Act of 2009 ("Stimulus Bill")

The Stimulus Bill's health care aspects focus on extending money to states for Medicaid, to the uninsured for private insurance, and to hospitals for IT implementation.

ASC ●

Ambulatory Surgery Center

A medical facility designed and equipped to handle surgery, pain management, and certain diagnostic procedures that do not require overnight hospitalization. The centers may be part of a community general hospital, a specialty hospital, or an independent medical facility.

Assisted Living ●

A long-term senior care option that provides personal care support services such as meals, medication management, bathing, dressing, and transportation.

B

BPCI ●

Bundled Payments for Care Improvement Initiative

Program in which Medicare issues one sum, or "bundled" payment, to the physicians, hospitals, and post-acute care providers involved in delivering an episode of care during a specific time period.

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Bundled Payments ●

Under a bundled payments model, a payer issues a lump sum to the providers involved in delivering an episode of care during a specific time period, which may include physicians, hospitals, and post-acute care providers.

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C

CAH ●

Critical Access Hospital

CMS certifies certain rural hospitals as Critical Access Hospitals (CAHs). CAHs have no more than 25 inpatient beds and maintain an annual average length of stay of no more than 96 hours for acute inpatient care.

CDC ●

Centers for Disease Control and Prevention

A federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States to improve overall public health.

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CExO ●

Chief Experience Officer

The Chief Experience Officer (CExO) is responsible for cultivating an organizational culture that aims to enhance the patient, visitor, physician, and staff experience, ideally improving patient satisfaction scores as a result.

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CHIP ●

Children's Health Insurance Program, enacted 1997

A joint state and federal program to offer health care financing to low-income families with children.

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CI ●

Clinical Integration

Clinical integration (CI) is a legal arrangement that allows hospitals and physicians to collaborate to improve quality and efficiency while remaining independent entities.

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CJR ●

Comprehensive Care for Joint Replacement

Comprehensive Care for Joint Replacement (CJR) is the mandatory bundled payment program **CMS** launched to hold participating hospitals financially responsible for reducing episodic costs for total hip and/or knee replacements. CJR includes financial incentives to hit their specific savings targets while maintaining or improving care quality.

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CMIO ●

Chief Medical Information Officer

The Chief Medical Information Officer (CMIO) bridges the gap between practicing clinicians and the IT Department. CMIOs are always physicians and help develop strategies for mobility, security, disaster preparedness, change management, and IT governance.

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CMO ●

Chief Medical Officer

The Chief Medical Officer (CMO) role has traditionally focused on improving the quality of clinical services and serving as a liaison between a hospital's administration and its medical staff. In light of reimbursement pressures, CMOs are now tasked with leading clinical transformation efforts which also cut costs.

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CMS ●

Centers for Medicare & Medicaid Services

Government organization within the Department of Health and Human Services that manages Medicare, Medicaid, and **CHIP**.

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Community Hospital ●

A non-federal, short-term (average length of stay with fewer than thirty days) hospital.

CNIO ●

Chief Nursing Information Officer

The nursing leader responsible and accountable for advancing clinical quality and patient safety through the optimal use of IT-enabled clinical initiatives that affect or involve nursing work practices.

CNO ●

Chief Nursing Officer

The Chief Nursing Officer (CNO) is responsible for ensuring hospitals and other facilities provide safe and cost-effective patient care. CNOs identify and communicate the strategic direction for nursing, manage financial and human resources, collaborate with leaders of other departments, and supervise nurses and other allied healthcare team members.

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CNS ●

Clinical Nurse Specialist

A Clinical Nurse Specialist (CNS) is a registered nurse who has training at the master's or doctoral level.

COE ●

Center of Excellence

Center of Excellence generally refers to a specific package of services aimed at treating a specific disease as hospitals try to highlight the quality of particular clinical services (e.g., bariatric surgery center of excellence).

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CPC+ ●

Comprehensive Primary Care Plus

Comprehensive Primary Care Plus is a national advanced primary care medical home model that **CMS** designed to improve primary care through a regionally-based multi-payer payment reform and care delivery transformation.

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CPT ●

Current Procedural Terminology

A standardized medical code developed by the American Medical Association to report medical services and procedures under public and private health insurance programs.

CQO ●

Chief Quality Officer

The Chief Quality Officer (CQO) oversees clinical quality and patient safety, with a focus on continuous quality and process improvement. The CQO's responsibilities often extend well beyond those obligations.

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CRNA ●

Certified Registered Nurse Anesthetist

A Certified Registered Nurse Anesthetist (CRNA) is an advanced practice nurse who provides anesthetics to patients in every setting, and for every surgery or procedure, in concert with various health care professionals.

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CTO ●

Chief Transformation Officer

The Chief Transformation Officer (CTO) manages a provider's transition from a volume-based to a value-based business model. This leader typically reports to the CEO and may have a background in ambulatory care operations, health plan management, or strategic planning.

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D

DNP ●

Doctor of Nursing Practice

DNP is a professional degree in nursing practice that is a substitute for a research-oriented doctoral degree. DNP provides training in evidence-based medicine, quality performance, and systems leadership.

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DO ●

Doctor of Osteopathic Medicine

A fully licensed physician who practices in every medical specialty. They provide various services such as prescribing medication to performing surgery.

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DSH ●

Disproportionate Share Hospital

State Medicaid programs make Disproportionate Share Hospital (DSH) payments to qualifying hospitals that provide health care services to a substantial number of Medicaid and uninsured individuals.

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E

EBP ●

Evidence-based Practice

Evidence-based practice is the explicit use of the best available medical evidence in making clinical decisions.

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ED ●

Emergency Department
(also called emergency room or ER)

The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care.

EHB ●

Essential Health Benefits

A list of benefits that must be covered by all new health care plans as of January 1, 2014.

EHR ●

Electronic Health Record

Digital medical record designed to be shared among locations.

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EMR ●

Electronic Medical Record

Digital medical record designed to serve one system or entity.

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ESI ●

Employer Sponsored Insurance

Insurance paid by businesses on behalf of their employees.

F

FDA ●

Food and Drug Administration

A federal agency responsible for regulating the release of new foods and health-related products.

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FFS ●

Fee-For-Service

System of payment in which providers receive reimbursement for each service they perform.

FPL ●

Federal Poverty Level

Income level set by the federal government. Key in determining eligibility and corresponding subsidies for [ACA](#) programs.

FQHC ●

Federally Qualified Health Center

Clinics offering comprehensive health care to an underserved population and receive Medicare and Medicaid payment.

FTE ●

Full Time Equivalent

For purposes of the [ACA](#), this is an employee who works 30 hours/week or more.

G

Grandfathered Health Plan ●

Established health plans that need not include EHBs.

GPO ●

Group Purchasing Organization

An entity that helps healthcare providers realize savings by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors, and other vendors.

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H

HAC ●

Hospital-Acquired Conditions

Illnesses or complications that patients contract during their hospital stay and are considered to be highly avoidable.

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HCAHPS ●

Hospital Consumer Assessment of Health Care Providers and Systems

The HCAHPS survey measures patient experience.

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HCPCS ●

Healthcare Common Procedure Coding System

A medical billing code used by providers to submit claims to commercial health insurers and government health care programs.

HCR ●

Health Care Reform

Ongoing legislative and regulatory movement.

HHA ●

Home Health Agency

Home Health Agencies (HHAs) provide skilled nursing, therapy, and personal care services to patients in their private homes.

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HHS ●

U.S. Department of Health and Human Services

Federal department responsible for providing Americans with health care services and improving overall health.

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HIE ●

Health Information Exchange

Electronic infrastructure that allows health care professionals and patients to appropriately access and securely transmit a patient's vital medical information across sites of cares in many geographic regions of the country.

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HIM or HIX ●

Health Insurance Exchange (or Marketplace)

Several names are used to describe the [ACA](#)'s online portals to register for private or government insurance.

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HIMSS ●

Healthcare Information and Management Systems Society

A nonprofit organization whose goal is to promote the best use of information technology and management systems in the health care industry.

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HIPAA ●

Health Insurance Portability and Accountability Act of 1996

A law designed to ensure patient health care privacy.

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HITECH ●

Health Information Technology for Economic and Clinical Health Act

Enacted through the 2009 [ARRA](#), this act offers regulations and funding for hospitals and physicians to implement health IT.

Hospice ●

A comprehensive system of services and care team of clinicians that provide palliative care to the terminally ill.

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HRP ●

High Risk Pools

[ACA](#)-established insurance for those with preexisting conditions.



ICD-10 ●

International Statistical Classification of Diseases and Related Health Problems

The 10th version of the codes to classify disease in provider settings. Used heavily by [CMS](#) and insurance firms to allocate payments.

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IDN ●

Integrated Delivery Network

A formal system of providers and sites of care that provides both complete health services and a health coverage plan to patients in a particular geographic area.

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IPPS ●

Inpatient Prospective Payment System

A payment system for the operating costs of acute care hospital inpatient stays under Medicare Part A based on prospectively set rates.

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IRF ●

Inpatient Rehabilitation Facilities

Inpatient Rehabilitation Facilities provide intensive rehabilitation services to patients who have suffered an acute medical episode. IRFS can either be rehabilitation units in acute care hospitals or free-standing entities.

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J

TJC (formerly JCAHO) ●

The Joint Commission

The Joint Commission (TJC) is an independent, not-for-profit organization that accredits and certifies hospitals and other types of health care organizations and providers.

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L

LTACH ●

Long-Term Acute Care Hospitals

Long-Term Acute Care Hospitals treat patients with serious medical conditions and require intensive post-acute treatment for an extended period of time.

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M

MA ●

Medicare Advantage

A Medicare plan offered by a private company that works with Medicare to deliver care and receive payments.

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MACRA ●

Medicare Access and CHIP Re-Authorization Act

MACRA was enacted in 2015 and introduced two new payment tracks: the Merit-Based Incentive System and Alternative Payment Models. These new payment tracks move away from fee-for-service models to value-based reimbursements.

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MCO ●

Managed Care Organization

Health care delivery method managed by a private company where patients agree to visit only certain doctors and hospitals.

MDMA ●

Medical Device Manufacturers' Association

A national trade association that represents and provides educational and advocacy assistance to smaller independent medical device manufacturers.

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MEC ●

Minimum Essential Coverage

The level of basic medical care that individuals are mandated to maintain under the [ACA](#).

Medicaid Expansion ●

A provision in the Affordable Care Act that asked states to expand Medicaid eligibility to cover more low-income individuals. However, in June 2012, the Supreme Court declared that states were not required to expand their Medicaid coverage. State participation is now optional.

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MedPAC ●

Medicare Payment Advisory Commission
Independent US federal body which advises Congress on the Medicare program.

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MIPS ●

Merit-Based Incentive Payment System

One of two new payment tracks under **MACRA** that scores providers on four categories—Quality, Resource Use, **EHR** Use, and Clinical Practice Improvement—which will be used to calculate provider bonuses or penalties.

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MS-DRG ●

Medicare Severity-Diagnosis Related Group

A Medicare Severity-Diagnosis Related Group (MS-DRG) system classifies acute care patients into groups based on diagnosis and procedures performed.

MSSP ●

Medicare Shared Savings Program

Shared savings is a payment model where providers are paid for each

procedure they perform and may receive bonus income for reducing spending below a spending target. The MSSP is **CMS's** program to establish the **ACOs** that receive these payments.

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MU ●

Meaningful Use

Series of guidelines from the **HITECH** Act to encourage providers to achieve high-level electronic record competency.

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N

Next-Generation ACO ●

This new **ACO** model uses a combination of fee-for-service and capitation. It creates four payment systems and two risk tracks for its participants, including one with almost full risk. In a significant departure from existing ACO options, patients will be able to voluntarily sign up for ACOs in the model.

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NP ●

Nurse Practitioner

A Nurse Practitioner (NP) is a trained nurse who is qualified to diagnose and treat acute and chronic conditions without the direct supervision of a doctor.

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O

OCM ●

Oncology Care Model

Under the Oncology Care Model (OCM), physician practices enter into payment arrangements that include financial and performance accountability for episodes of care surrounding chemotherapy administration to Medicare cancer patients.

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OIG ●

Office of the Inspector General
(Department of Health and Human Services)

Office of the Inspector General of the Department of Health and Human Services investigates Medicare fraud and abuse and enforces laws related to those crimes.

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OPPS ●

Outpatient Prospective Payment System

Under this system, hospitals receive a set payment rate to provide certain outpatient services to Medicare patients.

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P

PA ●

Physician Assistant

A Physician Assistant (PA) is a mid-level practitioner who practices medicine under the supervision of a licensed doctor.

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Population Health Management ●

The use of health care and/or lifestyle interventions to improve the long-term health and wellness of a group of individuals.

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PCMH ●

Patient-centered Medical Home

A team-based care model for physician groups centered on the effective provision of primary and preventive care.

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PhRMA ●

Pharmaceutical Research and Manufacturers of America

A trade group representing companies in the pharmaceutical industry in the United States.

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Provider-Supplier Risk Sharing ●

When a provider and supplier contractually link at least part of supplier compensation to the achievement or avoidance of defined outcomes or events.

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Q

QHP ●

Qualified Health Plan

An insurance plan providing essential health benefits and approved to be sold on a health insurance marketplace.

R

Retail Clinic ●

Retail clinics are typically staffed by nurse practitioners or physician assistants to treat uncomplicated minor illnesses. They are located in retail stores, supermarkets, and pharmacies.

RN ●

Registered Nurse

A graduate trained nurse who has received a license and registration from a state authority to practice medicine.

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RRP ●

Readmissions Reduction Program

A Medicare program implemented under the [ACA](#) which penalizes hospitals for having a high rate of patients readmitted to a hospital within 30 days of a prior acute care stay.

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RVU ●

Relative Value Unit

A measure of value used by Medicare to reimburse physician services. RVUs are a method of calculating the volume of work undertaken by a physician in treating patients.

S

Shared Savings ●

A risk-based payment model designed to reward providers for improving the total cost and the quality of care for a defined patient population.

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SHOP ●

Small Business Health Options Program

Specific health insurance exchanges for small business owners to purchase employer-sponsored insurance for workers.

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SNF ●

Skilled Nursing Facility

Skilled Nursing Facilities (SNFs) provide ongoing nursing care to patients who do not require the intensity of an acute facility. SNFs treat a variety of sub-acute patients requiring skilled nursing and therapeutic care.

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T

Teaching Hospital ●

A hospital closely associated with a medical school and serving as a practical educational site for medical students, interns, and residents.

Triple Aim ●

The Triple Aim refers to [CMS](#)' goal for an ideal U.S. health care system. The three goals are improving the patient care experience, reducing the per capita cost of health care, and enhancing the health of a population.

U

Urgent Care ●

Urgent care is focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. Urgent care centers

primarily treat injuries or illnesses requiring immediate care, but not critical enough to require an ER visit.

V

VBP ●

Value-Based Purchasing

A [CMS](#) initiative that positively or negatively adjusts Medicare reimbursement based on performance on quality metrics.

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