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## Medical Assistance Programs Dictionary

Use this page to find definitions/descriptions of acronyms, words, and terms that are frequently used within the Office of Medical Assistance Programs.

Acronym/Word/Term	Definition/Description
AAA	Area Agency on Aging - The single local agency designated by the Pennsylvania Department of Aging within each planning and service area to administer the delivery of a comprehensive and coordinated plan of social and other services and activities.
ACCESS Card	Medical Assistance Identification Card - The Pennsylvania ACCESS card is issued to individuals for Medical Assistance benefits. The card is one of the methods that may be used by Medical Assistance providers to verify an MA consumer's eligibility for medical services through the Eligibility Verification System (see EVS).
ADA	Americans with Disabilities Act
ADAP	AIDS Drug Assistance Program (see SBPB)
AIDS	Acquired Immunodeficiency Syndrome
Alert	(Remittance Advice Alert) – a special notice that is sent to Medical Assistance providers with their remittance advices to relay various information to them (important messages, reminders about billing procedures, etc.)
Alternate Payment Name	The name of the individual that the eligible Medical Assistance consumer has appointed to transact their benefits.
APD	Advance Planning Document
AUR	Automated Utilization Review
BDCM	Bureau of Data and Claims Management
Benefit Consultant	An individual or group that assists Medical Assistance recipients with choosing a physical health managed care plan, selecting a primary care provider, and obtaining information on behavioral health services.
BFFSP	Bureau of Fee for Service Programs
BH	Behavioral Health (services) – Commonly known as mental health and/or drug and alcohol services.
BH-MCO	Behavioral Health Managed Care Organization – An entity directly operated by the county government or licensed by the Commonwealth as a Health Maintenance Organization or risk-assuming Preferred Provider Organization which manages the purchase and provision of behavioral health services.
BMCO	Bureau of Managed Care Operations
BPBP	Bureau of Policy, Budget and Planning
BPI	Bureau of Program Integrity
Bulletin	(Medical Assistance Bulletin) – a formal mailing to Medical Assistance providers to relay various information to them (change in MA policy, change in billing procedures, fee schedule changes, etc.) Bulletin Search
CAO	County Assistance Offices – CAOs administers all the benefit programs, including Medical Assistance, at the local level. Department staff in these offices perform necessary functions such as determining and maintaining Medical Assistance recipient eligibility.
Capitation	A fee the Department of Human Services pays periodically to a contractor for each Medical Assistance recipient enrolled under a contract for the provision of medical services, whether or not the Medical Assistance recipient receives services during the period covered by the fee.
CARC	Claim Adjustment Reason Code
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
Children in Substitute Care	Children who have been adjudicated dependent or delinquent and are in the legal custody of a public agency and/or under the jurisdiction of the juvenile court, and are living outside of their homes in any of the following settings: shelter homes, foster homes, group homes, supervised independent living, residential treatment facilities, and residential child care facilities.
CHR	Concurrent Hospital Review
CIS	Client Information System – the Department's automated file that contains demographic and eligibility information for all Medical Assistance recipients.
CMI	Case Mix Index - a number value score that describes the relative resource use for the average resident in each of the groups under the RUG-III classification system based on the assessed needs of the resident
CMIC	Central Management Information Center
CMS	Centers for Medicare and Medicaid Services
COB	Coordination of Benefits
COBRA	Congressional (or Consolidated) Omnibus Budget Reconciliation Act
COLA	Cost of Living Adjustment
Contractor	The successful bidder or its successor approved by the Department.
CPT	(Physician's) Current Procedure Terminology
CRF	Community Residential Facility

CRN	Claim Reference Number – a 10-digit identification number assigned to every Medical Assistance claim or claim adjustment received by the Department for tracking purposes
CRNP	Certified Registered Nurse Practitioner
CSP	Community Support Program
DAP	Disability Advocacy Program
DEA	Drug Enforcement Agency
Developmental Disability	Mental retardation is the most prevalent of a broad spectrum of developmental disabilities. The term "developmental disability" means a severe, chronic disability of an individual that is: * attributable to a mental or physical impairment or combination of mental or physical impairments; * manifested before the individual attains age 22; * likely to continue indefinitely; * results in substantial functional limitations in three or more of the following areas of life activity: self care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self sufficiency. * reflects the individual's need for a combination and sequence of special, interdisciplinary or generic services, supports, or other assistance that is of lifelong or extended duration, except in the cases of infants, toddlers, or preschool children who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.
DHHS	U.S. Department of Health and Human Services
Disabled	Any person who has a physical or mental impairment that substantially limits one or more life activities (e.g. caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, learning, and working); or has a record of an impairment (has a history of, or has been misclassified as, having a mental or physical impairment) that substantially limits one or more major life activities; or is regarded as having an impairment.
DME	Durable Medical Equipment
DOH	Department of Health
DOI	Department of Insurance
DHS	Department of Human Services
DRG	Diagnostic Related Group
DRO	Domestic Relations Office
DSH	Disproportionate Share
Dual Eligible	An individual who is eligible to receive services through both Medicare and Medicaid (Medical Assistance)
DUR	Drug Utilization Review
EBT	Electronic Benefits Transfer
ECM	Electronic Claims Management
EDI	Electronic Data Interchange
EDS	Electronic Data Systems, Inc. – the claims processing contractor for the Pennsylvania Medical Assistance Program
EFT	Electronic Funds Transfer
EN	Employer Identification Number
EMC	Electronic Media Claims
EMS	Emergency Medical Services
EOMB	Explanation of Medical Benefits
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ER	Emergency Room
EVS	Eligibility Verification System
Facility MA CMI	Facility Medical Assistance Case Mix Index - the arithmetic mean CMI for MA residents in the nursing facility for whom the Department paid an MA day of care on the picture date.
Family Planning Services	Contraceptive needs met through the provision of educational, medical, and social services. Services enable individuals voluntarily to determine family size, to space children, and to prevent or reduce the incidence of unplanned pregnancies. Services are made available without regard to marital status, age, sex, or parenthood.
FDA	Food and Drug Administration
FFS	Fee-for-Service – payment on a per-service basis for health care services provided to Medical Assistance recipients
FQHC	Federally Qualified Health Center
FY	Fiscal Year
GA	Gross Adjustment or General Assistance (depends on context used) Gross Adjustment – General Assistance - Assistance for persons not eligible for a Federal Category; usually adults without children that have a permanent or temporary disability that precludes employment. Must meet income and assets limits.
HBP	Healthy Beginnings Plus
HC-L/C	HealthChoices Lehigh/Capital – The mandatory Medical Assistance managed care program for the counties of Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York.
HCPCS	HCFA Common Procedure Coding System
HC-SE	HealthChoices Southeast – The mandatory Medical Assistance managed care program in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.
HC-SW	HealthChoices Southwest – The mandatory Medical Assistance managed care program for Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland counties.
HealthChoices	The name of Pennsylvania's 1915(b) waiver program to provide mandatory managed health care to Medical Assistance recipients.
HIPAA	Health Insurance Portability and Accountability Act
HEDIS	Healthplan Employer Data Information Set
HIPP	Health Insurance Premium Payback
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization – A public or private organization organized under state law that is a federally-qualified health maintenance organization or meets the State Plan's definition of a health maintenance organization.
ICF	Intermediate Care Facility
ICF/MR	Intermediate Care Facility for the Mentally Retarded
IEAP	Independent Enrollment and Assistance Program
IEVS	Income Eligibility Verification System
IFB	Invitation for Bid
IGT	Intergovernmental Transfer Agreement - the formal document that executes the transfer of funds or certification of funds to the Commonwealth by another unit of government within the Commonwealth in accordance with Section 1903 of the Social Security Act (42 U.S.C.A. subsection 1396b(w)(6)(A)).
IRS	Internal Revenue Service
IT	Information Technology
ITB	Invitation to Bid
JCAHO	Joint Commission for the Accreditation of Healthcare Organizations
JDC	Juvenile Detention Center
LAN	Local Area Network
LIHEAP	Low Income Home Energy Assistance Program
LTL	Long Term Living

LTCMS	Long Term Care Management System
MA	Medical Assistance
MAAC	Medical Assistance Advisory Committee
MAC	Maximum Allowed Cost
MAID (number)	Medical Assistance Identification Number
MAMIS	Medical Assistance Management Information System
MAN	Metropolitan Area Network
MCO	Managed Care Organization – An entity which manages the purchase and provision of physical or behavioral health services for eligible Medical Assistance recipients.
MDS	Minimum Data Set - one of the three components of the federally designed Resident Assessment Instrument (RAI). The RAI includes the MDS, the Resident Assessment Protocols and Utilization Guidelines. The MDS is a minimum care of assessment items with definitions and coding categories needed to comprehensively assess a nursing facility resident.
MEDA	Medical Eligibility Determination Automation
MFCU	Medicaid Fraud Control Unit
MH/MR	Mental Health/Mental Retardation
MMIS	Medicaid Management Information System
MQC	Medicaid Quality Control
MSA (group)	Metropolitan Statistical Area - a statistical standard classification designated and defined by the Federal Office of Management and Budget following a set of official published standards.
MSI	Medical Services Invoice
NCPDP	National Council of Prescription Drug Programs
NCQA	National Committee for Quality Assurance
NDC	National Drug Code
NECS	National Electronic Claims Submission
NF	Nursing Facility - a general nursing facility, county or hospital-based nursing facility, which is licensed by the Department of Health and enrolled in the Medical Assistance program.
NIS	Nursing Information System - the comprehensive automated database of nursing facility, resident and fiscal information needed to operate the Pennsylvania Case-Mix Payment System.
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
OBRA	Omnibus Budget Reconciliation Act
OCDEL	Office of Child Development and Early Learning
OCYF	Office of Children, Youth and Families
ODP	Office of Developmental Programs
OM	Office of Income Maintenance
OLTL	Office of Long Term Living
OMAP	Office of Medical Assistance Programs
OMD	Office of the Medical Director
OMHSAS	Office of Mental Health and Substance Abuse Services
OPTIONS	Community Based Long Term Care
PA	Prior Authorization
PACE	Pennsylvania Adoption Cooperative Effort
PACE	Pharmaceutical Assistance Contract for the Elderly
PACSES	Pennsylvania's Child Support Enforcement System
PBM	Pharmacy Benefit Manager
PCP	Primary Care Provider – A specific medical services provider responsible for providing primary care services and locating, coordinating, and monitoring other medical care and rehabilitative services on behalf of a Medical Assistance recipient.
PDA	Pennsylvania Department of Aging
PE	Program Exception – Exception to the normal MA fee schedule or process for various reasons.
PERM	Payment Error Rate Measurement
PH	Physical Health
PHC4	Pennsylvania Healthcare Cost Containment Council
PH-MCO	Physical Health Managed Care Organization – A Commonwealth-licensed risk-bearing entity which has contracted with the Department of Human Services to manage the purchase and provision of physical health services to Medical Assistance recipients.
PMS	Pennsylvania Medical Society
POS	Point of Sale
POSNet	Pennsylvania Open Systems Network – The network that is used to access the Department's computer system, and to send and receive files from the Department's contractors. POSNet is an extended Ethernet LAN (Local Area Network). The selection of industry standard protocols means that the LAN capabilities can be extended statewide by using LANs, Metropolitan Area Networks (MANs), and Wide Area Networks (WANs).
PPS	Prospective Payment System - Medicare's version of our case-mix reimbursement system.
ProDUR	Prospective Drug Utilization Review
PROMISE™	Provider Reimbursement Operations and Management Information System
Provider	A person, firm, or corporation enrolled in the Pennsylvania Medical Assistance Program which provides services or supplies to Medical Assistance recipients.
PRR	Program Revision Request
PSR	Place of Service Review
QA	Quality Assurance
QC	Quality Control
QM	Quality Management
QMB	Qualified Medicare Beneficiary
RA	Remittance Advice – an explanation containing the status of claims processed during a particular period for providers. Remittance Advices are mailed to providers on a weekly basis.
Recipient	A person eligible to receive health-related services under the Medical Assistance Program in Pennsylvania.
RetroDUR	Retrospective Drug Utilization Review
RFP	Request for Proposal
RIDS	Resolution Image Display System
RNAC	Registered Nurse Assessment Coordinator - an individual licensed as a registered nurse by the State Board of Nursing and employed by a nursing facility, and who is responsible for coordinating and certifying completion of the resident assessment.
RRP	Recipient Restriction Program

RTF	Residential Treatment Facility
RUG-III	Resource Utilization Group Version III - a category-based resident classification system used to classify nursing facility residents into groups based on their characteristics and clinical needs.
SCSC	State Civil Service Commission
SPBP	Special Pharmaceutical Benefits Program - The SPBP is a unique program that provides specific HIV/AIDS drugs and several atypical antipsychotic drugs for low and moderate income individuals with a diagnosis of HIV/AIDS or schizophrenia. Medical Assistance clients with drug benefits through the regular fee-for-service program or MA Managed Care Organizations are NOT eligible for SPBP coverage. The HIV/AIDS piece of the program is usually known as AIDS Drug Assistance Program or ADAP in other states.
SPOC	Single Point of Contact
SSA	Social Security Administration
SSI	Supplemental Security Income - Persons permanently disabled (must last at least 12 months) as determined by the Social Security Administration may qualify for this.
SSN	Social Security Number
STD	Sexually Transmitted Disease
SURS	Surveillance and Utilization Reporting System - a computerized reporting system used to detect potential fraud and abuse of Medical Assistance providers and recipients.
TANF	Temporary Assistance for Needy Families
TCM	Targeted Case Management
TIN	Tax Identification Number
Total Facility CMI	Total Facility Case Mix Index - the arithmetic mean case mix index of all residents regardless of the resident's sources of funding.
TPL	Third Party Liability
UB-92 (form)	Unified Billing 1992 (form) – used for billing Pennsylvania Medical Assistance for Inpatient services
UMR	Utilization Management Review - an audit conducted by the Department's medical and other professional personnel to monitor the accuracy and appropriateness of payments to nursing facilities to determine the necessity for continued stay of residents.
VT	Voucher Transmittal
WAN	Wide Area Network
WC	Women, Infants and Children (program)
YTD	Year to Date

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