Health Policy Terms and Acronyms

**ACA** *(The Patient Protection and) Affordable Care Act.*

**ACO** Accountable Care Organization. A group of health care providers who join together to coordinate and furnish “the right care at the right time” to Medicare recipients, while avoiding unnecessary duplication of services and preventing medical errors. CMS offers incentives for creating an ACO under several “shared savings” schemes.

**ASO** Administrative Services Organization. An entity contracted with the State to conduct use management and administrative support for the Medicaid program. The ASO does not provide direct health care services or assume the risk for use levels or spending. Maryland’s ASO for the public behavioral health (mental health and substance use disorder) system is ValueOptions.

**Assister** A non-certified individual (such as a local health department or social services caseworker) authorized to provide eligibility and enrollment assistance for Medicaid and MCHP, as well as ongoing support in the selection of a Managed Care Organization (MCO). If a person seeking insurance is determined eligible for a Qualified Health Plan (QHP), the assister must hand off to a navigator. Assisters are compensated through federal grants.

**CAC** Certified Application Counselor. An individual authorized to provide eligibility and enrollment assistance for a Qualified Health Plan (QHP) but not Medicaid.

**Capital Region** Montgomery and Prince George’s counties.

**Care for Kids** A public-private partnership administered by the Primary Care Coalition that provides health care services to low-income children (up to age 19) in Montgomery County.

**CHH** Community Health Hub. Under Maryland’s state innovation model proposal (see SIM below), a local or regional unit responsible for overseeing and managing community health teams, which implement coordinated, community-based interventions. The CHH also develops strategies, performs data monitoring, ensures care quality, and tracks progress in meeting established targets. The three CHHs foreseen by the SIM will be selected through a competitive RFP process.

**CIMH** Community Integrated Medical Home. This core component of Maryland’s SIM is a health care delivery model that integrates patient-centered primary care and community health initiatives. Complements the Medicare waiver to achieve overall population health goals. Concept foresees community health teams supporting public health and wraparound services for the most vulnerable patients of participating primary care providers.

**CMMI** Center for Medicare and Medicaid Innovation. Within CMS, supports the development and testing of innovative health care payment and service delivery models through funding of demonstration projects.

**Connector entity** A regional organization (Maryland has six) contracted with the State to perform education, outreach, assistance with QHP and public benefit eligibility determination, and to aid Marylanders in selecting and enrolling in a QHP or MCO. The connector employs navigators and assisters.
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<th><strong>Dual eligible</strong></th>
<th>A low-income adult who receives both Medicare and Medicaid. A large proportion of dual eligibles have complex health conditions.</th>
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<tr>
<td><strong>ED</strong></td>
<td><em>Emergency department</em> (a/k/a emergency room).</td>
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<td><strong>EHB</strong></td>
<td><em>Essential health benefits.</em> The package of benefits that must be covered by all Qualified Health Plans (QHP) and Medicaid.</td>
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<td><strong>EHR</strong></td>
<td><em>Electronic health record.</em> Digital version of a paper chart that contains a patient’s entire health and treatment history, and is designed to be shared by all of the patient’s providers to better coordinate and improve the quality of care. An EMR (electronic medical record) is a patient’s medical and treatment history in one practice and is not readily shared.</td>
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<td><strong>EOB</strong></td>
<td><em>Explanation of benefits.</em> A statement sent by an insurance plan to a policyholder explaining the health services received and benefits paid for by the plan over a given time period.</td>
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<td><strong>Exchange</strong></td>
<td>Used as shorthand for the state-based marketplace—Maryland Health Connection—where subsidized health insurance can be purchased and people can enroll in Medicaid and MCHP. Not to be confused with the entity that runs the marketplace (MHBE, see below).</td>
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<td><strong>FPL</strong></td>
<td><em>Federal poverty level.</em> Depends on family size and changes annually.</td>
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<td><strong>HEALTH Partners</strong></td>
<td>A community-based collaboration to reduce preventable hospital readmissions and inappropriate use of emergency departments by residents of the Holly Hall subsidized housing community.</td>
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<td><strong>HEZ</strong></td>
<td><em>Health enterprise zone.</em> A community coalition that receives State grant funding under a 2013 pilot program to reduce disparities, expand access to care, improve outcomes, and reduce costs in a designated economically disadvantaged geographic area. Maryland has five HEZs that collectively receive $4 million/year over four years.</td>
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<td><strong>Maryland Health Connection</strong></td>
<td>Maryland’s state-based marketplace for individuals and small businesses to purchase QHPs, obtain federal subsidies, and enroll in Medicaid and MCHP. Accessed exclusively through a web portal. Sometimes referred to as the <em>Exchange</em>.</td>
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<td><strong>MCHP</strong></td>
<td><em>Maryland Children’s Health Program.</em> For uninsured children under age 19 with incomes 200-300% FPL who are ineligible for Medicaid. Also covers services for pregnant women of any age up to 250% FPL throughout pregnancy and two months postpartum.</td>
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<td><strong>MCO</strong></td>
<td><em>Managed Care Organization.</em> An insurance plan under contract with Maryland’s HealthChoice program to oversee most health care services for Medicaid recipients. MCOs must provide, at a minimum, a specific benefit package; many also provide additional benefits. They are reimbursed at a fixed capitation rate.</td>
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<td><strong>Medicare waiver</strong></td>
<td>Maryland’s new “all-payer” hospital reimbursement model, approved by CMS as of January 2014, that shifts hospital payment away from a volume-based, fee-for-service model to global budgets and the achievement of specific quality improvement and spending goals.</td>
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| **MHBE**         | *Maryland Health Benefits Exchange.* The public corporation governed by a nine-member board that operates Maryland’s state-based marketplace for health insurance. Among its most
important duties: establishes policy, sets plan and broker requirements, certifies QHPs in conjunction with the Maryland Insurance Administration, and ensures operation of the web portal.

**Montgomery Cares**
A public-private partnership administered by the Primary Care Coalition that provides health care and referral services to low-income, uninsured residents of Montgomery County.

**Navigator**
A trained, certified individual or entity authorized to facilitate selection, determine subsidies, and assist with enrollment/renewal in a QHP. With respect to Medicaid and MCHP, facilitates eligibility determinations and assists with MCO selection/enrollment. Compensated through MHBE operational funds.

**PCC**
The *Primary Care Coalition*. Administers collaborative health care programs serving low-income uninsured and underinsured Montgomery County residents under contract with the Montgomery County Department of Health and Human Services, as well as managing grant-funded initiatives for selected vulnerable populations.

**PDSA**
*Plan, Do, Study, Act.* Method for implementing process improvement initiatives using small tests of change.

**QA**
*Quality Assurance.* In the health care context, this implies not only competency, but services delivered at the right time, appropriate to the particular circumstances of the patient, and coordinated across multiple providers and social service assistance to achieve the best outcome possible.

**QHP**
*Qualified Health Plan.* A health insurance plan that meets the federal and state criteria for sale on the state-based marketplace. May also be sold off the Exchange by certified brokers. Purchasers of QHPs may receive federal premium and cost-sharing subsidies if they are eligible under income guidelines.

**SIM**
The *State Innovation Model*. A grant program authorized by the ACA and funded by CMMI. Maryland was one of 16 states awarded a model design grant in February 2013, and in 2014 applied for a model testing award to establish community integrated medical homes. CMMI has not yet announced award recipients (slated for Fall 2014).

**Super utilizers**
People who, because of their complex physical, behavioral, and social needs and a lack of coordinated care, have excessively high health care costs resulting from avoidable utilization of hospital inpatient and emergency department services.

**Triple Aim**
The three overarching, interdependent goals that are the basis for design and implementation of a more effective health care system:

- Better health (improved population health outcomes)
- Better care (the right care at the right time)
- Lower cost (wiser expenditure of health care dollars)