

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
SUBSTANCE ABUSE PREVENTION AND CONTROL**

***Glossary of Common Health Care Reform Terms***

This glossary is intended to serve as a resource for understanding some common terms included in the Patient Protection and Affordable Care Act. It provides simple definitions and websites that you can access for further clarification.

**Access:** The ability to obtain needed medical care. Access to care is often affected by the availability of insurance, the cost of the care, and the geographic location of providers.

<http://www.kff.org/healthreform/upload/7909.pdf>

**Accountable Care Organizations (ACO):** A Network of health care providers that band together to provide the full continuum of health care services for patients. The network would receive a payment for all care provided to a patient, and would be held accountable for the quality and cost of care.

<http://www.kff.org/healthreform/upload/7909.pdf>

**Affordable Care Act (ACA):** The ACA requires health plans and insurers to provide access to insurance to individuals, regardless of their health status, age or occupation and provide a standard set of essential services and improved health outcomes. In return, individuals will be required to purchase and maintain insurance coverage for themselves and their families. [http://www.adp.ca.gov/healthcare/pdf/HCR\\_Overview.pdf](http://www.adp.ca.gov/healthcare/pdf/HCR_Overview.pdf)

**Alcohol-Drug System of Care:** Assures necessary substance abuse services are available to the public through a network of public operated and private contracted providers. Services typically include inpatient and outpatient care, residential recovery, detoxification, information, education, prevention, and early intervention. <http://www.ca-ilg.org/CountyHealthServices>

**Annual Benefit Limit (ABL):** Insurers place a ceiling on the amount of claims they will pay in a given year for an individual. Individuals would then have to pay the full cost for any claims incurred above this ceiling during the course of the year. Beginning in 2010, annual benefit limits will be restricted and will be prohibited in 2014 under health reform. <http://www.kff.org/healthreform/upload/7909.pdf>

**At-Risk for Later Substance Use Disorders:** Well known familial and psychosocial risk factors for developing later substance use disorders include genetics and major psychiatric disorders. [www.samhsa.gov/healthreform/healthhomes/Definitions\\_sim\\_sud\\_508.pdf](http://www.samhsa.gov/healthreform/healthhomes/Definitions_sim_sud_508.pdf)

**Basic Health Plan:** Beginning in 2014, the health reform law will give states the option of creating a basic health plan to provide coverage to individuals with incomes between 133 and 200 percent of poverty in lieu of having these individuals enroll in the health insurance exchange and receive premium subsidies.

<http://www.kff.org/healthreform/upload/7909.pdf>

**Behavioral Health Consultation (BHC):** The Behavioral Health Consultation (BHC) Service is a program being made available to patients within the Medical Home as a part of overall good healthcare.

<http://www.bethesda.med.navy.mil/MedicalHome/Documents/IHServices/BHC.pdf>

**Behavioral Health Rehabilitation Services (BHRS):** Treatment and therapeutic interventions prescribed by a psychologist or psychiatrist provided on an individual basis in the person's own environment such as the home, school and community. <http://www.ahci.org/Reports/QtrlyRpts/Quarterly%20Report%20Glossary%20of%20Terms.pdf>

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**Benefit Package:** The set of services, such as physician visits, hospitalizations, prescription drugs, that are covered by an insurance policy or health plan. The benefit package will specify any cost-sharing requirements for services, limits on particular services, and annual or lifetime spending limits.

<http://www.kff.org/healthreform/upload/7909.pdf>

**California 1115 Waiver: “Bridge to Reform”:** The Section 1115 Medicaid waiver is an agreement between the state of California and the federal Centers for Medicare and Medicaid Services (CMS) that is designed to sustain and strengthen the Medi-Cal program. The agreement “waives” certain Medicaid requirements in order to test new strategies and demonstration projects that can improve care and delivery. [www.caph.org](http://www.caph.org)

**California Primary Care Association (CPCA):** Represents more than 800 not-for-profit community clinics and health centers (CCHCs) who provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians. <http://www.cPCA.org>

**Capitation:** A method of paying for health care services under which providers receive a set payment for each person or “covered life” instead of receiving payment based on the number of services provided or the costs of the services rendered. These payments can be adjusted based on the demographic characteristics, such as age and gender, or the expected costs of the members. <http://www.kff.org/healthreform/upload/7909.pdf>

**Center for Medicaid and Medicare Services (CMS):** The Agency's key lines of business include Medicare health plans, Medicare financial management, Medicare fee for service operations, Medicaid and children's health, survey & certification and quality improvement. <http://www.cms.gov>

**Center for Substance Abuse Treatment (CSAT):** Works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program. <http://www.samhsa.gov/about/csat.aspx>

**Children’s Health Insurance Program (CHIP):** CHIP is a federal-state program that provides health care coverage for uninsured low-income children who are not eligible for Medicaid. States have the option of administering CHIP through their Medicaid programs or through a separate program (or a combination of both). The federal government matches state spending for CHIP but federal CHIP funds are capped.

<http://www.kff.org/healthreform/upload/7909.pdf>

**Chronic Substance Use Disorders:** Diagnosed as having alcohol, tobacco, and/or drug abuse or dependence based on the presence of one or more of five ICD-9 diagnostic codes.

[www.samhsa.gov/healthreform/healthhomes/Definitions\\_sim\\_sud\\_508.pdf](http://www.samhsa.gov/healthreform/healthhomes/Definitions_sim_sud_508.pdf)

**Department of Mental Health (DMH):** California’s public mental health system offers an array of community and hospital-based services that are available to adults who have a serious mental illness and children with a severe emotional disorder. [http://www.dmh.ca.gov/Services\\_and\\_Programs/default.asp](http://www.dmh.ca.gov/Services_and_Programs/default.asp)

**California Institute for Mental Health (CiMH):** Promotes excellence in mental health services through training, technical assistance, research and policy development. The CiMH, in collaboration with a range of partners from government, academia and the service delivery sectors amongst others, is working on several initiatives that will begin to address the pressing need for improved linkage and access between primary and behavioral healthcare in our state. <http://www.cimh.org/>

**Clinical Quality Improvement (CQI):** An approach to quality management that builds upon traditional quality assurance methods. It focuses on "process" rather than the individual, recognizes both internal and external

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"clients" and promotes the need for objective data to analyze and improve processes.

<http://www.msubillings.edu/cqi/faq.htm>

**Co-insurance:** A method of cost-sharing in health insurance plans in which the plan member is required to pay a defined percentage of their medical costs after the deductible has been met.

<http://www.kff.org/healthreform/upload/7909.pdf>

**Community Mental Health Center (CMHC):** Facility that provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, 24 hr emergency care, and screening for admission to mental health facilities

[http://www.cms.gov/CertificationandCompliance/03\\_CommunityHealthCenters.asp#TopOfPage](http://www.cms.gov/CertificationandCompliance/03_CommunityHealthCenters.asp#TopOfPage)

**Community Transformation Grants:** Awarded by the Centers for Disease Control and Prevention, these are competitive grants to State and local governmental agencies and community-based organizations for evidence-based, community preventive activities to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming. [http://www.adp.ca.gov/healthcare/pdf/HCR\\_Overview.pdf](http://www.adp.ca.gov/healthcare/pdf/HCR_Overview.pdf)

**Co-Occurring Disorders Court:** A person who meets the diagnostic criteria for a major Axis I Mental Disorder or Axis II Personality Disorder and a major Substance-Related Disorder per the current version of the DSM. Diagnoses of these disorders must occur simultaneously or within a one year time frame of each other.

<http://www.cahsd.org/PDFs/Publications/CoOccurringDisorders%20DEFINITION.pdf>

**Cost Containment:** A set of strategies aimed at controlling the level or rate of growth of health care costs. These measures encompass a myriad of activities that focus on reducing overutilization of health services, addressing provider reimbursement issues, eliminating waste, and increasing efficiency in the health care system. <http://www.kff.org/healthreform/upload/7909.pdf>

**County Medical Services Program (CMSP):** Provides health coverage for low-income, indigent adults in thirty-four, primarily rural California counties. <http://www.cmspcounties.org>

**Delivery System Reform Incentive Pool (DSRIP):** The waiver provides a source of funds, called the DSRIP that will tie federal funding to ambitious milestones in care delivery improvements. Resources under the DSRIP, which could total \$3.3 billion in federal funds over five years, will be available in four areas: 1) Infrastructure Development 2) Innovation and Redesign, 3) Population – Focused Improvement, 4) Urgent Improvement in Care. [www.caph.org](http://www.caph.org)

**Department of Health and Human Services (DHHS):** The Department of Health and Human Services (DHHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services. <http://www.hhs.gov>

**Department of Health Care Services (DHCS):** Works closely with health care professionals, county governments and health plans to provide a health care safety net for California's low-income and persons with disabilities. <http://www.dhcs.ca.gov>

**Diagnostic and Statistical Manual of Mental Disorders (DSM-IV):** The standard classification of mental disorders used by mental health professionals in the United States.

<http://www.psych.org/mainmenu/research/dsmiv.aspx>

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**Disproportionate Share Hospital:** Medicaid disproportionate share hospital (DSH) payments provide financial assistance to hospitals that serve a large number of low-income patients, such as people with Medicaid and the uninsured. [http://www.nhpf.org/library/the-basics/Basics\\_DSH\\_06-15-09.pdf](http://www.nhpf.org/library/the-basics/Basics_DSH_06-15-09.pdf)

**Drug Medi-Cal (DMC):** provides medically necessary substance abuse treatment services to Medi-Cal eligible beneficiaries. [http://www.adp.ca.gov/Licensing/Drug\\_MediCal.shtml](http://www.adp.ca.gov/Licensing/Drug_MediCal.shtml)

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):** The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. <http://www.hrsa.gov/epsdt/>

**Electronic Health Records (EHR):** Computerized records of a patient's health information including medical, demographic, and administrative data. This record can be created and stored within one health care organization or it can be shared across health care organizations and delivery sites  
<http://www.kff.org/healthreform/upload/7909.pdf>

**Evidence Based Practice (EBP):** A problem-solving approach to clinical practice that integrates the conscientious use of the best available research evidence, clinical expertise, and patient preferences and values. <http://consortiumlibrary.org/aml/researchaids/ebp/>

**Expansion and Enrollment Demonstration (CEED):** The CEED projects builds upon the county-based health care coverage initiative (HCCI) formed in the previous 2005 hospital financing waiver.  
<http://www.co.fresno.ca.us/DivisionPage.aspx?id=45154>

**Federal Poverty Level (FPL):** The federal government's working definition of poverty that is used as the reference point to determine the number of people with income below poverty and the income standard for eligibility for public programs. <http://www.kff.org/healthreform/upload/7909.pdf>

**Federally Qualified Health Centers (FQHC):** The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities.  
<http://www.cms.gov/MLNProducts/downloads/fqhcfactsheet.pdf>

**Federally Qualified Health Center (FQHC) Look-Alike:** Organizations that meet all of the eligibility requirements of an organization that receives a PHS Section 330 grant, but does not receive grant funding.  
[http://www.raconline.org/info\\_guides/clinics/fqhcfag.php](http://www.raconline.org/info_guides/clinics/fqhcfag.php)

**Fee for Service (FFS):** Health coverage in which doctors and other providers receive a fee for each service such as an office visit, test, procedure, or other health care service.  
<http://www.opm.gov/insure/archive/07/guides/70-08ps/definitions.asp>

**Four Quadrant Clinical Integration Model (QCIM)** developed by the National Council for Community Behavioral Healthcare articulates a conceptual model for the integration of physical and behavioral health services related to different populations, including the population with serious mental illnesses.  
<http://www.thenationalcouncil.org/galleries/resources-services%20files/Integration%20and%20Healthcare%20Home.pdf>

**General Relief (GR):** County-funded program that provides financial assistance to indigent adults who are ineligible for federal or State programs. [http://www.ladpss.org/dpss/general\\_relief/default.cfm](http://www.ladpss.org/dpss/general_relief/default.cfm)

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**Health Care and Education Reconciliation Act (HCERA):** Combines revised portions of the Patient Protection and Affordable Care Act (PPACA) with the Student Aid and Fiscal Responsibility Act (SAFRA), which amends the Higher Education Act of 1965 (HEA). <http://www.ogslp.org/sls/Legislation/HCERA.shtml>

**Healthcare Common Procedure Coding System (HCPCS):** Standardized coding systems for Medicare and other health insurance programs to ensure that these claims are processed in an orderly and consistent manner. <https://www.cms.gov/medhpcpsgeninfo/>

**Health Care Coverage Initiative (HCCI):** Covers adults between 19 and 64 years of age with family incomes between 134-200 percent FPL. Federal funds for the HCCI are capped at \$180 million per year. <http://www.counties.org/images/users/1/Waiver%20Key%20Terms%20-%20FINAL.pdf>

**Healthcare Information and Management Systems (HIMSS):** A cause-based, not-for-profit organization exclusively focused on providing global leadership for the optimal use of information technology (IT) and management systems for the betterment of healthcare. <http://www.himss.org/asp/aboutHimssHome.asp>

**Health Information Exchanges (HIE):** Initiatives focusing on the areas of technology, interoperability, standards utilization, harmonization, and business information systems while also supporting Healthcare Information and Management Systems Society HIMSS activities focused on the national, state and local level. [http://www.himss.org/ASP/topics\\_rhio.asp](http://www.himss.org/ASP/topics_rhio.asp)

**Health Insurance Exchange:** By January 1, 2014, the ACA requires states to establish a health insurance exchange—a marketplace for individuals and small businesses to purchase private health plans. On September 30, 2010, California became the first state in the nation to enact legislation to create an exchange after passage of the ACA. [http://www.adp.ca.gov/healthcare/pdf/HCR\\_Overview.pdf](http://www.adp.ca.gov/healthcare/pdf/HCR_Overview.pdf)

**Health Resources and Services Administration (HRSA):** An agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. <http://www.hrsa.gov/about/index.html>

**Health Insurance Portability and Accountability Act (HIPAA):** HIPAA is a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the Department of Health and Human Services, these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. <http://www.medterms.com/script/main/art.asp?articlekey=31785>

**IMPACT model:** aligns with many of the core components of the patient-centered medical home including care management and collaborative care, there has not been a clear articulation in the medical home model of the importance of behavioral health services. Furthermore, the medical home model has not been adapted for people living with serious mental illnesses. <http://www.thenationalcouncil.org/galleries/resources-services%20files/Integration%20and%20Healthcare%20Home.pdf>

**Independent Practice Association (IPA):** An IPA consists of a network of physicians who agree to participate in an association to contract with health maintenance organizations (HMOs) and other managed care plans. <http://gripa.org/about-gripa.asp>

**Indigent Medical Care:** Provides medical care to indigent persons, including Medically Indigent Adults, in a variety of ways including operating a county hospital and/or primary care clinics, or using a wide variety of contracts with providers of care to fulfill their responsibilities. Indigent persons are uninsured, low-income

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adults who have no other source of health care and are not categorically linked to other public health insurance programs. <http://www.ca-ilg.org/CountyHealthServices>

**Intensive Outpatient Program (IOP):** The Intensive Outpatient Mental Treatment Program (IOP) is more intensive than traditional outpatient and is designed to achieve short-term stabilization and resolution of immediate problem areas. <http://www.revitalizingpsychiatry.com/IntensiveOutpatient.html>

**Low-Income Health Programs (LIHP):** This is the umbrella title for what is now a two-component program: Medicaid Coverage Expansion (MCE) and Health Care Coverage Initiative (HCCI). <http://www.counties.org/images/users/1/Coverage%20Expansion%20-%20FINAL.pdf> on 2/28/11)

**Managed Behavioral Healthcare Organizations (MBHO):** System of checks and balances that has helped allocate fixed resources. MBHOs ensure quality of care, access to providers, and accountability for positive outcomes. <http://reportcard.ncqa.org/mbho/>

**Managed Care (MC):** A health delivery system that seeks to control access to and utilization of health care services both to limit health care costs and to improve the quality of the care provided. Managed care arrangements typically rely on primary care physicians to act as “gatekeepers” and manage the care their patients receive. <http://www.kff.org/healthreform/upload/7909.pdf>

**Medicaid:** Enacted in 1965 under Title XIX of the Social Security Act, Medicaid is a federal entitlement program that provides health and long-term care coverage to certain categories of low-income Americans. The health reform law expands Medicaid eligibility to non-elderly individuals (children pregnant women, parents, and adults without dependent children) with incomes up to 133% of poverty, establishing uniform eligibility for adults and children across all states by 2014. <http://www.kff.org/healthreform/upload/7909.pdf>

**Medicaid Coverage Expansion (MCE):** Covers adults between 19 and 64 years of age with family incomes at or below 133 percent FPL. <http://www.counties.org/images/users/1/Coverage%20Expansion%20-%20FINAL.pdf>

**Medicaid Waivers:** Authority granted by the Secretary of Health and Human Services to allow a state to continue receiving federal Medicaid matching funds even though it is no longer in compliance with certain requirements of the Medicaid statute. States can use waivers to implement home and community-based services programs, managed care, and to expand coverage to populations who are not otherwise eligible for Medicaid. <http://www.kff.org/healthreform/upload/7909.pdf>

**Medicare Advantage (MA):** A MA plan is an alternative to Original fee-for-service Medicare. Medicare pays MA plans to manage beneficiaries' health care. <http://www.cahealthadvocates.org/advantage/index.html>

**Medication Assisted Treatment (MAT):** MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. <http://www.dpt.samhsa.gov/>

**Medical Home or Health Home:** A health care setting where patients receive comprehensive primary care services; have an ongoing relationship with a primary care provider who directs and coordinates their care; have enhanced access to non-emergent primary, secondary, and tertiary care; and have access to linguistically and culturally appropriate care. <http://www.kff.org/healthreform/upload/7909.pdf>

**Mental Health Parity and Addiction Equity Act (MHPAEA):** Federal law that provides participants who already have benefits under MH/SUD coverage parity with benefits limitations under their medical/surgical coverage. [https://www.cms.gov/healthinsreformforconsume/04\\_thementalhealthparityact.asp](https://www.cms.gov/healthinsreformforconsume/04_thementalhealthparityact.asp)

**National Committee for Quality Assurance (NCQA):** The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. [www.ncqa.org](http://www.ncqa.org)

**Network for the Improvement of Addition Treatment (NIATx):** A model of process improvement specifically for behavioral health care settings to improve access and retention in treatment. [www.niatx.net](http://www.niatx.net)

**Parity Coverage of SUD Services:** The 2008 federal Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act (MHPAEA) ensures more fair and equal access to SUD treatment services by requiring group health plans that provide SUD treatment benefits to do so at the same level they provide for medical/surgical conditions. [http://www.adp.ca.gov/healthcare/pdf/HCR\\_Overview.pdf](http://www.adp.ca.gov/healthcare/pdf/HCR_Overview.pdf)

**Partners for Recovery (PFR):** An initiative sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) It addresses issues of national significance and it is driven by the individual, families and communities it serves. <http://pfr.samhsa.gov/about.html>

**Patient Centered Medical Home (PCMH):** An approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. <http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home>

**Patient Protection and Affordable Care Act (PPACA):** The Patient Protection and Affordable Care Act (ACA) reshape the nation's health system to make it easier for millions of Americans to obtain, pay for, and keep health care coverage. [http://www.adp.ca.gov/healthcare/pdf/HCR\\_Overview.pdf](http://www.adp.ca.gov/healthcare/pdf/HCR_Overview.pdf)

**Person-Centered Healthcare Home (PCHC)** is intended to generate momentum for bringing behavioral health/primary care integration into the current medical home conversation at national and state levels, and to provide a template for future federal, state, and local initiatives. <http://www.thenationalcouncil.org/galleries/resourceesservices%20files/Integration%20and%20Healthcare>

**Personal Health Records (PHR):** PHR is an electronic record of your health information — such as medical conditions, allergies, medications, and doctor or hospital visits — that can be stored in one place and shared with others as you see fit. <http://www.medicare.gov/navigation/manage-your-health/personal-health-records/personal-health-records-overview.aspx>

**Prevention and Public Health Fund (PPHF):** The ACA creates a new PPHF designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe. PPHF increases the national investment in prevention and public health, improves health, and enhances health care quality. Initial investment will be \$500 million in fiscal year 2010 and increasing to \$2 billion per year beginning in fiscal year 2015. [http://www.adp.ca.gov/healthcare/pdf/HCR\\_Overview.pdf](http://www.adp.ca.gov/healthcare/pdf/HCR_Overview.pdf)

**Prospective Payment System (PPS):** PPS is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. <https://www.cms.gov/ProspMedicareFeeSvcPmtGen>

**Recovery–Oriented Systems** will become even more important in the new healthcare environment. Systems will involve peers, treat the entire family, and recognize the importance of supporting individuals in recovery with a comprehensive network of recovery management and recovery support services.  
[http://www.saasnet.org/PDF/Implementing\\_Healthcare\\_Reform-First\\_Steps.pdf](http://www.saasnet.org/PDF/Implementing_Healthcare_Reform-First_Steps.pdf)

**Screening, Brief Intervention, Referral and Treatment SBIRT:** Demonstration program established by the Federal Government has established a demonstration program entitled, "SBIRT". Currently screening and providing brief interventions in hospitals, primary care settings, colleges, and one tribal council.  
<http://www.ireta.org/sbirt>

**State Associations of Addiction Services (SAAS):** Nonprofit organization whose membership consists of state associations of addiction treatment and prevention providers. <http://www.saasnet.org>

**Substance Abuse and Mental Health Services Administration (SAMHSA):** Established in 1992 and directed by Congress to target effectively substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system.  
[www.samhsa.gov](http://www.samhsa.gov)

**Substance Abuse Prevention and Treatment (SAPT):** Each year, the Department of Alcohol and Drug Programs submits a report and plan for the SAPT Block Grant application. This block grant is a major source of funding for substance abuse prevention and treatment services in California.  
<http://aspe.hhs.gov/selfGovernance/inventory/Samhsa/959.htm>

**Substance Use Disorder (SUD):** constitute a major public health problem with a substantial impact on health, societal costs, and personal consequences. (Department of Veterans Affairs,  
[http://www.healthquality.va.gov/sud/sud\\_full\\_601f.pdf](http://www.healthquality.va.gov/sud/sud_full_601f.pdf)

**The United States Preventive Health Services Task Force (USPSTF):** Conducts scientific evidence reviews of a broad range of clinical preventive health care services (such as screening, counseling, and preventive medications) and develops recommendations for primary care clinicians and health systems.  
<http://www.ahrq.gov/clinic/uspstfix.htm>