

Glossary of Abbreviation, Acronyms and Definitions

Terms	Definition
AAA	Area Agency on Aging
ADVANCED BENEFICIARY NOTICE (ABN)	A notice that a doctor or supplier should give a Medicare Beneficiary when furnishing an item or service for which Medicare is expected to deny payment. If you do not get an ABN before you get the service from your doctor or supplier, and Medicare does not pay for it, then you probably do not have to pay for it. If the doctor or supplier does give you an ABN that you sign before you get the service, and Medicare does not pay for it, then you will have to pay your doctor or supplier for it. ABNs only apply if you are in the Original Medicare Plan. They do not apply if you are in a Medicare Managed Care Plan or Private Fee-for-Service Plan.
ADVOCATE	A person who gives you support or protects your rights.
AOA	U.S. Administration on Aging
APPEAL	An appeal is a special kind of complaint you make if you disagree with a decision to deny a request for health care services or payment for services you already received. You may also make a complaint if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if Medicare doesn't pay for an item or service you think you should be able to get. There is a specific process that your Medicare Advantage Plan or the Original Medicare Plan must use when you ask for an appeal.
AREA AGENCY ON AGING (AAA)	State and local programs that help older people plan and care for their life-long needs. These needs include adult day care, skilled nursing care/therapy, transportation, personal care, respite care, and meals.
BENEFICIARY	Includes the Medicare recipients, family members, caregivers, and others who attend formal SMP education session.
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)	The HHS agency responsible for administering the Medicare and Medicaid programs.

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CMS RO	CMS Regional Office
CAREGIVER	A person who helps care for someone who is ill, disabled, or aged. Some caregivers are relatives or friends who volunteer their help. Some people provide care giving services for a cost.
CLAIM	A transaction submitted by a provider or Beneficiary that meets all the requirements in 42 CFR 424.30-424.44. A bill that asks for Beneficiary payment for services or Benefits received. A claim is a request for payment for services and benefits you received. Claims are also called bills for all Part A and Part B services billed through Fiscal Intermediaries. "Claim" is the word used for Part B physician/supplier services billed through the Carrier. (See Carrier; Fiscal Intermediaries; Medicare Part A; Medicare Part B.)
COMMUNITY OUTREACH/EDUCATION EVENT	Any education activity conducted by SMP staff or volunteer that is not a Group Education Session, One-on-One session, or Media Airing.
COMPLAINT	Allegations of health care fraud, error or abuse reported by any individual as a result of the project's efforts.
COMPLEX ISSUE(S)	Complex issues are inquiries that generally require the SMP staff or volunteer to obtain beneficiary personal identifying information and detailed information related to the issue, complaint, or allegation in order to conduct further investigation or referral.
COMPLEX ISSUE REFERRED FOR FURTHER ACTION	Complex issues referred to a Medicare contractor, an investigative agency, or other appropriate organization.
COMPLEX ISSUE(S) RESOLVED	A Complex Issue successfully closed by an SMP, a Medicare contractor, an investigative agency, or other appropriate organization.
COMPLEX ISSUE(S) PENDING FURTHER ACTION	All Complex Issues—irrespective of when they are received—that remain unresolved.
COTS	Commercial off-the-shelf software
DMAC	Durable Medical Equipment Administrative Contractor

Terms	Definition
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DME	Durable Medical Equipment
ETO	Efforts-To-Outcomes
FAQS	Frequently Asked Questions
FISCAL INTEMEDIARY (FI)	A private company that has a contract with CMS to pay Part A and some Part B bills. (Also called "Intermediary.")
FRAUD AND ERROR	Fraud: To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced. Error: Payment for items or services that are billed by mistake by providers, but should not be paid for by Medicare. This is not the same as fraud.
GRIEVANCE	A complaint about the way your Medicare health plan is giving care. For example, you may file a grievance if you have a problem calling the plan or if you are unhappy with the way a staff person at the plan has behaved toward you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered (see Appeal).
GROUP EDUCATION SESSION(S)	Formal gatherings led by SMP staff or volunteers to educate recipients, family members, caregivers, and others on detecting fraud, error and abuse in the healthcare systems and services offered by the SMP Program.
HCF-CMDSS	Health Care Fraud Complaint Management and Decision Support System
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)	Legislation that requires the Department of Health and Human Services (HHS) to adopt national standards for electronic health care transactions. The law also requires the adoption of security and privacy standards in order to protect personal health information.
IT	Information Technology
LAN	Local Area Network.
LONG-TERM CARE OMBUDSMAN	An advocate (supporter) for nursing home and assisted living facility residents who works to resolve problems between residents and nursing homes or assisted living facilities.

Terms	Definition
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MAC	Medicare Administrative Contractor
MEDIA AIRING	Any individual airing or publishing of media (e.g. print, radio, television, or electronic) to educate about Medicare/Medicaid fraud and the services of the SMP program.
MEDIC	Medicare Drug Integrity Contractor
MEDICAID FUNDS RECOVERED	Money saved or recouped by Medicaid as a result of the project.
MEDICARE BENEFITS	Health insurance available under Medicare Part A and Part B through the traditional fee-for-service payment system.
MEDICARE BENEFITS NOTICE	Notice you get after your doctor files a claim for Part A services in the Original Medicare Plan. It says what the provider billed for, the Medicare-approved amount, how much Medicare paid, and what you must pay. You might also get an Explanation of Medicare Benefits (EOMB) for Part B services or a Medicare Summary Notice (MSN).
MEDICARE CARRIER	A private company that contracts with Medicare to pay Part B bills.
MEDICARE PART A	Medicare hospitalization coverage
MEDICARE PART B	Medicare outpatient coverage
MEDICARE PART C/MA	Medicare Advantage (HMO, PPO and "private fee-for-service" types of coverage)
MEDICARE PART D	Medicare prescription drug coverage
MEDICARE FUNDS RECOVERED	Money saved or recouped to the Medicare Trust Fund as a result of the SMP project. This applies to money recouped through a Medicare contractor, a law enforcement agency, or directly to Medicare at the provider level.
MEDICARE SUMMARY NOTICE (MSN)	A notice you get after the doctor or provider files a claim for Part A and Part B services in the Original Medicare Plan. It explains what the provider billed for, the Medicare-approved amount, how much Medicare paid, and what you must pay.
OIG	Office of the Inspector General (for DHHS)
OMB	Office of Management and Budget

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AoA

Terms	Definition
OMBUDSMAN	An advocate (supporter) who works to solve problems between residents and nursing homes, as well as assisted living facilities.
ONE-ON-ONE COUNSELING SESSION(S)	A meeting between an SMP representative and an individual beneficiary and/or his or her family for the purpose of discussing or gathering information about potential health care fraud, error, or abuse. One-on-one counseling sessions may include beneficiary counseling, information gathering, or information sharing.
ORIGINAL DOCUMENT	DOCUMENT that individual presents to the SMP that is NOT a photocopy.
OTHER SAVINGS	Any money saved or recouped to an entity other than the Medicare program, the Medicaid program, or beneficiaries (e.g., secondary health insurance), as a result of the project.
OUTREACH (COMMUNITY)	Any education activity conducted by SMP staff or volunteer that is not a Group Education Session, One-on-One session, or Media Airing.
PASSWORD	Unique series of numbers and/or letters that provide access to a secure environment.
PERFORMANCE METRICS	A gauge used to assess the performance of a process or function of any organization.
PIN	Personal Identification Number
PROVIDER	Any organization, institution, or individual that provides health care services to Beneficiaries. Physicians, ambulatory surgical centers, and outpatient clinics are some examples of providers.
PROTECTED HEALTH INFORMATION	Individually identifiable health information about a person, which covered entities may not disclose without specific consent or authorization from the person. The information that is protected consists of the following: name, specific dates (birth, admission, discharge, and death), telephone number, Social Security number, medical record number, photographs and geographic region.
PSC	Program Safeguard Contractor

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QUERY REPORTS	Authorized users of SMART FACTS may use a query report to pull certain groups of data together for reporting purposes. Query reports can utilize information about Outreach and Education activity, Simple Inquiries and Volunteer Hour reports.
RHHI	Regional Home Health Intermediaries
SA	Site Administrator
SAVINGS TO THE BENEFICIARY	Any money saved by an individual as a result of the project (e.g., co-payments, deductibles, or any other out-of-pocket expenses).
SCAN	A method of electronically capturing a “hard copy” document by use of a machine that capture an image of the document.
SECURITY	The HIPAA Security regulation mandates how protected health information is stored and accessed.
SIMPLE INQUIRY	A Simple Inquiry is brief contact initiated by a consumer and/or Beneficiary that is resolved with minimal time and research or review. Simple Inquiries typically do not require individual demographic or private personal information such as a Medicare number or information about a medical condition.
SSI	Social Solutions, Inc.
THE CENTER	The National Consumer Protection Technical Resource Center
TRAINING SESSION(S)	Formal gatherings (e.g. in person, teleconference, or web conference) sponsored for the purpose of teaching or updating SMP staff and/or volunteers who in-turn will educate individuals to identify and report healthcare fraud, error, and abuse. Training Sessions do not include informal training mechanisms such as email updates or newsletters.
UPLOAD	A method of integrating an electronic document into SMART FACTS.
URL	Uniform Record Locator. Also known as a web address.
USER NAME	A character string comprising the first initial and last name of a user (e.g. a logon ID). This is used, along with a password, to identify a user and their access and function availability rights.

Terms	Definition
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VENDOR	A vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. Social Solutions, Inc. is the vendor that provided the SMART FACTS software.
VOLUNTEER(S)	Individuals who are trained to help beneficiaries, family members, caregivers, and others identify Medicare fraud, error and abuse.