



GLOSSARY

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Glossary of Terms

ASSIGNMENT – In the Original Medicare Plan, “assignment” means a doctor or supplier agrees to accept the Medicare-approved amount as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor's visit.

CAPITATED PAYMENT – The health care provider is paid a fixed amount of money by an insurer for all of their patients. The amount doesn't change regardless of whether the patient visits the doctor. If a patient requires a lot of care and it isn't well managed by the doctor, he/ she can use more services than the doctor gets paid for.

CARRIER – Carriers process some Part B claims. Contracts will be transitioning from Carriers to MACs.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) – The Federal agency responsible for the Medicare and Medicaid programs. 1-800-MEDICARE or www.cms.hhs.gov.

COMPLAINTS – Allegations of errors, fraud, and abuse.

COMPLEX ISSUE – The Office of the Inspector General (OIG) performance measure definition of a complex issue is: “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.” Complaints, defined by the OIG as allegations of errors, fraud, and abuse, are one type of complex issue.

COORDINATION OF BENEFITS CONTRACTOR (COB) – COBs identify the health benefits available to a Medicare beneficiary and coordinate the payment process to prevent mistaken payment of Medicare benefits. The COB program involves the collection, management, and reporting of other insurance coverage. www.cms.hhs.gov/medicare/cob.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) – HHS is the Federal agency that houses the Centers for Medicare & Medicaid Services. www.hhs.gov

DURABLE MEDICAL EQUIPMENT (DME) – Certain medical equipment that is ordered by a doctor for use in the home. Examples are walkers, wheelchairs, or hospital beds. DME is paid for under both Medicare Part B and Part A for home health services.

DURABLE MEDICAL EQUIPMENT MEDICARE ADMINISTRATIVE CONTRACTOR (DMEMAC) – DMEMACs process some Part B and DME, Prosthetics, Orthotics and Supplies (DMEPOS) claims.

END-STAGE RENAL DISEASE (ESRD) – Permanent kidney failure that requires a regular course of dialysis or a kidney transplant.

FISCAL INTERMEDIARY (FI) – FIs process some Part A bills and services, hospital care and skilled nursing care. Contracts will be transitioning from FIs to MACs.

FORMULARY - The list of drugs that a Medicare Part D drug plan will cover. The formulary varies depending on the Part D plan.

Glossary of Terms, continued

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) Pub L. 104-191(also called Kennedy-Kassebaum) – This law created privacy protections for transmitting individual health care data, expanded health insurance coverage, and expanded the capacity for Federal prosecution of health care fraud.

MEDICAID – A joint Federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

MEDICARE – The Federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).

MEDICARE ADMINISTRATIVE CONTRACTORS (MAC) – MACs are responsible for administration of Part A and Part B Medicare fee-for-service claims.

MEDICARE ADVANTAGE (MA) PLANS – MAs offer a managed care model of Medicare. A list of MA plans is available at www.medicare.gov.

MEDICARE DRUG INTEGRITY CONTRACTOR (MEDIC) – MEDICs are responsible for benefit integrity, medical review, data analysis, and related provider education and beneficiary outreach specifically for the Part D (prescription drug) program.

MEDICARE SUMMARY NOTICE (MSN) – A notice you get after the doctor or provider files a claim for Part A or 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.

OFFICE OF THE INSPECTOR GENERAL (OIG) – The agency within the U.S. Department of Health and Human Services responsible for the investigation of suspected fraud and abuse and performing audits and inspections of HHS programs. The OIG has authority to levy certain sanctions and Civil Monetary Penalties.

OLDER AMERICANS ACT – Congress passed the Older Americans Act in 1965 to help each state develop a comprehensive and coordinated network that would provide services, opportunities, and protections for older Americans to help them maintain health and independence in their homes and to be able to continue to function as a part of their community.

PROGRAM SAFEGUARD CONTRACTOR (PSC) – PSCs are responsible for benefit integrity, medical review, data analysis, and related provider education and beneficiary outreach.

Glossary of Terms, continued

QUALITY IMPROVEMENT ORGANIZATION (QIO) – Contact the QIO with questions or complaints about the quality of health care paid for by Medicare.

REGIONAL HOME HEALTH INTERMEDIARY (RHHI) – RHHIs process some Part A claims: home health care and hospice.

SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) – Every state, territory, and the District of Columbia has a Senior Health Insurance Assistance Program (SHIP). They are sometimes referred to by different names and acronyms e.g., SHIBA, SHIK, Georgia Cares. The SHIPs are funded by CMS to provide information, assistance and counseling to Medicare beneficiaries – www.medicare.gov.

SIMPLE INQUIRY – The Office of the Inspector General (OIG) performance measure definition of a simple inquiry is: “Brief contact initiated by the 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.

SMART FACTS – The **Seniors Medicare Assistance and Reporting Tool for Fraud And Complaint Tracking System**). SMART FACTS is the web-based electronic tool for SMP management, tracking, and reporting of program outcomes to AoA and to the Office of the Inspector General (OIG).

SOCIAL SECURITY ADMINISTRATION (SSA) – SSA is the Federal agency responsible for enrollment in Medicare, provides information about signing up for Extra Help with Part D benefits and about Social Security benefits. www.ssa.gov

SOCIAL SECURITY CREDITS (previously called Quarters of Coverage) – As you work and pay taxes, you earn credits that count toward your eligibility for future Social Security benefits. You can earn up to 4 credits/year. Most people need 40 credits to qualify for benefits; fewer credits are needed to qualify for disability or survivors’ benefits. www.socialsecurity.gov.

U.S. ADMINISTRATION ON AGING (AOA) – An agency of the U.S. Department of Health and Human Services. AoA is a focal point and advocacy agency for older persons and their concerns at the Federal level. AoA works closely with its nationwide network of State and Area Agencies on Aging (AAA) to plan, coordinate, and develop community-level systems of services that meet the unique needs of individual older persons and their caregivers.

Acronyms and Abbreviations

AAA.....Area Agency on Aging (State designation)
AARPAmerican Association of Retired Persons
ACAffiliated Contractor
ALSAdvanced Life Support (Ambulance)
AoAAdministration on Aging (Federal)
ASCAmbulatory Surgical Center
BLSBasic Life Support (Ambulance)
CMHC.....Community Mental Health Center
CMNCertificate of Medical Necessity
CMP.....Competitive Medical Plan
CMS.....Centers for Medicare & Medicaid Services
CORFComprehensive Outpatient Rehabilitation Facility
CP.....Clinical Psychologist
CPI.....Consumer Price Index
CPT“Physicians’ Current Procedural Terminology” (published yearly by the American Medical Association)
CSWClinical Social Worker
DHHSDepartment of Health and Human Services (Federal)
DHSDepartment of Health Services (State)
DME.....Durable Medical Equipment
DMEMACDurable Medical Equipment Medicare Administrative Contractor
DMERCDurable Medical Equipment Regional Carrier
DOIDepartment of Insurance (State)
DRG.....Diagnostic Related Groups
EGHPEmployer Group Health Plan
EMC.....Electronic Media Claims
EOB.....Explanation of Benefits
EOMB.....Explanation of Medicare Benefits
ESRD.....End-Stage Renal Disease
FIFiscal Intermediary
FPL.....Federal Poverty Level
FYFiscal Year
GAOGeneral Accounting Office (Federal)
HCPCSHealthcare Common Procedure Coding System
HH+H.....Home Health and Hospice
HHA.....Home Health Agency
HIC#Health Insurance Claim Number
HICAPHealth Insurance Counseling Advocacy Program
HMOHealth Maintenance Organization
HPSA.....Health Professional Shortage Area
I&RInformation and Referral
ICFIntermediate Care Facility
IPLIndependent Physiological Lab

SMP FOUNDATIONS TRAINING: VOLUNTEER MANUAL

Acronyms and Abbreviations, continued

LIS	Low-Income Subsidy
LTC	Long-Term Care
MA	Medicare Advantage
MAC	Medicare Administrative Contractor
MA-DP	Medicare Advantage Drug Plan
MEDPARD	Medicare Participating Physicians and Suppliers Directory
MMA	Medicare Modernization Act of 2003
MSN	Medicare Summary Notice
MSP	Medicare as Secondary Payer
MSP	Medicare Savings Program
NAIC	National Association of Insurance Commissioners
NPI	National Provider Identifier
OAA	Older Americans Act (Federal)
OIG	Office of Inspector General (Federal)
ORT	Operation Restore Trust
OT	Occupational Therapy
Part A	Hospital Insurance (Medicare)
Part B	Medical Insurance (Medicare)
PBM	Pharmaceutical Benefit Manager
PDP	Prescription Drug Plan
PHP	Partial Hospitalization Program
PPO	Preferred Provider Organization
PPS	Prospective Payment System
PSA	Physician Scarcity Area
PSA	Planning and Service Area (geographic service area covered by an AAA)
PSC	Program Safeguard Contractor
PT	Physical Therapy
QIO	Quality Improvement Organization
QMB	Qualified Medicare Beneficiary (State)
RAC	Recovery Audit Contractor
RDS	Retiree Drug Subsidy
RHHI	Regional Home Health Intermediary
RRB	Railroad Retirement Board
SEP	Special Enrollment Period
SHIP	State Health Insurance Assistance Programs
SNF	Skilled Nursing Facility
SSA	Social Security Administration (Federal)
SSI	Supplemental Security Income (State)
SSN	Social Security Number
SSP	Supplemental Security Payment (State)
ST	Speech Therapy
TrOOP	True Out of Pocket costs
UR	Utilization Review
VA	Veterans' Affairs (Federal)
ZPIC	Zone Program Integrity Contractor