

OMAP Appendix F Glossary

Assistance

Cash, childcare, food stamps, medical benefits, or services provided by a DHS agency.

Automated Information System (AIS)

A computerized voice response system that maintains current records of clients eligible for medical benefits, and provides information regarding the eligibility to medical providers via telephone lines. AIS information is now available on a Web-based system as well.

Billing Provider (BP)

A person, business, corporation, clinic, group, institution or other association approved by OMAP to bill on behalf of a performing provider.

Capitated Services

Those services that contractor agrees to provide for a payment under a contract or service agreement.

Capitation Payment

A set amount paid monthly per person for medical services made available to a group of persons under a group health care contract.

Centers for Medicare & Medicaid Services (CMS)

A federal agency within the U.S. Department of Health and Human Services (DHHS) responsible for Medicare and Medicaid programs.

Chemical Dependency Organization (CDO)

A managed care plan that provides chemical dependency services to OHP Medicaid and CHIP clients in a certain area

Children’s Health Insurance Program (CHIP)

A program created by Title XXI of the Social Security Act in 1997. In Oregon it covers uninsured children birth through 5 with income between 133 percent and 185 percent FPL, and uninsured children 6-18 with income from 100 percent up to 185 percent FPL.

Claims

Bills, invoices, electronic facsimiles, and any other document requesting money in compensation for, or reimbursement of, items or services provided to medical assistance clients.

Choice Counseling

Assisting a managed health care client in making a decision about which plan or primary care manager (PCM) best meets the client’s individual needs.

Client

A person who applies, and is eligible, for medical benefits and services.

Condition/Treatment Pair

Conditions described in the International Classification of Diseases Clinical Modification, 9th edition (ICD-9-CM) and treatments described in the Current Procedural Terminology, 4th edition (CPT-4) or American Dental Association codes (CDT-4) which, when paired by the Health Services Commission, constitute the line items in the Prioritized List of Health Services. Condition/Treatment pairs may contain diagnoses and treatments.

Contiguous Area

The area up to 75 miles outside the border of the State of Oregon.

Current Procedural Terminology (CPT)

A listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians and other health care providers. OMAP refers to these as procedure codes.

Dental Care Organization (DCO)

A group of dentists which contracts with the agency to provide dental services in exchange for capitation payments.

Department of Health and Human Services (DHHS)

DHHS is the federal umbrella agency for the Centers for Medicare and Medicaid Services, the Administration for Children and Families, and most other Federal health and social service agencies.

Diagnosis Related Groups (DRG)

DRG is a system of classification of diagnoses and procedures based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

A component of the Medicaid program providing preventive medical, dental and mental health services for persons under the age of 21.

Family Health Insurance Assistance Program (FHIAP)

Created by HB 2894, FHIAP provides for health insurance benefits coverage to uninsured Oregonians. It provides direct subsidies to qualified Oregonians to help them buy health insurance through their employer or individually

through the private market. FHIAP is administered by the Insurance Pool Governing Board.

Fee-For-Service (FFS)

Payment based on each service or a group of services provided to a client that is not covered under the terms of an OMAP contract with a prepaid health plan.

Fully Capitated Health Plans (FCHPs)

Managed Health Care Plans that contract with OMAP to provide capitated services that include hospital services, under the Oregon Health Plan.

Health Maintenance Organization (HMO)

A health care organization that provides comprehensive medical services in exchange for a capitation payment.

Health Services Commission

The commission consists of 11 members appointed by the Governor, and includes five physicians, four health care consumers, one social worker, and one public health nurse. This group created, and now maintains, a list of prioritized services.

Health Insurance Flexibility and Accountability (HIFA)

Title of the waiver known as the OHP Medicaid Demonstration.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is the first federal comprehensive privacy protection law. The law also introduces new nationwide electronic transaction standards for public and private health care providers, including practitioners, insurance carriers, and purchasers such as state Medicaid programs. HIPAA includes privacy and security rules that create a minimum standard for protection of

individually identifiable health information. The law was written with federal deadlines, requirements, and penalties.

ICD-9-CM

The Ninth Revision of the International Classification of Diseases Clinical Modification, including volumes 1, 2, and 5, as revised annually, used to report diagnosis (diagnosis codes).

Long-Term Care (LTC)

DHS provides financial benefits, specialized living arrangements, and a broad range of social and health services to eligible aged, blind, and disabled adults, for extended periods of time through the Long -Term Care Program.

Managed Care Organization (MCO)

Health care providers (DCOs, FCHPs, CDOs, MHOs, PCOs) contracting with DHS to provide specific services in exchange for capitation payments. Also known as Prepaid Health Plan.

Mandatory Enrollment Area

A geographic area with sufficient access to primary care practitioners to serve the entire MCO population. In a mandatory area most clients are required to enroll in some form of managed health care.

Medicaid

Medical benefits that are partially funded by the Federal government through Title XIX of the Social Security Act (often referred to as Title XIX benefits) as amended, administered in Oregon by the Department of Human Services (see Medical Assistance).

Medicaid Management Information System (MMIS)

An automated system that maintains records of eligibility for medical benefits and processes provider claims for medical assistance or services.

Medical Assistance

Medical benefits for needy individuals funded jointly by the state and federal government and/or by state or federal funds alone. Available to those who meet specific income and program participation requirements.

Medicare

A federally administered program providing health insurance benefits for persons aged 65 or older and certain other aged or disabled persons. This program includes:

- Hospital insurance (Part A) for inpatient services in a hospital or skilled nursing facility, home health care, and hospice care, and
- Medical insurance (Part B) for physicians' services, outpatient hospital services, and home health care, end-stage renal dialysis, and other medical services and supplies.

Office for Oregon Health Policy and Research (OHPR)

Formerly the Oregon Health Administrator's Office. Responsible for health policy and research. Includes the Health Services Commission, Health Resources Commission, and Oregon Health Policy Commission.

Office of Medical Assistance Programs (OMAP)

An office of the DHS Health Services Cluster responsible for determining policy for Medicaid services, distributing relevant provider administrative rules, and paying for claims for Medicaid covered services for eligible clients. OMAP administers the OHP Medicaid demonstration, working together with other DHS clusters.

Oregon Health Plan (OHP)

The Oregon Health Plan operates under a waiver from the federal government that allows the state to serve more low-income people using federal Medicaid money.

OHP Plus

A new name in 2003 for the health care benefits formerly known as the Basic Benefit Package.

OHP Standard

A reduced benefit package implemented in 2003 for clients who are not eligible for OHP Plus coverage.

Physician Care Organization (PCO)

A partially capitated managed care organization that offers limited physical care services.

Prepaid Health Plan (PHP)

Health care providers (DCOs, FCHPs, MHOs, CDOs, PCOs) contracting with DHS to provide specific services in exchange for capitation payments.

Primary Care Manager (PCM)

A physician or other OMAP approved medical provider who is responsible for providing primary care and maintaining the continuity of care, supervising and coordinating care to patients, initiating referrals for consultations and specialist care. Also, some individuals may enroll with PCMs for care coordination reasons.

Prioritized List of Health Services

The Health Services Commission created, and still maintains, the list that shows pairs of medical conditions and treatments. The Legislature determines how many lines are funded for OHP. (*See OMAP Appendix A.*)

Provider

An individual, facility, institution, corporate entity or other organization that supplies medical services or items and is enrolled by OMAP. Payment can only be made to enrolled providers who have agreed to provide services and to bill in accordance with the General Rules and other appropriate program administrative rules.

Qualified Medicare Beneficiary (QMB)

A client who receives Medicare Part A and has income below 100 percent of the federal poverty level. (A Medicare beneficiary is defined by the Social Security Act and its amendments.) Oregon currently covers Medicare Part A and Part B premiums, deductibles, and coinsurance for these beneficiaries.

Reimbursement

Payment for benefits provided.

Seniors and People with Disabilities (SPD)

The DHS policy cluster responsible for administering long-term care and home- and community-based services for Oregon's Medicaid patients.

Social Security Administration (SSA)

The agency of the federal government responsible for administration of Social Security programs.

Supplemental Security Income (SSI)

A needs-based program administered by the Social Security Administration for persons who are aged, blind, or disabled.