

# Glossary / List of Terms / Acronyms

Term	Definition
AAFP	American Academy of Family Physicians.
AHRQ	Agency for Healthcare Research and Quality
CAHPS	Consumer Assessment of Healthcare Providers and Systems. A system of set standardized surveys that measure patient satisfaction with the experience of care. CAHPS is sponsored by the Agency for Health Care Research and Quality (AHRQ). Is mandated and publicly reported.
CG-CAHPS	The standardized survey that measures patient satisfaction with the experience of care with their clinician and their health group.
CMS	Centers for Medicare and Medicaid Services
DMHC	Department of Managed Health Care is a government agency designed to address member concerns and complaints.
HCC RAF	Hierarchical Condition Categories/Risk Adjustment Factor. HCC RAF was initiated in the late 1990s to pay plans for risks associated with elderly patients enrolled by Medicare Advantage plans.
HEDIS	Healthcare Effectiveness Data and Information Set. Developed and maintained by the National Committee for Quality Assurance (NCQA). NCQA collects HEDIS® survey results directly from health plans and PPOs through the Healthcare Organization Questionnaire (HOQ), and collects non-survey data through the Interactive Data Submission System (IDSS). HEDIS data helps to calculate national performance statistics and benchmarks, and sets standards for measures in NCQA Accreditation.
HIPAA	Health Insurance Portability and Accountability Act of 1996. HIPAA is a federal law protecting the use and disclosure of individually identifiable health information.
HOS	Health Outcomes Survey. Administered by CMS to Medicare beneficiaries in participating Medicare Advantage plans and surveyed in the spring. These same patients are surveyed again two years later. Beneficiaries use HOS results to compare health plans. In addition to health outcomes measures, the HOS is used to collect four HEDIS® effectiveness of care measures: Management of Urinary Incontinence in Older Adults, Physical Activity in Older Adults, Fall Risk Management, and Osteoporosis Testing in Older Women.
IHI	Institute for Healthcare Improvement
IOM	Institute of Medicine

<b>IPA/PMG</b>	Independent Practice Association/Physician Medical Group
<b>LAP</b>	Language Assistance Program
<b>LEP</b>	Limited English Proficiency
<b>MEDICARE PART A</b>	Hospital insurance that pays for inpatient hospital stays, skilled nursing facility, hospice care and some home health care
<b>MEDICARE PART B</b>	Medicare medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A
<b>MTC</b>	Management Technology Consultants. Internal survey vendor as mandated by health plans to be conducted within Heritage Provider Network medical groups.
<b>MTD</b>	Member Transfer Disenrollment
<b>NCQA</b>	National Committee for Quality Assurance. A non-profit organization based in Washington, DC that evaluates managed care entities according to specified criteria.
<b>NIH</b>	National Institutes of Health
<b>PAS</b>	Patient Assessment Survey. Survey measures commercial patient care experience ratings of medical groups in California and is mandated and publicly reported.
<b>QI</b>	Quality Improvement
<b>QIC</b>	Quality Improvement Committee
<b>QM</b>	Quality Management
<b>SDHS</b>	State Department of Health Services
<b>SNP</b>	Special Needs Patients
<b>SOC</b>	Statement of Concern
<b>STAR Ratings</b>	Medicare uses this rating to measure how well Medicare Advantage plans perform in several categories, including quality of care and customer service. Ratings range from 1-5 stars.