COLLEGE of AMERICAN PATHOLOGISTS

Glossary of Health Policy Acronyms

Acronym	Full Proper Name	Definition
ABMS	American Board of Medical Specialties	A non-profit organization of approved medical boards, which represent 24 broad areas of specialty medicine, which certifies specialists in more than 150 medical specialties and subspecialties.
ACA	Affordable Care Act	The 2010 health care law that expanded Medicaid coverage, created insurance exchanges and subsidies, and instituted Medicare policy changes.
ACI	Advancing Care Information	One of the four performance categories of the Merit-based Incentive Payment System (MIPS), formerly known as Meaningful Use (MU). It accounts for 25% of the total score of MIPS. In 2017, for non-patient-facing eligible clinicians (ECs), such as pathologists, this category is automatically reweighted to 0 and the 25% score of this category is attributed to the Quality performance category of MIPS.
ACO	Accountable Care Organization	Groups of doctors, hospitals, and other health care providers, who come together voluntarily to coordinate care to their patients, avoiding unnecessary duplication of services and medical errors, thereby striving to reduce cost and improve care.
APM	Alternative Payment Model	Payment methodologies that seek to reward value and care coordination, such as accountable care organizations.
CAC	Contractor Advisory Committee	A formal mechanism for physicians in each state to be informed of and participate in the development of a Local Coverage Determination (LCD) in an advisory capacity; to discuss and improve administrative policies that are within a Medicare Administrative Contractor's (MAC) discretion; and to exchange information between MACs and physicians.
CAC Rep	Contractor Advisory Committee Representative	Health care provider, such as a pathologist, who serves as advisor to the Contractor Advisory Committee on draft Medicare Local Coverage Determinations and other Medicare administrative issues.
CLFS	Clinical Laboratory Fee Schedule	Medicare pays for clinical diagnostic laboratory tests (CDLT) under the CLFS.
CLIA	Clinical Laboratory Improvement Amendments	Clinical Laboratory Improvement Amendments of 1988 sets standards

		designed to improve quality in all laboratory testing and includes specifications for quality control, quality assurance, patient test management, personnel, and proficiency testing.
CMMI	Center for Medicare and Medicaid Innovation	The Center for Medicare and Medicaid Innovation (CMMI) was established as part of the Affordable Care Act to test innovative health care payment and delivery models that lower costs while "preserving or enhancing the quality of care."
CMS	Centers for Medicare and Medicaid Services	US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program. CMS also regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA).
CPIA	Clinical Practice Improvement Activities	One of the four performance categories of the Merit-based Incentive Payment System (MIPS). This is a new category with no previous quality improvement program equivalent. This category accounts for 15% of the total score of MIPS.
CPT	Current Procedural Terminology	A set of codes and descriptions for reporting medical services and procedures which provides a common language to accurately describe services in the health care profession.
EC	Eligible Clinician	An individual physician or health care provider who is eligible to participate in, or is subject to, mandatory participation in a Medicare program. For the purposes of the Merit-based Incentive Payment System (MIPS), an EC for years one to two of the program includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists.
E&C	Energy & Commerce Committee	The primary House Committee with jurisdiction over health care policy issues.
EHR	Electronic Health Record	A digital version of a patient's paper chart.
FDA	Food and Drug Administration	US federal agency that is responsible for protecting the public health by assuring the safety, effectiveness, quality, and security of human and veterinary drugs, vaccines and other biological products, and medical devices.

Finance		The primary Senate Committee with jurisdiction over health care financing issues.
GME	Graduate Medical Education	Post-degree medical education, usually hospital-sponsored or hospital-based training, the funding for which is provided largely through Medicare.
HELP	Health, Education, Labor and Pensions Committee	The primary Senate Committee with jurisdiction over health care policy issues.
HHS	Department of Health and Human Services	Cabinet-level agency in the executive branch whose stated mission is to enhance and protect the health of all Americans, provide effective health and human services, and foster advances in medicine, public health and human services.
HITECH Act	Health Information Technology for Economic and Clinical Health Act	Enacted as part of the 2009 American Recovery and Reinvestment Act ("stimulus bill") to promote the adoption and meaningful use of electronic health record systems.
IOAS Exception	In-Office Ancillary Services Exception	Stark law exception that generally prohibits physicians from making designated health service referrals to organizations with which those physicians (or an immediate family member) have a financial relationship, unless an exception under the law applies.
LCD	Local Coverage Determinations	Decision by a Medicare Administrative Contractor as to whether or not a particular item or service is covered under Medicare Part A/B.
LDT	Laboratory-Developed Test	A laboratory examination or other procedure that is intended to be performed, and is designed and manufactured, by a single laboratory for which a CLIA certificate is in effect.
MAC	Medicare Administrative Contractor	Private health care contractors that perform administrative duties such as process Medicare claims, provider enrollment applications, and other services for the Medicare program.
MACRA	Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act	The 2015 law that repealed the sustainable growth rate (SGR) formula and established the Merit-based Incentive Payment System (MIPS).
MIPS	Merit-based Incentive Payment System	Beginning in 2019, a new Medicare adjustment factor under MACRA in the form of a percentage determined by comparing the composite performance score to the performance threshold.

MOC	Maintenance of Certification	A process of physician certification maintenance through one of the 24 approved medical specialty boards of the American Board of Medical Specialties (ABMS).
NCCI	National Correct Coding Initiative	A NCCI Edits are used to promote correct coding methodologies and control improper coding that leads to inappropriate payment in Medicare Part B claims.
NCD	National Coverage Determination	A nationwide determination of whether Medicare will pay for an item or service.
OMB	Office of Management and Budget	The main function of the OMB is to assist the president in preparing the budget
PAMA	Protecting Access to Medicare Act	The 2014 law that delayed a pending cut to Medicare physician reimbursement. The legislation was offset, or paid for, with cuts to laboratory tests and "overvalued" physician services. It also reforms the CLFS to be based on private sector payments.
PC	Professional Component	Professional component of physician service.
PFS	Medicare Physician Fee Schedule	Payment schedule listing of what Medicare pays for physician services under the resource-based relative value scale (RBRVS).
PQRS	Physician Quality Reporting System	A reporting program that uses a combination of incentive payments and negative payment adjustments to promote reporting of quality information by eligible professionals (EPs).
QCDR	Qualified Clinical Data Registry	A CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.
QPP	Quality Payment Program	This is an umbrella term used to describe the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).
RBRVS	Resource-Based Relative Value Scale (RBRVS).	Medicare physician payment methodology based on the resources used to provide each service described in CPT.
RUC	AMA/Specialty Society Relative Value Scale Update Committee	The American Medical Association/Specialty Society committee that provides physician work and practice expense recommendations for physician services listed on the Medicare Physician Fee Schedule. The CAP is a member of

		the RUC.
RVU	Relative Value Unit	A measure of value used for Medicare reimbursement for physician services. There are RVUs for physician work, practice expense, and malpractice expense.
SGR	Sustainable Growth Rate	A 1998 law governing Medicare reimbursement updates to physicians.
TC	Technical Component	Technical component of physician service.
VBM	Value Based Modifier	Provides for differential payment to a physician or group of physicians under the Medicare Physician Fee Schedule based upon the quality of care furnished compared to cost during a performance period.
W&M	Ways & Means Committee	The primary House Committee with jurisdiction over health care financing issues.