

Acronyms

An acronym is typically used as a short version of a word, phrase, or name. We will try to avoid using acronyms during meetings, but if we end up using one, feel free to ask what it means. We have also developed this quick reference in case you hear or come across any acronyms.

Acronym	Meaning
ABD Medicaid	Aged, Blind, or Disabled Medicaid
ACA	Patient Protection and Affordable Care Act
ADLs	Activities of Daily Living
ALF	Assisted Living Facility
AR	Authorized Representative
ARTS	Addiction and Recovery Treatment Services
AT	Asset Transfer or Assistive Technology
CAA	Certified Application Assister
CCC	Commonwealth Coordinated Care
CCC Plus	Commonwealth Coordinated Care Plus
CMS	Centers for Medicare and Medicaid Services
CSB	Community Service Boards
CW	Caseworker
DBHDS	Department of Behavioral Health and Developmental Services
DD Waivers	Developmental Disability Waiver Services
DMAS	Department of Medical Assistance Services
DME	Durable Medical Equipment
DSS	Department of Social Services (<i>sometimes referred to as VDSS for Virginia Department of Social Services</i>)
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FAMIS	Family Access to Medical Insurance Security
FFM	Federally Facilitated Marketplace (<i>See also HIM or Marketplace</i>)
FQHC	Federally Qualified Health Center
GA	General Assembly
HIM or Marketplace	Health Insurance Marketplace
HHR	Health and Human Resources
LTC	Long-term Care
LTSS	Long-term Supports and Services
M4	Medallion 4.0 Program
MAC	Medicaid Member Advisory Committee
MAGI	Modified Adjusted Gross Income
MC	Managed Care
MCO	Managed Care Organization
MN	Medically Necessary
NF	Nursing Facility
OAG	Office of the Attorney General

Acronym	Meaning
PCP	Primary Care Provider
PHE	Public Health Emergency
PP	Patient Pay
SBE	State Based Exchange
SNF	Skilled Nursing Facility
SSA	Social Security Administration
SSI	Supplemental Security Income
UAI	Uniform Assessment Instrument
VDH	Virginia Department of Health

Terms

Activities of Daily Living (ADL): Personal care tasks, (e.g., bathing, dressing, toileting, transferring, and eating/feeding). An individual's degree of dependence in performing these activities is part of determining the appropriate level of care and service needs.

Asset Transfer: Medicaid applicants and recipients must be fully compensated for any transfers of money, property or other assets.

Authorized Representative: Person who is authorized in writing to conduct the personal or financial affairs for an individual.

Caseworker/Worker: Eligibility worker at the local Department of Social Services who processes the application to determine Medicaid eligibility and maintains the ongoing case. This is the person to contact regarding changes, such as address or income, or problems, such as not receiving the Medicaid card.

Certified Application Assistor: Volunteer trained by the government and authorized by you to assist with your application.

Coinsurance: The portion of Medicare, Medicaid, or other insurance-allowed charges for which the patient is responsible.

Co-Payment: The portion of Medicaid-allowed charges which a member is required to pay directly to the provider for certain services or procedures rendered.

Department of Medical Assistance Services (DMAS): The agency that administers the Medicaid program in Virginia.

Department of Social Services (DSS): The agency responsible for determining eligibility for medical assistance and the provision of related social services. This includes the local Departments of Social Services.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): A program of preventive health care and well child examinations with tests and immunizations for children and teens from birth

up to age 21. Medically necessary services needed to correct or improve defects and physical or mental illnesses (discovered during a screening examination) may be covered as a part of the EPSDT program even if they are not covered under the State's Medicaid benefit plan.

Family Access to Medical Insurance Security (FAMIS): Virginia's Children's Health Insurance Program that helps pay for medical care for children under age 19 and pregnant women, FAMIS MOMS. FAMIS has higher income limits than Medicaid.

FAMIS Plus: Assistance program that helps pay for medical care for children under age 19 whose family income is within 133% of the Federal Poverty Limit for the family size.

FAMIS Select: Gives families of FAMIS-eligible children the opportunity to choose between coverage under FAMIS and coverage through a private or employer-sponsored health plan. Children enrolled in FAMIS *Select* access health insurance through their private or employer-sponsored health plan and will present the identification card of that plan for payment. Children enrolled in FAMIS *Select* do not have access to direct FAMIS coverage except if needed to cover childhood immunizations.

Fraud: Deliberate withholding or hiding of information or giving false information to obtain or attempt to obtain Medicaid benefits.

Generic Drugs: Drugs that are the same as a brand-name drug in dosage, safety, strength, quality, performance, and intended use. The Food and Drug Administration requires generic drugs to have the same quality, strength, purity, and stability as brand name drugs. Manufacturers of generic drugs do not have the same investment costs as a developer of new drugs; therefore generic drugs are less expensive.

Health Insurance Marketplace (HIM): Online marketplace of private insurance plans. Individuals can shop for health insurance, compare private plans, and determine whether they qualify for a subsidy to help pay for insurance.

Managed Care: Delivery of health care services emphasizing the relationship between a primary care provider (PCP) and the Medicaid member (referred to as a "medical home"). The goal of managed care is to have a central point through which all medical care is coordinated. Managed care has proven to enhance access to care, promote patient compliance and responsibility when seeking medical care and services, provide for continuity of care, encourage preventive care, and produce better medical outcomes. Most Virginia Medicaid members are required to receive their medical care through managed care programs.

MCO Managed Care Organization: A health plan contracted to provide medical services and coordinate health care services through a network of providers.

Medicaid: Assistance program that helps pay for medical care for certain individuals and families with low incomes and resources.

Medically Necessary: Reasonable and necessary services for the diagnosis or treatment of an illness or injury or to improve physical functioning.

Patient Pay: Individuals with income may have to contribute to the cost of their long-term supports and services.

Primary Care Provider (PCP): The doctor or clinic that provides most personal health care needs, gives referrals to other health care providers when needed, and monitors Medicaid member health. May be an internist, a pediatrician (children's doctor), OB/GYN (women's doctor), or certain clinics and health departments.

Resources (Assets): Resources or assets include money on hand, in the bank, and in a safe deposit box; stocks, bonds, certificates of deposit, trusts, pre-paid burial plans, cars, boats, life insurance policies, and real property.

Smiles for Children: Virginia's dental program for children enrolled in Medicaid, FAMIS and FAMIS Plus.

Social Security Administration: The federal agency that administers the Social Security program, a social insurance program consisting of retirement, disability, and survivors' benefits.

Supplemental Security Income (SSI): A federal program administered by the Social Security Administration that pays monthly benefits to individuals who are disabled, blind or age 65 or older with limited income and resources. Children and adults who are blind or disabled can receive SSI benefits.

Uniform Assessment Instrument (UAI): Pre-Admission Screening form completed by the team that evaluates applicants' ability to complete activities of daily living.