



<b>AHCA</b>	American Health Care Association (nonprofit federation of affiliated state health organizations)
<b>AHCA</b>	American Health Care Act (aka Trumpcare)
<b>ACA</b>	Affordable Care Act (aka Obamacare)
<b>AAHC</b>	Accreditation Association for Ambulatory Health Care
<b>Beneficiary</b>	Health insurance plan enrollee who, along with dependents, receives benefits in plan
<b>CBO</b>	Congressional Budget Office (nonpartisan agency overseeing a wide array of government functions and decisions)
<b>Capitation</b>	Payment arrangement for health care service providers (physicians, etc.) that pays a set amount for each enrolled person, per period of time; not dependent on care
<b>Catastrophic</b>	Health plan that provides minimal coverage
<b>CHAIN</b>	Community Health Action Information Network (statewide consumer health advocacy organization)
<b>CHIP</b>	Children’s Health Insurance Program
<b>CMS</b>	Children’s Medical Services
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>COB</b>	Coordination of Benefits
<b>COBRA</b>	Consolidated Omnibus Budget Reconciliation Act (federal law that allows temporary maintenance of health coverage when employment ends with fees)
<b>Co-insurance</b>	Joint assumption of risk (as by 2 underwriters) that frequently involves percentage assignment for responsibility (e.g., 80/20, whereby insurer pays 80% and beneficiary pays 20% of remaining allowable amount)
<b>Co-pay</b>	Amount that a person with health insurance is required to pay out of pocket at each visit or for each purchase in addition to what insurance will cover
<b>Coverage Gap</b>	Uninsured poor adults in states that do not expand Medicaid
<b>CTG</b>	Close the Gap (statewide attempt to expand Medicaid coverage to the working poor)
<b>Deductible</b>	Amount of money insured person pays out of pocket for most covered medical expenses, before insurance plan begins to pay for those covered expenses
<b>Dividend</b>	Return of part of a policy’s premium for a policy issued on a participating basis by either a mutual or stock insurer (e.g., a portion of the surplus that is paid to the stockholders of a corporation)
<b>DME</b>	Durable Medical Equipment
<b>DSH</b>	Disproportionate Share Hospital
<b>EOB</b>	Explanation of Benefits (usually mailed at least monthly) that reveals if the insured has met deductible yet, co-pays, maximum the insured can be billed for the service, etc.
<b>FPL</b>	Federal Poverty Level (used to determine eligibility for Medicaid and CHIP) (e.g., \$11,880 for individuals and \$16,020 for a family of 2)
<b>FHA</b>	Florida Health Alliance
<b>FHIX</b>	Florida Health Insurance Affordability Exchange Program (State Senate Bill 7044), which did not pass
<b>FQHC</b>	Federally Qualified Health Center (49 in Florida with 426 clinics)
<b>GME</b>	Graduate Medical Education
<b>GP</b>	General Practitioner
<b>HCFA</b>	Health Care Financing Administration (replaced by Centers for Medicare & Medicaid Services)
<b>Health Insurance</b>	Insurance against loss through illness of the insured, especially insurance providing compensation for medical expenses
<b>HHS</b>	Department of Health and Human Services (Federal agency)
<b>HIPAA</b>	Health Insurance Portability and Accountability Act (protects patients’ privacy)
<b>HMO</b>	Health Maintenance Organization (a medical insurance group that provides health care for a fixed annual fee), such as Cigna, Kaiser Permanente, Humana, etc.
<b>Indemnity Plan</b>	Health plan that allows insured to visit whichever providers they wish; usually requires a deductible up front; also called “fee for service” plans or “reimbursement plans”

<b>LIP</b>	Low Income Pool (Federal funds for health care assistance to hospitals)
<b>MCO</b>	Managed Care Organization
<b>Medicaid</b>	Joint federal and state program providing assistance for limited income patients
<b>Medicaid Expansion</b>	Would allow people with annual income below 138% of federal poverty level to be eligible for Medicaid; currently not available in Florida
<b>Medicaid Managed Care Program</b>	System of providing Medicaid services using MCO's
<b>Medicare</b>	National Social Insurance Program, mostly for people aged 65 and over
<b>Medicare Advantage</b>	A program within Medicare Part C that typically provides an HMO but may also offer some PPO's; plans usually have low or no premiums with low or no co-pays and a drug plan but also have disadvantages (e.g., if hospitalization is required)
<b>Medicare Part A</b>	Hospital coverage
<b>Medicare Part B</b>	Covers health care received as an outpatient (e.g., doctor's visits, laboratory, etc.)
<b>Medicare Part C</b>	Alternative to standard Medicare that allows choice between Part C <u>or</u> regular Medicare, which includes Parts A and B
<b>Medicare Part D</b>	Prescription drug coverage that can be purchased with standard Medicare
<b>Medigap plans</b>	Supplemental (or secondary) health insurance plans
<b>Out-of-pocket</b>	Maximum amount paid by the insured for health care services in a single policy period
<b>PCP</b>	Primary Care Physician
<b>PPO</b>	Preferred Provider Organization (a managed care organization of doctors and hospitals, etc. who have reached an agreement with a third party [e.g., insurers] to provide health care at reduced rates)
<b>Pre-existing condition</b>	Health problem existing before the start of new health coverage; current law prohibits insurance companies from denying coverage due pre-existing conditions
<b>Premium</b>	Monthly insurance cost to the beneficiary, once a plan is purchased
<b>Preventive Med.</b>	Screenings similar to "wellness checks"
<b>Profit</b>	A measure of the competence and ability of management to provide viable insurance products at competitive prices and maintain a financially strong company for both policyholders and stockholders
<b>Provider</b>	Health professionals who provide health care services (e.g., physicians, labs, hospitals etc.)
<b>RAM</b>	Remote Area Medical (a volunteer medical relief corps)
<b>Safety Net</b>	Hospitals and clinics that provide a significant level of care to low-income, uninsured or vulnerable populations (e.g., Jackson Memorial, Broward Health, H. Lee Moffitt, etc.)
<b>SCHIP</b>	State Children's Health Insurance Program
<b>Secondary</b>	Insurance that supplements Primary (e.g., Medicare)
<b>Single payer</b>	Health care financed by a single public body from a single fund that replaces private insurers (e.g., Canada's health care system; also called "Medicare for All")
<b>SNIF</b>	Skilled Nursing Facility
<b>SSA</b>	Social Security Act (Medicare was enacted under this)
<b>State-based</b>	Refers to support of local bills as opposed to Federal mandates
<b>Supplemental</b>	Extra insurance that can be purchased to pay for deductibles, co-pays, etc.
<b>Tricare</b>	Health care program for military personnel (replaced CHAMPUS)
<b>Universal Health Care</b>	See "Single payer"
<b>VIP Health</b>	PCP sees a fixed number of patients who pay an annual fixed fee; PCPs usually do not bill insurance; also called Concierge Medical Practice
<b>WHO</b>	World Health Organization

## REFERENCES

[www.healthcare.gov](http://www.healthcare.gov)

[www.ACHA.myflorida.com](http://www.ACHA.myflorida.com)

[www.cms.gov/resources/glossary](http://www.cms.gov/resources/glossary)

[www.ambest.com](http://www.ambest.com) (see glossary)