

MEDICAL EXPENDITURE PANEL SURVEY

MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

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Accident Insurance: Pays for medical services related to injuries of an accidental nature. The coverage is limited to accidents, such as car accidents.

Acupuncturist: Person who uses a technique for relieving pain, treating medical conditions, inducing regional anesthesia, or improving general well-being in which thin needles are inserted into the body at specific points.

Administrative Office: The department of a hospital where general administrative responsibilities are carried out. It is often where the CEO (Chief Executive Officer) is located. The Administrative Office may be able to assist in locating and providing billing status information on separately billing doctors (SBDs). (See definition of SBD in this glossary).

Admission: Formal acceptance of a patient by a hospital or other health care institution in order to provide care. An admission may be scheduled in advance because the illness or injury is not life threatening, or it may take place immediately because of a serious or life-threatening illness or injury.

AF (Authorization Form): Consent form signed by a household respondent during one of the household interviews, authorizing providers to release any needed medical or financial information about health care services provided during the period specified on the form. Replaces the MEPS permission form. The authorization form complies with the requirements of HIPAA and prescribed elements of informed consent, including

- What can be disclosed, a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion
- To whom the information can be disclosed
- Purpose of the disclosure
- Expiration date—includes expiration of authorization
- Signature and date
- Proxy relationship to individual
- Right to revoke authorization
- Consequences of refusing to sign
- Disclosure after release—A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the privacy rule. As stated on our MEPS authorization form, the Public Health Service Act protects the confidentiality of information released by providers.

AFDC (Aid to Families with Dependent Children): A government program that provides cash benefits to needy children (and certain others in their households) who have been deprived of parental support or care because their father or mother is absent from the home continuously, is incapacitated, is deceased, or is unemployed.

AIDS (Acquired Immunodeficiency Syndrome): A terminal disease caused by the human immunodeficiency virus (HIV) that makes persons with AIDS more susceptible to certain diseases, such as pneumonia, Kaposi's sarcoma, and meningoencephalitis.

Allergy Shot: A shot designed to reduce symptoms by making the patient immune to the cause of an allergy they have.

Alternative/Complementary Care: Approaches to health care that are different from those typically practiced by medical doctors in the U.S. Included in this type of care are acupuncture; nutritional advice or lifestyle diets; massage therapy; herbal remedies; biofeedback training, meditation, imagery, or relaxation techniques; homeopathic treatment; spiritual healing or prayer; hypnosis; and traditional medicine, such as Chinese, Ayurvedic, or American Indian.

Ambulance Services: Any charges associated with the use of an emergency vehicle used for transporting patients to a health care facility after injury or illness. Includes three basic types of emergency transportation: ground or surface, helicopter, and airplane.

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Ambulatory Care: All types of health care services that are provided on an outpatient basis; that is, a patient comes to a provider to receive services and leaves the same day.

Anemia: A deficiency of the oxygen-carrying material in the blood (hemoglobin). Anemia is often accompanied by a reduced number of red blood cells and causes an unnatural paleness, weakness, and shortness of breath.

Anesthesia: The loss of sensation induced by an anesthetic and limited to a specific area (local anesthesia) or involving a loss of consciousness (general anesthesia).

Anesthesiology: The medical study and application of anesthesia.

APG/AVG (Ambulatory Procedure Group/Ambulatory Visit Group): A coding system that groups together diagnoses for services provided on an outpatient basis. It is not currently widely adopted for coding or payment purposes.

Appendectomy: Surgical removal of the appendix. The appendix is usually removed for appendicitis, when the organ becomes inflamed and may burst. The appendix projects from the first part of the colon; in humans, it is small and seems to have no function. The appendix is cut away and removed through an incision in the lower right side of the abdomen.

Arthroscopic (Visualization of Joints) Surgery: Surgery involving arthroscopy. Arthroscopy is direct joint visualization by means of an arthroscope.

Assignment: An agreement signed by a physician to accept the Medicare-allowed amount as full payment for services rendered to a Medicare patient.

(+) Assisted Living: A newer organization of care or help particularly for elderly persons, but can also be found for persons with disabilities.

Attending Physician: The main physician assigned to and responsible for the patient's care.

Audiologists: Medical persons who evaluate and treat patients with impaired hearing and balance. This includes the fitting and dispensing of hearing aids.

(+) Authorization Form: See AF.

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Bad Debt: Charges for medical care that are written off by a provider as uncollectible.

Beneficiary: A person who is eligible to receive benefits under a health insurance contract. This includes both the primary insured and enrolled dependents.

Billing Service: A corporation that contracts with a physician, group of physicians, or a hospital to do their patient billing (usually includes submitting claims to insurance companies).

Blood Tests: Tests that identify or diagnose health conditions by analyzing a sample of the patient's blood.

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(+) Call Disposition screen: This screen appears in the MEPS-CMS and is where a DCS or Abstractor will set a current event code for a provider case.

Capitation: One of the methods of paying providers in a managed care plan. The provider receives a fixed amount for each patient (*per capita*, the Latin for "per head") for a given period (such as a month), in return for providing services. The provider is paid this fixed amount regardless of the amount of services the patient actually receives. For example, the insurer pays the provider \$35 each month for Patient X, regardless of whether Patient X receives care.

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Capitation Agreement: An agreement between a provider and a managed care company in which the provider agrees to accept a capitated payment for a defined set of services.

Cardiac Catheterization: Passing a tiny plastic tube (catheter), containing an electronic device, into the heart through a blood vessel. Samples of blood are withdrawn for testing; blood pressure and cardiac output are measured. Used in diagnosis of heart disorders and anomalies.

Cardiology: The medical study of the functioning and disease of the heart.

Cataract Surgery: Surgical removal of the cataract and implantation of a plastic lens. A cataract is an opaque (cloudy) area that occurs in the normally clear lens of the eye. The cataract blocks or distorts light that is entering the eye and progressively reduces vision.

CAT Scan: A computerized X-ray image of the internal body structures, displayable in various cross-sections.

Cell Culture: A laboratory test that involves the collection of cells (for example, a Pap smear or a throat culture).

Certified Nursing Assistant (CNA): Persons who have been trained and certified to provide general nursing care to patients at home. Duties may include things such as administering prescribed medicines and giving treatment in accordance with approved nursing techniques. CNAs may record significant conditions and reactions and notify their supervisor of the patient's condition, reaction to drugs and treatments, and significant incidents. They may also take the patient's temperature, pulse, blood pressure, and other vital signs to detect deviations from normal.

Cesarean Section: Surgical operation for delivering a baby by cutting through the mother's abdominal and uterine walls.

CHAMPUS (Civilian Health and Medical Program for the Uniformed Services): Now known as TRICARE. A civilian health benefits program that provides coverage to the family of active duty members, to retired service members and their families, and to the survivors of active duty and retired service members who are deceased. See also CHAMPVA and TRICARE.

CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs): A civilian health benefits program that provides coverage to the dependents and survivors of disabled veterans. See also CHAMPUS and TRICARE.

Charges: The dollar amount asked (charged) for a service by a health care provider. This may not be the actual amount paid to the provider.

Charge Equivalent: An amount that a provider would bill to a fee-for-service patient. This term is used when services are not billed because a patient is covered under a prepaid plan or capitation agreement. Charge equivalents are the dollar amounts associated with individual services for purposes of budgeting or cost analysis.

Charity Care: Medical care for which the charges are deeply discounted or completely waived because the patient is unable to pay.

Chemotherapy: The treatment of disease through the use of chemicals designed to have a toxic effect on the disease-producing microorganism or to selectively destroy cancerous tissue.

Chiropractor: Medical persons who practice a system of medicine based on the principles that the nervous system largely determines the state of health and that disease results from nervous system malfunctioning. Treatment consists primarily of the adjustment and manipulation of parts of the body, especially the spinal column.

Circumcision: Surgical removal of the end of the prepuce of the penis. The foreskin is cut away from around the glands of the penis. Circumcision is usually performed at the request of the parents.

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Claim: A request to an insurer for payment of health care bills. The claim may be presented to the insurer on either a hardcopy form or through an electronic transfer.

Cleaning or Medical Treatment of Wound, Infection, or Burn: Removal of foreign material and dead or damaged tissue from wounds, infections, or burns.

Clerk: A person, similar to a receptionist or secretary, who assists a medical person in performing clerical tasks, such as scheduling appointments, filing and maintaining medical records, billing, and answering the telephone.

Clinic: A facility where doctors, nurses, or other medical persons give medical care and advice but which is not located at a hospital. (Excludes visits to hospital outpatient departments.)

Clinic at a Hospital or Hospital Outpatient Department (OPD): A unit of a hospital providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight, such as outpatient surgery centers. Examples of outpatient clinics include

- Well-baby clinics/pediatric OPDs;
- Obesity clinics;
- Eye, ear, nose, and throat clinics;
- Cardiology clinics;
- Internal medicine departments;
- Family planning clinics;
- Alcohol and drug abuse clinics;
- Physical therapy clinics; and
- Radiation therapy clinics.

Hospital OPDs may also provide general primary care.

Clinical Pathology: Clinical pathology covers a wide range of laboratory functions and is concerned with the diagnosis, treatment, and prevention of disease. Clinical pathologists look at the body's biochemical processes, such as hormone and enzyme production. Clinical pathologists often direct all of the special divisions of the laboratory, which may include the blood bank, clinical chemistry, hematology, immunology and serology, and microbiology. Specimens for examination can include any of the following: blood, urine, sputum (also called phlegm), feces, spinal fluid, pleural fluids (fluids around the lungs or in the pleural cavity), abdominal fluids, and joint fluids.

CMS (Centers for Medicare and Medicaid Services): The agency of the U.S. government responsible for administering the Medicare program. Formerly the Health Care Financing Administration, or HCFA.

CMS 1500: A universal billing form used by physician practices to standardize submission of claims.

(+) CNA: see Certified Nursing Assistant.

COB (Coordination of Benefits): An insurance provision to identify the sequence in which coverage applies when a patient is insured under two or more contracts.

COBRA: Insurance obtained through a former employer. It is a federal law (Consolidated Omnibus Budget Reconciliation Act) that allows persons without any other group health insurance to continue their employment-related coverage at group rates for 18 to 36 months after having left a job. However, the primary insured person or policyholder usually has to pay the entire premium.

Co-insurance: Similar to a co-payment, except that it is defined as a percentage of the total charges for the health care service. For example, a beneficiary may pay 20% of charges for a doctor's visit or 10% of charges for a hospital stay.

Community-Based Hospital: A hospital established primarily to provide services to the residents of the community in which it is located. Most community hospitals are nonprofit, non-federal, and for short-term patients.

Community Health Center: A facility set up to provide health care and social work services in an area where such services are otherwise difficult to obtain.

Companion (Home Health): A caregiver for a person who is elderly, who has a disability, or who is convalescing who attends to the patient's personal needs, reads aloud, or plays cards or other games to entertain the patient.

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Company Clinic: A company doctor's office or medical facility that is operated principally for the employees (and sometimes their dependents).

Complementary/Alternative Care: Approaches to health care that are different from those typically practiced by medical doctors in the U.S. Included in this type of care are acupuncture; nutritional advice or lifestyle diets; massage therapy; herbal remedies; biofeedback training, meditation, imagery, or relaxation techniques; homeopathic treatment; spiritual healing or prayer; hypnosis; and traditional medicine, such as Chinese, Ayurvedic, or American Indian.

Complete Physical: A physical examination performed by a medical doctor, in which the whole body is examined to determine the state of a person's health. Usually includes a blood pressure check and taking a sample of the person's blood for a complete blood count.

Condition: A condition is a medical problem that can be diagnosed, such as heart disease or the flu. It is different from a symptom. Symptoms are typically caused by some condition. For example, the flu is a condition that can cause several symptoms, such as fever, nausea, or a runny nose.

Contact Lens: A curved shell of glass or plastic worn directly on the eye to correct vision problems.

Contractual Arrangement with Managed Care Organization: An agreement in which a provider agrees to accept reduced fees from a managed care company in return for an increased volume of patients.

Convalescent Home: A nursing facility for patients who are recovering from severe illnesses or injuries, or who require continued care for an ongoing illness that is not in an acute stage. It is not the same as a retirement home.

Consultant: A specialty physician, surgeon, or psychologist called in for professional advice or services by the attending physician.

Consultation: Upon request by one medical person, another medical person's review of a patient's history, examination of the patient, and recommendations.

Contracted Physician Group: A group of physicians providing a specialty service within the hospital. Depending on the contractual arrangement of the group, they will either bill separately or be employed by the hospital. Common physician groups that are contracted include emergency room physicians, anesthesiologists, hospitalists, and radiologists.

Conventional Indemnity Health Insurance Plan: A traditional group or individual health insurance plan. In conventional indemnity health insurance, the group or individual pays a premium to the insurer to administer, assume risk, and pay for a defined benefit package. Features of conventional indemnity health insurance include total choice of provider, enrollee cost sharing, fee-for-service provider reimbursement, and full insurer risk. Synonyms are Traditional Indemnity Health Insurance and Fee-for-Service (FFS) Health Insurance.

Co-payment: A fixed sum that a person pays for health services, regardless of the actual charge (the insurer pays the rest of the actual charge). For example, the person may pay \$10 for each office visit, \$75 for each day in the hospital, and \$5 for each drug prescription.

Coronary Bypass: Loosely used to refer to the heart and to coronary heart disease. It is a major procedure that requires the heart to be stopped while the bypass is being performed. The surgeon uses a length of vein from a leg to make one or more grafts to bypass the blockages in the coronary artery and so restore the blood flow to normal.

Cost Containment: Activities designed to hold down the cost of health care. Cost containment activities include coverage for expanded benefits (like outpatient surgery, preadmission testing, and different levels of hospital care), thorough review of claims, development of continually evolving forms of health care (like HMOs and PPOs), and emphasis on health education and health promotion.

Courtesy Discount (Professional Courtesy Discount): A discount, or waiver, of professional fees sometimes extended by a provider. An example may be a discount given to other medical professionals or their family members.

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(+) Courtesy Packet: A packet we send to a provider, as a courtesy, containing copies of the authorization forms. This usually occurs when an OBD provider has a billing service from which we will collect the data.

CPT-4 Codes: A coding system for procedures and services performed by physicians and other providers. It is widely used for reporting medical procedures for insurance billing and statistical purposes. Each procedure or service is identified with a unique five-digit code published in the *Physicians' Current Procedural Terminology—Fourth Edition (CPT-4)*.

CPT-4 Code Modifiers: A two-digit code used to indicate that a particular procedure deviated from the usual service for a specific CPT code.

Date of Visit = Date of Service = Medical Event: Because the date on which the patient visited the provider (the date of service) is covered by one Medical Event Form, these terms tend to be used synonymously in the MPC.

D&C (Dilatation and Curettage): A gynecological procedure involving the widening of the cervix and scraping of the uterus. In this operation, the uterine lining is scraped to discover the cause of frequent or heavy periods, to terminate a pregnancy, or to treat an incomplete abortion or miscarriage.

Deceased: The person is no longer living.

Deductible: The amount of money an insured person must pay before the insurer will pay. For example, if you have a plan with a \$100 deductible, you would be responsible for the first \$100 of your health care bills.

Deliver (Delivery): Giving birth to a live baby. It does not include stillbirths.

Dependent: A person who is covered by an insurance policy purchased or obtained by another individual (the policyholder).

DHHS (Department of Health and Human Services): Part of the United States Public Health Service.

Diabetes: A disease that impairs the ability of the body to use sugar and causes sugar to appear abnormally in the urine. Common symptoms are persistent thirst and excessive discharge of urine.

Diabetic Equipment and Supplies: Any materials a diabetic uses in everyday procedures to maintain blood sugar at normal levels. Food items do not count as diabetic supplies.

Diagnosis (Dx): The identification and classification of a disease. A diagnosis is frequently identified on physician records by an ICD-9 code.

Diagnostic Procedures or Tests: Examinations or tests that detect the presence of a disease or physical problem.

Disability: A subjective assessment of inability to carry out socially defined roles (such as at work, in family life, or in other social settings) that individuals are generally expected to be able to do. The inability stems from limitations in physical or mental functioning caused by impairments or by physical or mental health conditions.

Disallowed: A charge for a medical service rejected for coverage by a third party, such as Medicare, Medicaid, or an insurance company. Examples of situations in which a third party may disallow a charge are when the deductible has not been met, the service is not covered under the person's plan, or the charge does not qualify as "usual and customary."

Disapproved: A charge not covered by a third-party payer.

(+) Disavowal: Refers to a patient not receiving services or not being part of a provider's patient listing. When this occurs, a disavowal form is completed to confirm the patient is not part of the provider's practice.

Discharge: The formal release of a patient from a physician's care or from a hospital. Sometimes a discharge is referred to as "signing out."

Discount: A deduction from a specified sum that a provider has charged for health care services. The discount may be accounting for a discrepancy between what the provider asked as the total charge and the sum of the amount paid by the person and the amount paid by a third party.

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DO (Doctor of Osteopathy): A physician who has completed training in the field of osteopathy and practices medical therapy that emphasizes manipulative techniques.

Doctors' Clinic: A group of doctors who have organized their practice in a clinical setting and work cooperatively; generally, patients either come in without an appointment or make an appointment and see whatever doctor is available.

DRG (Diagnostic Related Group): A coding system used to support fixed reimbursement rates for inpatient hospital stays.

Drug and Alcohol Rehabilitation Center: A facility with an organized, professional, trained staff that provides rehabilitative services to drug- and alcohol-dependent patients.

Drug or Alcohol Treatment: Any program of drug therapy or isolation used to help a patient withdraw from drug or alcohol dependency. An example of this kind of treatment is the prescription of a drug such as methadone to wean the patient from a harder drug.

DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*): A classification system of mental disorders, used primarily for diagnostic and research purposes.

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ECG (Electrocardiogram): A graphic record of the electrical activity of the heart.

E codes: A supplemental classification included in ICD-9-CM used for reporting external causes of injuries and poisonings. E codes range from E800 through E999.1.

EEG (Electroencephalogram): A graphic record of the electrical activity of the brain.

EKG (Electrocardiogram): A graphic record of the electrical activity of the heart.

EOB (Explanation of Benefits): A form that explains how benefits are paid by an insurance plan.

EPO (Exclusive Provider Organization): Similar to a PPO, it is an arrangement between purchasers and providers to deliver health services to a group of employees/patients. An insurance carrier or employer negotiates discounted fees with providers in return for guaranteeing a certain volume of patients. Unlike a PPO, employees/patients are limited to an exclusive panel of providers and receive no reimbursements for using providers outside of the panel. Providers are usually reimbursed by discounted fee-for-service payments.

ER (Emergency Room): A medical department at a hospital that is open 24 hours a day. No appointments are necessary, although a provider may arrange to meet a patient at an emergency room. A physician, nurse, paramedic, physician extender, or other medical provider may administer medical care. This does not include urgent care centers that are not part of hospitals. In some hospitals, the emergency room doctors are independent contractors and will thus be, in MPC terminology, separately billing doctors (SBDs).

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Facility: A place, such as a hospital, clinic, emergency room, or laboratory, that provides medical services.

Family Planning Center: A facility that provides social, educational, or medical services and supplies to help individuals determine family size or prevent unplanned pregnancies. This may include birth control counseling and referral, abortion services and referral, pregnancy testing, sterilization counseling, venereal disease referrals, public education service, and infertility counseling and referrals.

Fellow: A physician who has completed training as an intern and resident and has been granted a stipend and position allowing him or her to do further study or research in a specialty area, typically while treating patients in the hospital specialty.

Fertility Clinic: A facility that provides services designed to aid in the ability to conceive or induce conception. People sometimes go to fertility clinics when they are having difficulty getting pregnant (or getting someone else pregnant).

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FFS (Fee-for-Service): The traditional payment arrangement between a provider and a patient in which a provider charges a specified amount for each encounter or service.

Financial Record Number: A unique number assigned by a medical facility to a patient's financial record. The financial record number may or may not be the same as the medical record number. It may be referred to as an account, insurance, or claim number and may be the insured person's Social Security Number.

Follow-up Call: A call placed to a provider, after they have been sent the patient authorization forms, to collect the data.

Follow-up Care: Additional consultations or treatments with a medical provider after the condition was initially diagnosed and treated.

Follow-up Visit: Includes visits to check on a patient's progress after some type of surgery or other medical treatment. This includes visits to verify that the patient has fully recovered, to remove stitches or a cast, etc.

Foot Doctor (Podiatrist): Medical person who deals with examination, diagnosis, treatment, and prevention of diseases, conditions, and malfunctions affecting the human foot and its related structures.

Free Clinic: A neighborhood clinic or health program that provides health services in a relatively informal setting to students, transients, members of minority groups. Staff members who are predominantly volunteers provide care free or for a nominal charge.

Free from Provider (Professional Courtesy/Free Sample): The provider provided the services as a professional courtesy extended from one provider to another or to family members or office staff. This can also include free samples of medicine or the donation of a provider's services. [This does not include visits to public or free clinics where the services are covered by public or private funding sources. Such situations should be coded as '10' (No bill sent: Public clinic/health center or private charity).]

Full Established Charge: The amount that a provider bills, even though a different amount is expected, because of discounts or adjustments. For patients covered by a capitation agreement, it is the amount that would be charged to a fee-for-service patient.

Further Treatment or Consultation: Additional medication, tests, examination, surgery, procedures, or consultations in addition to the treatments and consultations the patient had already received.

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Gallbladder Surgery (Cholecystectomy): Removal of the gallbladder. The gallbladder is cut away and removed through an incision in the upper right part of the abdomen. This operation is done when gallstones or some other gallbladder problem causes serious symptoms. The gallbladder is a pear-shaped sac or undersurface of the right lobe of the liver holding bile from the liver. The bile is stored and while in the gallbladder is concentrated by removing water.

Global Fee: A global fee is one charge that covers services rendered on more than one day. Examples: Obstetrician's fee covering normal delivery as well as pre- and postnatal care, surgeon's fee covering surgical procedure and postsurgical care. There will be one CPT-4 code covering all services provided under a global fee.

Gross Pathology: The study of tissues removed from living patients during surgery to help diagnose a disease and determine a treatment plan. Often, the surgical pathologist provides immediate consultation to the surgeon during surgery to help determine the best surgical process. For example, during breast cancer surgery, a surgical pathologist's examination of tissues removed during surgery can help determine whether to remove lymph nodes under the arm as well. Gross pathology includes both physically examining the tissue with the naked eye and examining processed tissue under a microscope.

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Group Practice: An organized group of physicians working together in a central location.

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HCFA (Health Care Financing Administration): Former name of CMS, the agency of the U.S. government responsible for administering the Medicare program.

HCFA 1500: Former name of CMS 1500, a universal billing form used by physician practices to standardize submission of claims.

HCPCS (Healthcare Common Procedure Coding System): A uniform coding system developed for Medicare carriers as an extension of CPT-4 codes. Used for situations in which CPT descriptions are unavailable or insufficient.

Health Aide: A nursing assistant who provides personal care and home management services to allow patients to live in their own homes. Health aides work under the supervision of a physician or registered nurse and may help patients bathe, exercise, and dress. They may also check the patient's temperature, blood pressure, pulse, and respiration rates and help give medications.

Health Care Events: Visits to and care received from medical providers. Each event is unique and is identified by the following three elements:

1. The RU member;
2. The medical provider; and
3. The date(s) of the visit or service.

Health Clinic: A non-hospital facility where doctors, nurses, or other medical persons give medical care and advice.

Health Insurance: Coverage that provides persons with health-related benefits. Coverage may include hospitalization, major medical care, surgical procedures, prescriptions, dental care, vision care, or some combination of these.

Health Insurance Portability and Accountability Act (HIPAA): Federal legislation that went into effect April 14, 2003. HIPAA created national standards for ensuring the privacy of health care records and established guidelines for medical providers, pharmacies, and health insurers to follow in handling health care information that identifies individual patients. One important section of the law requires medical providers to obtain a signed authorization form from a patient before releasing information about that patient to a third party who is not involved in providing health care. The law also created new requirements for the information that must appear on the authorization form.

Health Maintenance Organization (HMO): An organized system of health care that ensures the delivery of an agreed-upon set of health maintenance and health treatment services to a voluntarily enrolled group of persons. With an HMO, a person must generally receive care from HMO physicians; otherwise the expense is not covered unless the HMO referred the person or there was a medical emergency. With an HMO, the cost of a visit is typically covered in full or you have to pay a small amount (co-pay). HMOs have a variety of organizational structures that involve the relationship between the HMO and its physicians. These include

- **Staff Model**—The HMO physicians are salaried employees of the HMO and practice in the HMO's facilities. Some Staff Model HMOs have a fee schedule with the kinds of charges that would apply to any patient they treated who was not an HMO member. Thus, on the Medical Event Form, you will usually be able to obtain "the full established charge," but not the amount and source of payment or the reason for the difference between charges and payments, as those items do not apply to HMO members.
- **Group Model**—The HMO contracts with a separately incorporated medical group to provide service to the HMO's members.
- **Network Model**—A variation of the group model in which the HMO contracts with several medical groups.
- **IPA Model**—The HMO contracts with individual physicians or small groups of physicians to provide services to members. See also IPA.
- **Mixed Model**—An HMO with a combination of the features of the above models.

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Health Problem: Disease or ailment. A disease is an illness or disorder of the function of the body or of certain tissues, organs, or systems, which is characterized by an identifiable group of symptoms. An ailment is a mild mental or physical disorder. An example of a health problem is influenza; some of its symptoms are fever, chills, and dizziness. Health problems may be either physical or mental.

Health Professional: A person whose job is to provide medical treatment, nursing care, or therapy to persons with health problems. Examples include medical doctors, nurses, and physical therapists.

Hernia Repair: In a hernia repair operation, the bulge of soft tissue that has come through a weakened muscle or tissue layer is corrected surgically.

High Blood Pressure: Also known as hypertension, persistently high arterial blood pressure that is associated with increased risk of sickness and death from heart disease and kidney disease.

High Blood Sugar: A diagnosis of a greater-than-normal amount of glucose (blood sugar) in the blood.

HIPA: Health Insurance Policy Abstraction.

HIPAA: See Health Insurance Portability and Accountability Act.

HIPS: Health Insurance Provider Survey, one of the four components of MEPS.

HMO: See Health Maintenance Organization.

HMO Clinic: A medical facility sponsored by an HMO that typically includes a group of doctors on staff.

Home Health Agency: A public or private business or organization supplying services by health care professionals in an individual's place of residence on a per-visit or per-hour basis. These services may include skilled and unskilled nursing, physical therapy, homemaker services, infusion therapy, hospice care, occupational therapy, social work, and nutrition counseling services. Home health agencies are one of the MPC provider types. Charge-payment information will be collected by month rather than by date of service or inpatient stay, as is the case with the other provider types.

Home Health Care: Includes services received due to a health problem or condition. These services may be medical (for example, administering physical therapy; checking temperature, blood pressure, and pulse and respiration rates; or helping to give medications) or personal (for example, doing cleaning, repairs, or cooking; providing companionship).

Home Health/Home Care Aide: A health worker who provides personal care and home management services to allow patients to live in their own homes. Home health aides may work under the supervision of a physician or registered nurse and may help patients bathe, exercise, and dress. They may check the patient's temperature, blood pressure, and pulse and respiration rates; give massages; and help give medications.

Home Health Person: This includes two types:

1. Medical home health person—Nurses, home health aides, social workers, therapists, medical doctors, and any other medical persons who go to a person's home to provide help with a health problem or condition.
2. Personal home care health person—A non-medical person who provides non-medical services such as cleaning, cooking, shopping, or companionship. Such a person can be paid or unpaid, such as a friend, neighbor, relative, or volunteer.

Home Health Visit: Visits to the home from persons (such as nurses, home health aides, social workers, therapists, or medical doctors) who provide help to a person who has a health problem or condition. Non-medical services such as cleaning, repairs, or cooking may be included if the service is provided for a person having a health problem. Such a person can be paid or unpaid, such as a friend, neighbor, relative, or volunteer.

Homemaker: Persons who advise or help the patient in dealing with problems, such as nutrition, cleanliness, and household utilities, that arise because of his or her health problem.

Hospice Care: A type of program that provides care and support services to the terminally ill. The intent is to allow the patient to live as fully as possible. Care and support may come from a variety of sources such as family, volunteers, nurses, social workers, and the clergy, as well as physicians.

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Hospice Worker: A person who provides health and personal care in the home to persons who are dying. Hospice workers may administer medical treatments; help people bathe, dress, and eat; or help them manage their household affairs.

Hospital: A health care organization that has a governing body, an organized medical staff and professional staff, and inpatient facilities. Hospitals provide medical, nursing, and related services for ill and injured patients 24 hours a day, 7 days a week.

Hospitalist: A physician who specializes in seeing and treating other physicians' hospitalized patients. The hospital may employ hospitalists to relieve the primary care physician of all but the most essential hospital visits, thereby reducing health care costs.

Hospital Stay: A medical event in which a person is admitted to a hospital. Note that a person need not have stayed overnight to be admitted to a hospital; a person may be admitted and discharged on the same day.

Household Component: One of the four components of MEPS. Households are selected to be interviewed from a group of families previously interviewed in the National Health Interview Survey.

House Staff: Interns, residents, and fellows of a hospital.

Hysterectomy: Surgical removal of the uterus through the abdominal wall or through the vagina. The presence of benign or malignant tumors is the most frequent reason for a hysterectomy.

— I —

ICD-9-CM: A coding system used for diagnoses, symptoms, and conditions, published in the *International Classification of Diseases—9th Revision—Clinical Modification*.

(+) Identical Visit (Repeat Visit): Any visit to the same medical provider in which the services (CPT-4 codes) and charges are identical to those of a previous visit. An example is a series of visits for allergy shots.

IHS (Indian Health Services): A Department of Health and Human Services health care program that provides medical care to eligible American Indians and Alaska Natives at IHS facilities and pays for the cost of selected health care services at non-IHS facilities.

Illness: A medical condition that causes a person to feel sick. Many times it is characterized by a specific disease.

Immunizations: Oral medications or shots given to prevent the patient from contracting a communicable disease.

Included with Other Charges: This normally applies to a global fee situation in which the person is charged a lump sum for a variety of services or a series of visits related to the same condition.

Indemnity Plan: The traditional form of health insurance in which a premium is paid to an insurer who assumes risk and pays for a defined benefit package. Features of indemnity plan insurance include (1) unlimited choice of provider, (2) cost sharing, (3) fee-for-service provider reimbursement, and (4) full insurer risk.

Injection: Medications taken directly into the bloodstream or directly into internal tissues through a shot with a needle. Insulin is a common type of injected medication.

Intern: A physician who is a medical school graduate and is gaining supervised practical experience in a hospital.

IPA [Independent (or Individual) Practice Association]: A physician or an organized group of physicians who contracts with a managed care plan to provide medical services to the plan's enrollees. The enrollees prepay the plan with a monthly premium; the physicians are reimbursed by the plan on either a fee-for-service, discounted fee-for-service, capitation, or other basis.

Inpatient: A hospital patient for whom there is a record of admission.

Insurance Component: One of the four components of MEPS.

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

IV (Infusion) Therapist: A person who administers, monitors, and maintains equipment that is used to provide medication or nutrition intravenously (placed in a person's body by inserting a needle into a vein). The needle is attached to a tube and bag, and is left in place for an extended period of time. The bag is replaced when empty.

IV (Intravenous) Therapy: A drug or nutrient that is given to the patient in liquid form through a hypodermic needle placed directly into one of the patient's veins.

—J—

(+) Joint Replacement Surgery: The replacement of natural joints with artificial ones made of metal or a combination of metal and plastic. Hips and knees are replaced most often. Other joints that can be replaced include the shoulders, fingers, ankles, and elbows.

—K—

Kidney Dialysis: The process whereby a patient is connected to an artificial kidney machine, called a dialyzer or hemodialyzer, which performs the functions of healthy kidneys. Kidney dialysis is used on patients with kidney (renal) failure and may be carried out in the hospital or, in certain circumstances, in the home. Kidney dialysis is also referred to as hemodialysis, dialysis, or renal dialysis.

—L—

Lumpectomy: Surgical removal of a tumor from the breast, especially to remove only the tumor and no other tissue or lymph nodes. In this operation, either the lump alone is removed or a wedge-shaped incision (quadrantectomy) is made to remove the lump and surrounding tissue.

—M—

Mammogram: X-ray photograph of the breasts, usually used to detect breast cancer.

Managed Care: A generic term used to describe a variety of health care organizations and insurance programs, emphasizing "gatekeepers" and utilization controls. Managed care plans include HMOs, PPOs, and POS plans. One provider may have contracts with several managed care plans.

Mastectomy: Excision (cutting away) of the breast. There are four types of mastectomy. In a radical mastectomy, the surgeon removes the breast, the lymph glands from the armpit, and both pectoral, or chest, muscles. In a modified radical mastectomy, one of the pectoral muscles is left in place. In a simple mastectomy, only the breast itself is removed. In a subcutaneous mastectomy, the skin and superficial tissues are left in place and a silicone artificial breast is inserted to replace the tissue that has been removed.

Maternity Care (Pre- and Postnatal): Consultations and examinations relating to pregnancy, that is, prenatal (before delivery) and postnatal (after delivery) care of the mother up to 6 weeks after childbirth.

Medicaid: Medicaid is a jointly funded, federal-state program that is state administered. It offers health benefits to low-income persons on public assistance and, in some states, to those deemed medically needy because their incomes are only slightly above welfare standards or because they have incurred substantial medical bills. Most SSI (Supplemental Security Income) recipients are covered by Medicaid, as are most AFDC recipients and their dependents. The aged, the blind, and the disabled who are in financial need are also eligible for Medicaid. Medicaid may be known by different names in different states (such as Medical Assistance), and Medicaid coverage varies from state to state. **Note:** Some states are now contracting with HMOs to care for their Medicaid recipients.

Medical Care: The provision of health care services by a medical person.

Medical Doctor: A doctor of medicine (MD) or a doctor of osteopathy (DO); a physician. Specific examples of physicians include allergists, anesthesiologists, cardiologists, dermatologists, endocrinologists, family practice physicians, gastroenterologists, general physicians, geriatricians, gynecologists, internists, neurologists, obstetricians, ophthalmologists, orthopedists, otolaryngologists (ear, nose, and throat doctors), pediatricians, psychiatrists, physiatrists (rehabilitation medicine), radiologists, surgeons (any), and urologists.

MEDICAL EXPENDITURE PANEL SURVEY

MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

Medical Event: For MPC, a “Medical Event” describes services provided during one visit to a provider (date of service). Usually there is one Medical Event Form for each date of service.

Medical Facility: A place where health care services are provided. Examples of medical facilities include hospitals, clinics, and doctors’ offices.

Medical Person: A person who gives advice or treatment whether or not he or she has a medical degree. Examples include physicians, dentists, psychiatrists, and nurses, among others.

Medical Practitioner: An individual entitled by training and experience, and possibly licensure, to practice health care.

Medical Provider: For purposes of the Medical Provider Component (MPC), medical providers include only Medical Doctors (MD), Doctors of Osteopathy (DO), hospitals, emergency rooms, clinics, or other health care facilities where health services are provided by or under the direction of a Medical Doctor or Doctor of Osteopathy. Home health agencies are also included.

Medical Records: A department that maintains medical records. There may be several medical records departments located within large facilities. For example, inpatient records can be in one location and outpatient records can be in another.

Medical Therapy (Examples):

- | | |
|---|--|
| <ul style="list-style-type: none">▪ Physical▪ Occupational▪ Infusion▪ Respiratory▪ Speech▪ Mental Health▪ Horticultural | <ul style="list-style-type: none">▪ Art▪ Orientation and Mobility▪ Music▪ Dance▪ Corrective▪ Industrial |
|---|--|

Medical Treatment (Examples):

- | | |
|--|--|
| <ul style="list-style-type: none">▪ Changing bandages for burn▪ Providing wound care to unlacerated small toe▪ Giving medication intravenously | <ul style="list-style-type: none">▪ Taking blood pressure▪ Immunizing |
|--|--|

Medicare: A federal health insurance program administered by CMS that reimburses hospitals and physicians for health care provided to qualifying people ages 65 and older, persons eligible for Social Security disability payments for at least 2 years, and most persons requiring kidney transplants or dialysis. **Note:** Medicare beneficiaries have the option of enrolling in and receiving care from HMOs that contract with CMS. Medicare consists of four parts—A , B, C, and D:

Part A, the Hospital Insurance Program, helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly **everyone 65 or older**. Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain coverage for Part A of Medicare.

Part B, the Supplementary Medical Insurance Program, is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Medicare Part A. If a person elects this additional insurance, the monthly premium is deducted from his or her Social Security check.

Part C is coverage by Medicare Advantage organizations that provides hospital and physician services in an HMO format.

Part D is prescription drug coverage that helps pay for medications, typically with a co-pay by the patient.

Medicare Supplement: Private insurance program that supplements Medicare insurance benefits.

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

Medigap: A health insurance policy sold by private insurance companies that is designed to supplement Medicare benefits by paying for health services that are not paid by Medicare.

Mental Health: The state of a person's emotional, social, and behavioral well-being. Mental health varies from time to time for individuals, and some people in general are more mentally healthy than others are.

Mental Health Counseling (Psychotherapy): A treatment technique for certain forms of mental disorders relying principally on verbal communications between the mental health professional and the patient. It can take the form of individual, family, or group therapies or some combination of these. Include care provided by any type of health professional as long as treatment is for mental health; do not include visits with clergy to discuss personal problems. Any other professional mental health therapist is also included.

Mental Health Facility: A facility that provides the diagnosis, treatment, and care of patients with mental disorders.

Mental Health Person/Professional: A person, such as a psychiatrist, psychologist, counselor, or social worker, trained to diagnose and treat emotional or mental health problems.

Mental Health Therapist: A person trained to diagnose and treat emotional or mental health problems; includes, psychiatrists, psychologists, counselors, social workers, etc.

Mental Problem: A problem having to do with state of mind; an emotional problem.

Midwife: A person who practices the art of aiding in the delivery of babies.

Migrant Health Center: A health care center that provides health services for migrant and seasonal farm workers and their families.

MPC (Medical Provider Component): A component of MEPS designed to supplement information reported by household respondents about all medical services received during the reference period.

MRI (Magnetic Resonance Imaging): A noninvasive process that generates electronic images of specific atoms and molecular structures inside the human body such as cells, tissues, and organs. The process uses a magnetic field outside the body to generate images.

—N—

Neighborhood Health Clinic: A freestanding facility, conveniently located for patients, which provides diagnostic and treatment services. Government agencies or private organizations frequently maintain neighborhood health clinics.

Node (SBD Medical Event): A service given (1) by a specific provider (2) on a specific event date (3) related to a hospital inpatient stay or an outpatient or emergency room visit (4) for which the patient is billed separately by the provider.

Nurse: Includes several types of nursing specialists, such as registered nurse (RN), licensed practical nurse (LPN), nurse's aide, occupational health nurse, community health nurse, or public health nurse (PHN).

Nurse Midwife: A nurse who provides medical care and treatment of OB/GYN patients under the supervision of a physician or doctor. The duties of a nurse midwife may include routine gynecological care, delivering babies, instructing patients in prenatal and postnatal health practices, instructing patients in the care of themselves and their infants, examinations, etc.

Nurse Practitioner (NP): A registered nurse (RN) who has completed additional training beyond basic nursing education. NPs have qualifications that permit them to carry out expanded health care evaluation and decision making regarding patient care.

Nurse's Aide: A person who may perform any combination of tasks, and may be directed by nursing and medical staff, to care for patients at home. The duties of nurses' aides may include bathing patients; giving alcohol rubs; measuring and recording the intake and output of liquids; taking and recording temperature, pulse, and respiration rates; and examining equipment to detect maintenance needs and notifying the supervisor of these needs.

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

Nursing Home: An institution that provides continuous nursing and other services to patients who are not acutely ill but need nursing and personal services as inpatients. A nursing home has permanent facilities and an organized professional staff.

Nursing Home Component: One of the four components of MEPS. A survey of nursing home providers for persons in the household component begun in 1996.

Nursing Home Unit of a Hospital: A hospital-based skilled nursing facility. This unit is usually part of a larger facility or campus. Skilled care is the performance of an injection or other medical procedure with a sufficient mastery of the specific technique in order to make the risk to the patient negligible. This proficiency can be general, as in the case of a trained health worker, or acquired specifically for use at this type of place.

Nutritionist: A person concerned with the application of the principles of nutrition to plan and supervise the preparation and serving of meals. Duties include planning menus and diets for special nutritional requirements, participating in research, or instructing in the field of nutrition.

— O —

Observation (Observation case): An inpatient stay usually spanning more than 24 hours.

Occupational Therapist: A medical person who is concerned with improving the person's ability to perform either self-help tasks that are associated with employment activities or tasks that allow an individual to more fully enjoy and participate in leisure-time activities.

Occupational Therapy: Treatment that helps improve a person's ability to do various tasks that are constructive and often will permit gainful employment or participation in household or leisure activities. Occupational therapy may be used over a long period with people with disabilities (such as those resulting from stroke, paralysis, or deterioration from degenerative diseases like arthritis or multiple sclerosis), but it is also used in the short term to re-train individuals after illnesses and accidents.

Office-Based Practices: Physician-provided care in a noninstitutional setting.

Operation (Surgical Procedure): Any procedure that involves cutting into the skin, including stitching of cuts and wounds.

Ophthalmologist: A doctor of medicine (MD) who specializes in treating eye diseases.

Optometrist: A medical person who examines the eyes and vision system for visual defects, diagnoses eye impairments, prescribes corrective lenses, and provides other types of treatment. Not to be confused with medical doctors who specialize in treating eye diseases, such as ophthalmologists.

OPD (Outpatient Department): A unit of a hospital, or a facility connected with a hospital, providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight. Examples of outpatient clinics include

- Well-baby clinics/pediatric OPD;
- Obesity clinics;
- Eye, ear, nose, and throat clinics;
- Family planning clinics;
- Cardiology clinics;
- Internal medicine departments;
- Alcohol and drug abuse clinics;
- Physical therapy clinics; and
- Radiation therapy clinics.

Hospital outpatient departments may also provide general primary care.

Outpatient: A patient who comes to a hospital, OPD, or clinic for diagnosis or treatment and stays for less than 24 hours.

Outpatient Clinic: Treatment facility in which overnight care is not provided.

Overnight Stay: A medical event in which a person is admitted to a hospital. Note that a person need not have stayed overnight to be admitted to a hospital. A person may be admitted and discharged on the same day.

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

—P—

Pacemaker Insertion: A pacemaker device implanted beneath the skin. A pacemaker is anything that influences the rate and rhythm of occurrence of some activity or process. In cardiology, it is an electrical device that can substitute for a defective natural pacemaker and controls the beating of the heart by a series of rhythmic electrical discharges.

Paramedic: A medical person who is licensed to perform advanced cardiac life support procedures and other emergency medical treatment under the direction of a physician.

Pathology: The scientific study of the nature of disease, its causes, processes, development, and consequences. See also Clinical Pathology and Gross Pathology.

Patient Accounts: Department of a hospital that handles patient and insurance billings and payments. We will collect the charge-payment data from Patient Accounts or from a billing service that handles the billing for the hospital.

Permission Form: This has been replaced by the MEPS authorization form. The authorization form complies with the requirements of HIPAA, which went into effect April 14, 2004.

Permission Packet: A packet we send to someone in the organization (e.g. legal department) that requires copies of the authorization forms in order to release the data.

Personal Care or Homemaker Service Provider: Nonmedical person who provides nonmedical services such as cleaning, cooking, shopping, or companionship.

Physical Therapist: Medical person who is concerned with the treatment of musculoskeletal disorders with physical agents and methods—such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electric stimulation, and light—to assist in rehabilitating patients and in restoring normal function after an illness or injury.

Physical Therapy: The use of means such as exercise, massage, light, cold, heat, electricity, and mechanical devices in the prevention, diagnosis, and treatment of diseases, injuries, and other physical disorders. Physical therapy does not include the use of X-rays or other types of radiation. Physiotherapy is the same as physical therapy.

Physiatrist: Medical doctor who specializes in rehabilitation medicine. Frequently directs a team of medical professionals that can include occupational and physical therapists.

Physician: A doctor of medicine (MD) or doctor of osteopathy (DO). Specific examples of physicians include allergists, anesthesiologists, cardiologists, dermatologists, endocrinologists, family practice physicians, gastroenterologists, general physicians, geriatricians, gynecologists, internists, neurologists, obstetricians, ophthalmologists, orthopedists, otolaryngologists (ear, nose, and throat doctors), pediatricians, psychiatrists, physiatrists (rehabilitation medicine), radiologists, surgeons (any), and urologists.

Physician Assistant (PA): A medical person who provides health care services with the direction and supervision of a doctor of medicine (MD) or osteopathic physician (DO). PAs train for several years to earn the certification to perform diagnostic, therapeutic, preventive, and health maintenance services. Not to be confused with nonmedical persons who also assist the physician.

Plastic (Reconstructive) Surgery: Surgery for the restoration, repair, or reconstruction of body structures. Plastic surgery is done to repair or reconstruct a part of the body that has been injured by a severe burn, for example, or that is malformed due to abnormal development. It usually involves the technique of skin grafting; sometimes, surgery is also necessary on underlying tissues, such as muscle and bone. Plastic surgery done simply to improve a person's appearance is called cosmetic surgery.

Podiatrist (DPM): Sometimes referred to as a "foot doctor." A medical person who deals with examination, diagnosis, treatment, and prevention of diseases, conditions, and malfunctions affecting the human foot and its related structures. Podiatrists are not medical doctors (MDs).

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

Policyholder: The person in whose name the policy is written or the primary insured person.

POS (Point of Service) Plan: One of two specific types of insurance plans. One type is tied to an HMO, so that the POS option allows members/patients to use providers who are outside of the HMO panel and receive some reimbursements, although usually at a much lower rate. A POS plan not tied to an HMO is similar to a PPO or an EPO; it is an arrangement between purchasers and providers to deliver health services to a group of employees/patients. An insurance carrier or employer negotiates discounted fees with providers in return for guaranteeing a certain volume of patients. Members/patients receive the most benefits when they use providers who are in the plan. They receive lower reimbursements when they use providers who are outside the plan. There is often a third, and lowest, level of reimbursement, in which members/patients use providers who have no arrangement with the plan at all. Providers are usually reimbursed by discounted fee-for-service.

Postgraduate 1st year (PGY1 or I): First-year resident.

Postgraduate 2nd year (PGY2 or II): Second-year resident.

Postoperative Visit: An appointment to check on a patient's progress after some type of surgery or other medical treatment, such as to verify that the patient has fully recovered, to remove stitches or a cast, or to adjust medications.

PPO (Preferred Provider Organization): An arrangement between purchasers and providers to deliver health services to a group of employees/patients. An insurance carrier or employer negotiates discounted fees with providers in return for guaranteeing a certain volume of patients. Members who use preferred providers receive a higher level of benefits than members who use out-of-plan providers.

Preadmission reviews: Common insurance requirement that providers and patients report all planned hospital admissions, outpatient surgery, or extended services to the payer for preapproval and estimate of coverage.

Preadmission testing: All testing that can be completed as an outpatient before hospital admission or surgery to prevent delays and decrease the length of hospital stays. Although the date of service is before the date of admission, the charges may be included in the hospital bill.

Preferred Provider: Any health care provider (for example, a physician, dentist, other health care professional, hospital, skilled nursing facility, or other health care institution) who participates in a managed care plan's network. Members usually pay less (or nothing) for services from preferred providers. Preferred providers contract with a managed care plan to provide services on a discounted basis in return for increased patient volume.

Prescribed Medicine: Prescribed medicines are those ordered by a physician or other authorized medical person through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient.

Primary Care Physician (PCP): The physician chosen or assigned to patients in a health maintenance organization (HMO) who provides the majority of the patient care and who must approve all referrals to other medical services.

Principal Diagnosis: The primary condition for which the provider treats the patient. This will usually be the first ICD-9 code that is listed.

Private Doctor's Office: A physician or group of physicians who sees patients outside of a hospital or clinic; a medical doctor whose practice is not part of a larger medical facility such as a hospital or HMO clinic. Medical doctors are those who have an MD (Medical Doctor) or DO (Doctor of Osteopathy) degree. (These may include ophthalmologists, gastroenterologists, general or family practice physicians, internists, neurologists, obstetricians, gynecologists, orthopedists, pediatricians, psychiatrists, etc.).

Private Insurance: Health insurance paid by an employer or an individual, in contrast to insurance paid by a governmental entity such as Medicare and Medicaid.

Professional Courtesy Discount: see Courtesy Discount.

Prostate Surgery (Prostatectomy): Excision (cutting away) of part or all of the prostate gland.

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

Provider: An individual who is associated with his or her own practice, a group practice, HMO, clinic, home health agency, etc.

Psychiatric Social Worker: A social worker who usually works in a psychiatric hospital, residential treatment center, psychiatric unit of a general hospital, or a mental health center. A psychiatric social worker assists individuals and their families in dealing with social, emotional, and environmental problems resulting from mental illness or disability. A psychiatric social worker serves as a link between the patient, psychiatrist, clinical physiologist, family, and community. A Licensed Clinical Social Worker (LCSW) is another type of psychiatric social worker. An LCSW may practice in any one of the above sites and may also have a private practice.

Psychiatrist: A physician who specializes in dealing with the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders, such as psychoses, depression, anxiety disorders, substance abuse, developmental disabilities, sexual dysfunctions, and adjustment reaction.

Psychologist: A nonphysician who specializes in the counseling and testing of persons with mental, addictive, or emotional disorders.

Psychotherapy (Mental Health Counseling): A treatment technique for certain forms of mental disorders relying principally on verbal communications between the mental health professional and the patient. It can take the form of individual, family, or group therapy or some combination of these.

Public Health Service Act: One of the principal acts of Congress providing legislative authority for federal health activities. Section 903(c) ensures that the confidentiality of respondents participating in health surveys sponsored by AHRQ will be protected and that a respondent's participation in the survey is voluntary.

Publicly Funded Clinic: A clinic that is supported by funds received from a governmental agency.

—R—

Radiation Therapy: The treatment of disease through the use of external radiation designed to have a toxic effect upon the disease-producing microorganism or to selectively destroy cancerous tissue.

Radiology: The use of radiation for medical diagnosis, especially the use of X-rays in medical radiology or fluoroscopy.

(+) Reconstructive Surgery: see Plastic (Reconstructive) Surgery.

Reference Period: The period for which we request information about diagnoses, services, charges, and payments for all dates of service in the providers' records. The reference period is January 1, 2010 through December 31, 2010, or any services that began before 2010 and continued into 2010.

Reference Lab: A laboratory that specializes in certain tests not frequently done in a general hospital. Reference labs, which are usually located separately from hospitals, may have expertise in either clinical or pathologic tests. Examples may include spinal fluid specimens, cancers that are difficult to classify, or unusual toxicology screens. The results may be added to the record several days after the drawing of the specimen and would contain the letterhead of the outside laboratory. Depending on the relationship to the hospital, the charges may be included or billed separately.

Reimbursement: Repayment by a third party (usually an insurance company) for charges a person pays for health care services covered by the person's health insurance plan.

Removal of Diseased Tissue (Excision of Lesion): Cutting away or taking out a circumscribed area of pathologically altered tissue, an injury or wound, or a single infected patch in a skin disease.

Repeat Visit (Identical Visit): Any visit to the same medical provider in which the services (CPT-4 codes) and charges are identical to those of a previous visit. An example is a series of visits for allergy shots.

Resident: A newly graduated and licensed physician receiving specialized advanced clinical training and education from specialists on the hospital staff. A residency is usually begun after completing an internship.

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

Respiratory Therapist: A person who, under the supervision of a physician and by prescription, administers respiratory therapy care and life support to patients with deficiencies and abnormalities of the cardiopulmonary system. Respiratory therapists' duties may include reading prescriptions, measuring arterial blood gases, and reviewing patient information to assess patient condition and determine requirements for treatment, such as medications, dosages and type and duration of therapy. They may also set up and operate devices, such as mechanical ventilators, therapeutic gas administration apparatuses, environmental control systems, and aerosol generators. Their duties may also include monitoring the patient's physiological responses to therapy, such as vital signs, arterial blood chemistry changes, etc.

—S—

Satellite Clinic: A clinic connected with or owned by a hospital. It is established to provide hospital services at a satellite location. Satellite locations may provide outpatient services, emergency room services, or both.

SBD (Separately Billing Doctor): An MPC term meaning a medical provider whose services to a patient during an inpatient stay, outpatient visit, or emergency room visit are **not** included in the hospital bill. These medical providers are included in the SBD sample and asked about charges and payments only for the hospital event. An SBD does not have to be a medical doctor.

School Clinic: A facility that is operated principally for students (and sometimes their dependents) who are enrolled at a college or university.

School Insurance: Health insurance purchased through a school.

Shots: Hypodermic injections such as allergy injections.

Skilled Medical Care: Home care from a nurse, any type of therapist, a doctor, a social worker, or anyone else providing nursing or medical care.

SOAP: Medical record physician documentation acronym:

- **Subjective** How the patients describe their problem or illness, including what medications they have taken. This includes documenting chief complaints (CC).
- **Objective** Data obtained by the exam, lab results, vital signs, etc. A full history and physical is a separate document typically generated on the initial patient visit or annually.
- **Assessment** Listing of the patient's current condition and status of all chronic conditions. This includes how the objective data relate to the patient's acute problem. It is the area to locate conditions for MEPS abstraction.
- **Plan** The next steps in diagnosing the problem, prescriptions, consultation referrals, patient education, and recommended time to return for follow-up. This section would provide the information to request and locate the test results or consultation letters related to this visit.

Social Worker: A person who assists patients and their families in handling social, environmental, and emotional problems associated with illness or injury. Can include social work specialists, such as medical or psychiatric social workers.

Sonogram: A photographic image of an internal region of the body obtained from the reflection patterns of high-frequency sound waves.

Source: Any person, company, or organization, including the patient or family, that made any payments to the provider for the care or services received. This includes health insurance companies, HMOs, employers, car or homeowner's insurance, worker's compensation policies, Medicare, Medicaid, other types of public programs, and so on.

Speech Therapist: A medical person trained in the application and use of techniques aimed at improving language and speech disorders.

Speech Therapy: The examination and treatment of defects and diseases of the voice, of speech, and of spoken language, as well as the use of appropriate substitutional devices and treatment.

**MEDICAL EXPENDITURE PANEL SURVEY
MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY**

Spinal (Epidural): Injection of a local anesthetic into the spinal column in order to anesthetize the abdominal and pelvic area.

Spinal Disc Surgery (Slipped Disc/Prolapsed Disc): Surgical correction of a prolapsed disc. A prolapsed disc occurs when a disc (between the vertebra) begins to degenerate and become less supple.

Stillbirth: The death of a newborn or fetus before complete expulsion or extraction from its mother.

Stitches (Wound Suture): Operation of uniting parts by stitching them together. Suture is the thread for sewing up wounds or surgical incisions. Stitches fashioned from the thread are also called sutures. The stitching process is known as suturing.

Surgical Procedure (Operation): Any procedure that involves cutting into the skin, including stitching of cuts and wounds.

Surgical Setting of Broken Bone (Fracture Reduction): A fractured bone is a broken bone. The break occurs as a result of the bone's being stressed by physical forces greater than it can withstand. The first task in the treatment of a fracture is to realign the broken pieces of bone if they are in the wrong position. The technical name for this process is reduction. It is often done under a general anesthetic, and may involve cutting open the tissues around the fracture to reposition the bones correctly. The second part of treatment is immobilization, or holding the various bone fragments together in the correct alignment while they heal. The medical term for this healing is union.

Surgi-center: An outpatient facility that provides a setting for surgical procedures considered too demanding for a physician's office, but not serious enough to require an inpatient hospital stay. The two types of surgi-centers are (1) those that are independent and separate from a hospital (usually called freestanding surgical centers), and (2) those that are hospital-based or established under the auspices of a hospital. For MPC data collection, surgi-centers are treated like hospitals, and SBDs are identified.

—T—

Technician: A person with the knowledge and skill to carry out a specific technical medical procedure, such as an X-ray technician.

Tests: Any type of radiological or laboratory test ordered by a physician to diagnose a potential medical problem or to pinpoint an existing condition.

Therapy: Any organized physical program used to help a patient overcome any type of problem relating to how their body functions.

Therapist: A person who specializes in the practice of a particular therapy (such as mental health therapist, occupational therapist, speech therapist, physical therapist, etc.).

Thyroid Surgery (Thyroidectomy): Excision (cutting away) of the thyroid gland.

Third-Party Payer: A payer (usually an insurance company, a prepayment plan, or a government agency) that pays or insures health or medical expenses on behalf of beneficiaries or recipients. The payer is the third party, and the patient and the provider are the first two parties.

Tissue Biopsy: Excision (cutting away) of a small piece of living tissue for microscopic examination. The tissue may be obtained by use of a syringe and needle. This procedure is usually performed in an attempt to establish a medial diagnosis.

Tonsillectomy: Surgical removal of the tonsils. The tonsils are removed when recurrent attacks of tonsillitis are interfering with general health or education. Tonsillitis is bacterial or viral infection of the back of the throat that causes soreness.

Total Charge: The total dollar amount asked (charged) for a service by a health care provider.

Toxemia: An illness resulting from the release of self-produced toxins into the bloodstream.

Treatment: Any procedure to counteract the effects of a disease or health care problem.

MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY

TRICARE: A civilian health benefits program, previously known as CHAMPUS, that provides coverage to the family of active duty members, to retired service members and their families, and to the survivors of active duty and retired service members who are deceased. See also CHAMPUS and CHAMPVA.

—U—

(+) UB-04: The standard, uniform bill (UB) for institutional healthcare providers that's used throughout the U.S. is known as the UB-04, which replaced the UB-92 following a four-year study involving National Uniform Billing Committee (NUBC) members and various public surveys.

UB92: A universal form that is used by hospitals to standardize the submission of claims for inpatient and outpatient events.

Ultrasound: A photographic image of an internal region of the body obtained from the reflections of high frequency sound waves.

Urine Test: A laboratory test that involves the collection, followed by chemical analysis, of a small amount of urine.

Urgi-center: An outpatient facility designed to treat routine or urgent conditions. The two types of urgi-centers are (1) those that are independent and set up by a physician or group of physicians and (2) those that are set up by a hospital and located on the hospital premises or in some other locations. For MPC data collection, urgi-centers are treated like office-based physicians, except when the urgi-center is identified as part of a hospital.

Utilization Review (UR): Reviews of patient care by specialized hospital or payer staff to verify that facilities are providing the most appropriate care setting according to the documentation of the patient's diagnosis and treatment. The UR coordinators can approve additional days of hospitalization based on the patient's status or recommend the extra days not be covered by the payer.

—V—

VA Health Care: The Department of Veterans Affairs makes health care available to veterans through VA facilities (or other facilities with which VA has a sharing or contractual relationship).

Vaccination: A shot or oral medication given to the patient to prevent him/her from contracting a communicable disease.

Vaginal Delivery: Delivery of an infant through the normal openings of the uterus and vagina.

V codes: A section of ICD-9-CM diagnosis codes that represent factors that influence health status or describe contact with health services. V codes describe those circumstances or reasons for encounters other than for disease or injury. Although V codes are valid, useful codes, payers do not universally accept them, creating some confusion over payment issues relating to these types of encounters.

Veterans Administration (VA): The federal agency responsible for administering outpatient and hospital facilities for U.S. military veterans.

Vision Exam: A test of the patient's eyesight, either to determine whether any correction by glasses/contact lenses is needed, or to determine if a different degree of correction is needed.

Vision Insurance: Insurance that provides coverage for an ophthalmologist, optometrist, and/or optician appointment, glasses, contact lenses, or other vision corrections.

—W—

(+) Wave: Cases are received from sampling at several different times during data collection. The wave associated with a case indicates when the case was received from sampling.

Welfare: The government agencies concerned with providing aid to persons suffering from poverty, unemployment, etc. Health care for these persons is often provided through a government program such as Medicaid, Children's Health Insurance Program (CHIP), or other state-specific program.

**MEDICAL EXPENDITURE PANEL SURVEY
MEDICAL PROVIDER COMPONENT (MPC) GLOSSARY**

Well-Child Exam: One of a series of routine examinations of an infant given to monitor the infant's growth and development.

Worker's Compensation: A system, required by law, of compensating workers injured or disabled in connection with work. This system establishes the liability of an employer for injuries or sickness that arise over and in the course of employment. The liability is created without regard to the fault or negligence of the employer. The benefits under this system generally include hospital and other medical payments and compensation for loss of income.

—X—

X-ray: A photographic image of a person's skeleton and internal organs obtained by exposing the patient to a limited amount of radiation. This process is used to diagnose broken bones, lung disease, etc.