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Value-Based Care Acronym Cheat Sheet

Navigating the world of healthcare can sometimes feel like learning a new language, with a vast alphabet of acronyms for different programs, procedures, and roles. Understanding this terminology is crucial for both healthcare providers and patients, as it fosters more transparent communication, empowers informed decision-making, and ultimately leads to better health outcomes.

This chart serves as a helpful guide to decode some of the most common value-based care acronyms you may encounter, helping to bridge the communication gap and support a more collaborative approach to care.

ACRONYM	VBC TERM	MEANING
AB	Attributed Beneficiaries	Patients or individuals for whom a healthcare provider or organization is held responsible for providing care under certain payment models, such as an Accountable Care Organization (ACO).
ACO	Accountable Care Organization	A group of healthcare providers who voluntarily come together to coordinate care for a defined population of patients, with the aim of improving quality of care and reducing costs, often through shared savings arrangements.
ACP	Advance Care Planning	The process of discussing and documenting an individual's preferences for medical care in advance, particularly in the event that they become unable to communicate their wishes.
AWV	Annual Wellness Visit	A yearly appointment with a healthcare provider for Medicare beneficiaries to discuss and create a personalized prevention plan based on their current health and risk factors.
BHI	Behavioral Health Integration	The practice of combining mental health and substance abuse services with primary care services to provide more comprehensive and coordinated care for patients.
CCM	Chronic Care Management	A program aimed at managing and coordinating care for patients with chronic conditions over time, often involving multiple healthcare providers and interventions.
CMS	Centers for Medicare & Medicaid Services	A federal agency within the U.S. Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
DCE	Direct Contracting Entity	An organization that contracts directly with CMS to participate in the Direct Contracting model, which aims to align incentives for providers to deliver high-quality care and control costs for Medicare beneficiaries.
ED	Emergency Department	A medical facility equipped to provide immediate care for individuals with acute illness or injury that requires immediate attention.

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ACRONYM	VBC TERM	MEANING
EMR	Electronic Medical Records	Digital versions of patients' paper charts that contain medical history, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, and laboratory test results.
FFS	Fee For Service	A payment model where providers are reimbursed for each service they render, rather than being paid a fixed amount for a patient's overall care.
HCC Coding	Hierarchical Condition Category Coding	A risk adjustment model used in healthcare payment systems to predict the expected healthcare costs of patients based on their demographic and clinical characteristics.
HEDR	Health Equity Data Reporting	The systematic collection, analysis, and dissemination of data related to health outcomes and access to healthcare services among different demographic groups, with the aim of identifying and addressing disparities in health outcomes.
HHS	U.S. Department of Health & Human Services	A federal executive department responsible for protecting the health of all Americans and providing essential human services.
HIPAA	The Health Insurance Portability and Accountability Act of 1996	A federal law that sets standards for the protection of individuals' health information and establishes privacy and security rules for healthcare providers, health plans, and other entities that handle health information.
HRA	Health Risk Assessment	A process used to identify individual health risks and vulnerabilities by evaluating factors such as lifestyle, medical history, and environmental exposures to inform preventive measures.
HVP	High-Value Providers	Healthcare providers or organizations that deliver high-quality care at a reasonable cost, often achieving better patient outcomes and lower costs compared to other providers.
IPANY	Independent Practice Association of New York, Inc.	An organization representing independent healthcare providers in New York, typically working together to negotiate contracts with payers and improve care coordination.
LVC	Low Value Care	Healthcare services or interventions that provide little to no benefit to patients and may even cause harm, often leading to unnecessary costs and resource utilization.

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ACRONYM	VBC TERM	MEANING
MA	Medicare Advantage	A type of Medicare health plan offered by private companies that contracts with Medicare to provide beneficiaries with Part A and Part B benefits, often including additional benefits such as prescription drug coverage and wellness programs.
MIPS	Merit-Based Incentive Payment Systems	A program by CMS that incentivizes healthcare providers to improve the quality and efficiency of care by scoring them on performance categories like quality, cost, and improvement activities.
MSSP	Medicare Shared Savings Program	A program administered by CMS that encourages accountable care organizations (ACOs) to improve the quality of care for Medicare beneficiaries while reducing healthcare costs.
NOMS	Northern Ohio Medical Specialists	A group of healthcare providers located in northern Ohio that partners with Vytalize, offering a range of medical services to patients in the region.
PBPY	Per Beneficiary Per Year	A measure used in healthcare payment models to calculate the average cost of care for each beneficiary over a specific period.
PC/PRC	Priority Care	Medical care given to patients with urgent or serious health needs that require immediate attention.
PCP	Primary Care Provider	A healthcare professional who serves as a patient's main point of contact for preventive care, treatment of common medical conditions, and coordination of specialized care.
PMA	Practice Management of America	An organization or company involved in managing medical practices, providing administrative and operational support to healthcare providers.
PMPM	Per Member Per Month	A measure used in healthcare payment models to calculate the average cost of care for each member of a population per month.
PMPY	Per Member Per Year	A measure used in healthcare payment models to calculate the average cost of care for each member of a population per year.
POC	Point of Care	The location where healthcare services are delivered to patients, such as a doctor's office, hospital, or clinic.

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ACRONYM	VBC TERM	MEANING
PPPY	Per Provider Per Year	A measure used in healthcare payment models to calculate the average cost of care for each provider over a specific period.
PY	Performance Year	The period during which the performance of accountable care organizations or providers is assessed based on predefined quality and cost metrics.
RCM	Revenue Cycle Management	The process of managing claims, payments, and revenue generation in healthcare organizations, including tasks such as patient registration, claims submission, and payment collection.
REACH	Realizing Equity, Access, and Community Health	A program or initiative focused on addressing disparities in healthcare access and outcomes, particularly among underserved communities.
RPM	Remote Patient Monitoring	The use of technology to collect health data from patients in one location and transmit it to healthcare providers in another location for assessment and intervention.
SDoH	Social Determinants of Health	The conditions in which people are born, grow, live, work, and age, which significantly influence their health outcomes and access to healthcare services.
SNF	Skilled Nursing Facility	A healthcare institution that provides skilled nursing care and rehabilitation services to individuals who require ongoing medical supervision.
TCM	Transitional Care Management	The coordination and provision of healthcare services for patients transitioning between different levels or settings of care, such as from hospital to home.
TIN	Tax Identification Number	A unique identifier assigned by a government tax authority to individuals, businesses, or other entities for tax purposes.
TOC	Transitions of Care	The movement of patients between different healthcare settings or providers, often involving the transfer of medical information and responsibility for ongoing care.