



GLOSSARY OF TERMS AND ABBREVIATIONS

ABBREVIATIONS

INITIALS	DEFINITION
ABR	Auditory Brainstem Response
BMS	Bureau for Medical Services
BPH	Bureau for Public Health
BTT	Birth to Three Program
CHIP	Children's Health Insurance Program
CMN	Certificate of Medical Necessity
CSHCN	Children with Special Health Care Needs
DHHR	Department of Health and Human Resources
DME	Durable Medical Equipment
ENT	Ear, Nose, and Throat Specialist
EPSDT (HealthT)	Early Periodic Screening Diagnosis and Treatment Program
FDA	Food and Drug Administration
FOIA	Freedom of Information Act
HMO	Health Maintenance Organization
MMIS	Medicaid Management Information System
NEMT	Non-Emergency Medical Transportation
OMCFH	Office of Maternal, Child and Family Health
OT	Occupational Therapy
PCP	Primary Care Physician
PDN	Private Duty Nursing

Children with Special Health Care Needs Program

INITIALS	DEFINITION
PT	Physical Therapy
RFTS	Right From The Start Program
SCIF	Specialty Care Intake Form
SPE	Systems Point of Entry
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
TBI	Traumatic Brain Injury
WEHC	Designation for CSHCN computerized reports produced by MMIS
WVMI	West Virginia Medical Institute
WIC	Women, Infants and Children=s Supplemental Food Program

TERMS

TERM	DEFINITION
Assessment	The review of the patient=s health history and goals to identify the needs and necessary services for management of the patient=s care.
Board-certified	A physician who has passed examination and met other requirements of the national accreditation association for a specific field of medical practice.
Board-eligible	A physician who has completed training requirements to take the examination of the national accreditation association for a specific field of medical practice.
Border-state Provider	Enrolled Medicaid service provider located within 30 miles of the West Virginia border or so designated as such by the Bureau for Medical Services.
Care Coordinator	A Registered Nurse or Licensed Social Worker who will work with the family to carry out the plan as established in the Patient Care Plan. This person is the patient=s/family=s primary point of contact with the CSHCN Program.
Care Plan	A mutually agreed upon plan of goals and tasks developed to describe the services and resources required to meet the patient/family=s needs identified through the assessment, including time frames, specific action steps and responsible persons necessary to meet each identified need.
Chronic	A medical condition extending longer than six (6) weeks or reoccurring frequently.

Children with Special Health Care Needs Program

Community-based	Services available or received in the area or region of the patient=s home.
Covered Condition	Medical condition which is eligible for services through the CSHCN Program. (See Appendix A for list of conditions)
Coverage Source	Method of payment for medical care, i.e. private insurance, Medicaid, CHIP
Enrolled	Patients who meet both medical and income eligibility requirements for the CSHCN Program, and are receiving active services from the program.
Family	A group of people related by blood or legal means, i.e., spouse, parents, brother, sister, child, niece, nephew, grandchild.
Household	A group of people responsible for the medical and living expenses of a patient and residing together in the same house.
ICD-9-CM	The International Classification of Disease 9 th Revision Clinical Modification diagnostic codes used in standardized disease classification for morbidity and mortality coding for statistical data.
In-patient	Services received while a person is hospitalized for 37 hours or more.
Medicaid	Title XIX of the Social Security Act of 1935, legal mandate and funding for indigent health care.
Medical Home	The physician or medical group practice where the patient receives routine primary care.
Primary Care Physician	The physician to whom the patient will go for routine medical care.
Private Duty Nursing	In-home skilled nursing services of four (4) or more hours duration preformed by a registered or licensed practical nurse.
Planned Appointment	A scheduled block of time made on behalf of the patient for a medical and/or other Medicaid-approved service.
Prior Authorization	Approval of coverage for a service by the CSHCN Program before the service takes place.
RAPIDS	The RAPIDS system (Recipient Automated Payment and Information Data System) is West Virginia's eligibility determination and benefit calculation system.
Reconsideration	A request for review of a denial or reduction of service.
Skilled Nursing Visits	In-home nursing services of less than four (4) hours rendered by a registered nurse or licensed practical nurse.
Title V	Title V of the Social Security Act of 1935, legal mandate and funding source for certain children=s health care programs.
Title XXI	Legal mandate and funding source for participants in the Children's Health Insurance Program.
Transition Services	A series of strategies designed to assist participant/family to move from adolescence to adult status, by linking families to community, medical and educational resources to assist in preparation for independent, self-sufficient living.
Unenrolled	A CSHCN participant receiving evaluation/assessment services to establish medical and financial eligibility for CSHCN.
UNISYS	Company contracted to process claims for Medicaid.