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**This version has been replaced by v2.0.**

## NC Medicaid Style Guide

### Section V.B.3.h.ii.e)

The NC Medicaid Style Guide provides North Carolinians with consistent communication from NC Medicaid, regardless of the source—section or function, state employee or contractor. Following the Style Guide improves stakeholder understanding and comprehension when reading about unfamiliar and complex health care concepts and program requirements. For the NC Medicaid team, it is a resource to find the preferred words and phrases to support NC Medicaid initiatives.

The NC Medicaid Style Guide is for general writing purposes and is not intended to be the definitive source for contracts and other legal documents. Contact the Contracts and Procurement or Legal teams for direction.

The NC Medicaid Style Guide will evolve to reflect changing Department needs, NC Medicaid and its programs, federal and state regulations, national and local health care industry and the needs of the people we serve. A comprehensive Style Guide is our objective. Please send questions or suggestions to [NC Medicaid Communication](#).

## GENERAL

The Department of Health and Human Services uses the [AP Stylebook](#) with modifications for the services it provides to the people of North Carolina. The NC Medicaid Style Guide covers Department requirements relevant to NC Medicaid and includes words and phrases specific to NC Medicaid.

## MANAGED CARE QUICK REFERENCE LIST

amended Section 1115 demonstration waiver application (first use); amended 1115 waiver; (subsequent uses)

Advanced Medical Home (first use); AMH (subsequent use)

Behavioral Health and Intellectual/Developmental Disability Tailored Plan (first use); BH I/DD Tailored Plan (subsequent uses)

beneficiary – use when referring to 1) Medicaid Fee for Service population; and 2) Medicaid Managed Care and Medicaid Fee for Service populations

North Carolina – referring to the state – not “NC” or “state of North Carolina”

North Carolina law (or “state law”; not “North Carolina State law” or “State law”)

NC Medicaid – referring to the 1) Division of Health Benefits; 2) Medicaid Managed Care and Medicaid Fee for Service programs; 3) all care and services managed or administered by DHB

North Carolina Medicaid State Plan (first use); Medicaid State Plan or State Plan (subsequent uses)

North Carolina Medicaid program (first use); Medicaid program (subsequent uses) – adding “program” is optional

NC Health Choice program (all uses); adding “program” is optional

NC Medicaid Managed Care (first use); Medicaid Managed Care (subsequent uses) – adding “program” is optional

NC Medicaid Fee for Service (first use); Medicaid Fee for Service (subsequent uses) – adding “program” is optional

member – use when referring to Medicaid Managed Care population

Standard Plan

## KEY TERMS

### 1. State Plan

**IMPORTANT NOTE:** When used in general writing, “State Plan” refers to both Medicaid and NC Health Choice programs, unless noted otherwise in the document.

Title XIX of the Social Security Act requires that North Carolina provide a plan to administer and manage the North Carolina Medicaid program. North Carolina has two State Plans: one for the North Carolina Medicaid program and one for the NC Health Choice program, which is the Department’s name for our Children’s Health Insurance Program (CHIP). The State Plans are the agreement between the Department and the Centers for Medicare & Medicaid Services regarding the administration of the programs, including eligibility, services and provider reimbursement methodology. It also includes a description of the Medicaid agency, which is the Department.

For communication purposes, “State Plan” (singular) refers to the Medicaid and NC Health Choice programs, unless noted otherwise within a document.

- First use: “North Carolina Medicaid State Plan”
- Subsequent uses: “Medicaid State Plan” or “State Plan” is acceptable
- Do not use “program” to refer to the State Plan. Always initial cap State Plan.
- Do not abbreviate to “NC Medicaid State Plan”
- Do not use “NC Health Choice State Plan”

**IMPORTANT NOTE:** For general communication, especially to beneficiaries and the public, it is preferred to use the program names—“Medicaid” and “NC Health Choice”—rather than “State Plan” to improve clarity and understanding.

### 2. North Carolina Medicaid and NC Health Choice programs

When referring to both programs:

- First use: “North Carolina Medicaid and NC Health Choice” programs (plural) (adding “programs” is optional)
- Subsequent uses: “Medicaid and NC Health Choice” is acceptable (adding “programs” is optional)
- Do not use “plans” in place of “programs”

**IMPORTANT NOTE:** “Medicaid” always refers to both programs, unless noted otherwise in the document

- Styles specific to the North Carolina Medicaid program:
  - First use: “North Carolina Medicaid” program (adding “program” is optional)
  - Subsequent uses: “Medicaid” is acceptable (adding “program” is optional)
  - Do not abbreviate the “North Carolina Medicaid” program to “NC Medicaid”
- Styles specific to the NC Health Choice program:
  - First use: “NC Health Choice” program (adding “program” is optional)
  - Subsequent uses: No change – always use “NC Health Choice” (adding “program” is optional)
  - Do not abbreviate “NC Health Choice” to “Health Choice” or “NCHC”
  - Do not replace “NC Health Choice” with “CHIP” unless necessary for clarity and with identifying that the North Carolina CHIP is called “NC Health Choice”

### 3. NC Medicaid

“NC Medicaid” has three communication purposes, representing:

1. All care and services administered by the Division of Health Benefits on behalf of the Department of Health and Human Services. Includes care and services under the North Carolina Medicaid State Plan; the NC Health Choice State Plan; waivers, such as the Community Alternatives Program for Disabled Adults; LME/MCOs; and special program grants, such as the Money Follows the Person demonstration project.
2. “NC Medicaid Managed Care” and “NC Medicaid Fee for Service” programs (delivery systems).
3. The “Division of Health Benefits.”

**IMPORTANT NOTE:** “NC Medicaid” is to be used instead of “Division of Health Benefits” or “DHB” unless necessary due to branding, legal or similar requirement. Send questions to [Medicaid.Communications@dhhs.nc.gov](mailto:Medicaid.Communications@dhhs.nc.gov).

Styles specific to “NC Medicaid”

- First use: “NC Medicaid”
- Subsequent uses: “NC Medicaid”
- Do not spell out “NC”
- Do not break “NC” from “Medicaid”
- Do not add “program” or “plan” – this is not optional
- When referring to the group of people who work within NC Medicaid, it is preferred to add “team,” “staff,” “employees” or similar term to “NC Medicaid”

### 4. NC Medicaid Managed Care and NC Medicaid Fee for Service

- When referring to both NC Medicaid Managed Care and NC Medicaid Fee for Service:
  - First use: NC Medicaid Managed Care and NC Medicaid Fee for Service programs (plural) (adding “programs” is optional)
  - Subsequent use: Medicaid Managed Care and Medicaid Fee for Service programs (adding “programs” is optional)
  - Do not abbreviate to “MMC” or “MFFS”
  - Do not use “delivery systems” “delivery models” or “plans”
- Styles specific to “NC Medicaid Managed Care”
  - First use: “NC Medicaid Managed Care” (adding “program” is optional)
  - Subsequent uses: “Medicaid Managed Care” (adding “program” is optional)
  - Do not spell out “NC”
  - Do not abbreviate to “MMC” or “MC”
  - Do not use “Medicaid” without “Managed Care”
- Styles specific to “NC Medicaid Fee for Service”
  - First use: “NC Medicaid Fee for Service” (adding “program” is optional)
  - Subsequent uses: “Medicaid Fee for Service” (adding “program” is optional)
  - No hyphens and lower case “for”
  - Do not abbreviate to “FFS”
  - Do not use “Medicaid” without “Fee for Service”
  - Do not use “Regular,” “Traditional,” “Prior” or “Old” before “Medicaid”

## 5. Beneficiary and Member

- beneficiary – use when referring to 1) Medicaid Fee for Service population; and 2) Medicaid Managed Care and Medicaid Fee for Service populations as one group
- member – use when referring to Medicaid Managed Care population

**IMPORTANT NOTE:** Use lower case “beneficiary” and “member” for general communication

## 6. NC FAST and NCTracks

## FORMATTING AND PUNCTUATION

**IMPORTANT NOTE:** All documents must include a footer with the revision date and include page numbers if longer than one page.

### Abbreviations and acronyms

- Do not use an abbreviation or acronym in the title of a section (unless it adds clarity and ease of use for beneficiaries).
- Spell out in first occurrence and follow with abbreviation or acronym in parentheses. Example: prepaid health plan (PHP).
- Refer to the Abbreviations and Acronyms section in this Style Guide.

**Commas.** Do not use a serial (Oxford) comma unless it clarifies meaning or enhances understanding in a sentence, especially when multiple conjunctions are used. Ex. “...fraud, waste and abuse”

### Dates

- Do not use st, nd, rd or th. Example: March 4 not March 4<sup>th</sup>
- Spell out the month (do not abbreviate). Comma placement depends on the use.
  - Month, day and year: “October 4, 2018, is the effective date...”
  - Month and day: “October 4 is the effective date...”
  - Month and year: “October 2018 is the month in which the contract becomes effective...”
  - Month only: “October is the month in which the contract becomes effective...”

**Document identification (except forms).** All documents must include the source, page numbers (if more than one page) and effective/version date. Separate from text with by inserting a line above. (In Word, the easiest method is to use the Borders function.) Refer to the footer in this document for the format for an example.

- **Source.** List document source (e.g., section name, health plan name) on left side of the footer.
- **Page numbers.** List page number (format: X of XX) in the center of the footer. Do not use “Page.”
- **Effective/version date.** List the date the document content was created or revised on the right side of the footer. Use format “YYYYMMDD.”
- **Revised effective/version date.** If revised, use format “RYYYYMMDD.”

**Footnote reference numbers.** Footnote reference numbers are placed OUTSIDE punctuation, but INSIDE parentheses if the footnote refers to the phrase within parentheses.

**Form identification.** Form identification numbers are assigned.

- For PHP forms, contact the Plan Administration section.
- For other Managed Care or Fee for Service forms, send a request to [Medicaid.Communications@dhhs.nc.gov](mailto:Medicaid.Communications@dhhs.nc.gov).

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**Hyphenated Words.** Second word is lower case regardless of the abbreviation (e.g., “Value-based Services”). Exceptions are made for certain industry terms, such as “Long Term Services and Supports.”

**Its or Their.** If the subject is single, use “its.” Otherwise, use “their.” Examples: “The PHP shall provide training to its staff. The PHPs will provide training to their providers within three (3) months of contract execution.”

Lists (numbered or bulleted)

- **Inclusive groups.** If listed items require the reader to consider them as one group (one item requires the others), use this series: “semi-colon” “and” “period”:
  1. The member, or the member’s authorized representative, files the request for an appeal timely according to 42 CFR § 438.402(c)(2)(ii);
  2. The plan appeal involves the termination, suspension, or reduction of a previously authorized course of treatment; and
  3. The services were ordered by an authorized provider.
- **Full sentences.** It is acceptable but optional to use a period after each listed item, as long as the use is consistent throughout the document:
- **Partial sentences or single items.** Do not use a period after each listed item.

**Negative words or phrases.** A warning sign that the text may be confusing. Example: “Transportation shall be scheduled so that the member arrives on time for the appointment at least one (1) hour before the appointment and the member is picked up within one (1) hour after the treatment ends for transportation home, regardless of the anticipated length of the appointment.”

**Numbers.** Spell out numbers that refer to quantity and follow with the numeral in parentheses. Example: The PHP shall train its staff within seven (7) days after date of hire. For numbers that refer to time periods, use a numeral (Contract Year 1; Phase 1). See specific terms and phrases.

**Oral and verbal.** “Oral” means spoken; “verbal” means spoken or written.

**Page numbers.** See “Document identification.”

**People or persons.** Use “people” when referring to a group, not “persons” or “peoples.”

**Policies.** When referring to a specific policy, initial cap the policy name and lowercase “policy.” Example: Non-emergency Medical Transportation policy, but non-emergency medical transportation).

**PowerPoint presentations.** Contact [Medicaid Communications](#) for a copy of “PowerPoint Presentation Standards.”

**Quote marks.** Use double quote marks (“...”).

- Commas and periods are placed INSIDE quote marks. Ex. ...use of phrases such as “shall,” “will,” “must,”...
- Question marks are placed outside of the quote marks unless the phrase inside the quote marks is a question.
- Use single quote marks only when quoting a person within an existing quoted phrase.

**Revised document dates.** See “Documentat identification.”

**Spacing.** One space after a period, colon, number, letter. There is generally no reason for two spaces to be used.

Staff is; Staff are

- If “staff” is a single unit, then use a singular verb: “The staff is efficient.”

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- If “staff” refers to a group of individuals who are doing different things, then use a plural verb: “The staff are deciding how often to meet.”
- If you are unsure, replace “staff” with “team” and use a singular verb; or use “staff members” and a plural verb.

**Which and that.** Use “which” if you can get rid of the clause and still keep the meaning of the sentence. Otherwise, use “that.”

- Example: “Information is provided in an electronic form that can be electronically retained and printed.”
- Example: “The PHP shall reference the same edit codes as the Department’s system, which are defined in the Department Encounter Submission Companion Guide.”

## TERMS AND PHRASES

To use this section, each term or phrase begins with the first use within a document and, if applicable, shows acceptable subsequent uses in parentheses. Capitalization applies.

### A

a.m. and p.m.

Advanced Medical Home program (AMH program)

Advanced Medical Home Tier 1 (AMH Tier 1) - not “Tier 1”

afterward – not “afterwards”

Amended Section 1115 demonstration waiver application

American Sign Language (ASL)

American Sign Language interpreters

AMH/PCP – not “PCP/AMH”

auto-assignment

### B

behavioral health – not “mental health” or “BH”

Behavioral Health Crisis Line

Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan (BH I/DD Tailored Plan) - Do not shorten to “Tailored Plans” or “TP,” and do not use “IDD”

### C

care management (generic subject) (example: “Local Health Departments have long played a crucial role in the provision of care management services through...”)

Care Management Plan

Care Management Strategy (specific to NC)

Care Management vendor

Centers for Medicare & Medicaid Services (CMS) (the ampersand is correct – do not use “and”)

CFR

Child Development Services Agency (CDSA)

Children in foster care – not “kids” or “foster children”

Clinical Coverage Policy or Policies

Clinically Integrated Network (CIN)

coinsurance – not “co-insurance”

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Comprehensive Assessment (specific to NC); comprehensive assessment (general)  
Community Alternatives Program (CAP)  
Community Alternatives Program for Children (CAP/C)  
Community Alternatives Program for Disabled Adults (CAP/DA)  
Contract (as a noun and specific to NC); contract (as a verb or general)  
Contract Effective Date  
Contract Year 1 (Contract Year 2, etc.)  
Controlled Substances Reporting System  
copay or copayment – not “co-pay” or “co-payment”  
crossover – not “cross-over”

### D

Department of Health and Human Services Department (DHHS) – do not use “NCDHHS” or “agency” unless required  
Designated Care Management Entities  
direct-enrolled – not “directly-enrolled”  
dispensing fee  
Division of Health Benefits (DHB) when required; “NC Medicaid” is the preferred over the division name  
Drug Utilization Review (DUR)  
dual-eligible population (or “dual-eligible beneficiaries,” “dual eligible,” “fully dual eligible”) - not “dually eligible,” “duals eligible” or any use “eligibles,” such as “dual eligibles”

### E

e.g. – use for lists of examples. Precede with a semi-colon if in a full sentence. Do not use “etc.” as it’s inferred. Example: “Provide your company’s Federal Employer Identification Number or alternate identification number (e.g., Social Security number).”  
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – not “Early, Periodic, Screening, Diagnosis and Treatment”  
Eastern Band of Cherokee Indians (EBCI)  
Electronic Visit Verification (EVV)  
emergency department – not emergency “room”  
Enrollment Broker (entity to be selected for NC); enrollment broker (general term)

### F

federal (general sense; e.g., “Many issues addressed are subject to federal, state and local laws.”  
Federal (agency, specific act or similar noun; e.g., “Federal Water Pollution Control Act”)  
Federal Government (referring to the entity)  
fee-for-service (generic, not specific to NC)  
form (lower-case unless the word is in the title of the form)  
form titles – Initial cap only and enclose in quote marks when it is the exact name of the form (example: Members are required to file a “Notice of Acknowledgement of Receipt of Grievance”); lower case if general reference (Example: Members are required to file plan appeal request forms.)  
Free-standing Birth Centers

### G

GDIT (General Dynamics Information Technology, the Department’s fiscal agent); do not use CSRA

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### H

health care – not “healthcare” unless required in an organization’s title; e.g., North Carolina Healthcare Association  
Housing Specialist

### I

i.e. – use for finite lists. Precede with a semi-colon if in a full sentence. Do not use “etc.” Example: “..use large print; i.e., a font size no smaller than 18 points.”

I/DD – not IDD

in lieu of service; in lieu of services – not “ILOS”

in-network – not “in network”

Individualized Education Program (IEP)

Individualized Family Service Plan (IFSP)

individuals who are blind, visually impaired or deaf-blind

individuals who are deaf, hard of hearing or deaf-blind

individuals with disabilities – not “disabled”

Institute for Mental Disease (IMD)

intellectual/developmental disabilities (I/DD) – not IDD

### L

Local Care Management Plan (specific to NC); local care management (general)

local Department of Social Services (local DSS) - do not need to add “office” and do not use “county”

Local Health Department (LHD)

Local Management Entity/Managed Care Organization (LME/MCO)

### M

managed care or Medicaid managed care (generic, not specific to NC)

Managed Care Ombudsman Program (Ombudsman Program) – specific to NC; ombudsman program (general)

Medicaid Family Planning – not “Medicaid FP”

Medicaid Fee for Service – see Key Terms.

Medicaid Managed Care – see Key Terms.

Medicaid provider – not “Medicaid-enrolled provider,” unless required for clarity

member (when referring primarily to managed care)

member handbook

Member Services department – not “Member Services Department”

Member Services staff

Member Services toll-free number

member welcome packet (welcome packet)

Money Follows the Person demonstration project (MFP)

### N

National Council for Prescription Drug Programs (NCPDP)

National Drug Code (NDC)

NC FAST

North Carolina Medicaid State Plan (can use “Medicaid State Plan” or “State Plan” after first mention if it remains clear that it is North Carolina’s state plan). See Key Terms.



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NCTracks

NCTracks provider portal – not “Provider Portal”

network

Non-emergency Medical Transportation (NEMT) (referring to the NC Medicaid policy) or non-emergency medical transportation (general)

noncompliant – not “non-compliant”

North Carolina (when referring to the state) – not “NC” or “state of North Carolina”

North Carolina General Statutes (General Statutes); Example: “Chapter 122C of the General Statutes”

North Carolina Identity Service (NCID)

North Carolina law – not “North Carolina State law”

Nurse Line

**O**

ongoing – not “on-going”

Oral Health Periodicity Schedule

out-of-network – not “OON” or “out of network”

**P**

PACE or PACE organization – not “PACE program”

participant (used with PACE only)

Personal Care Services (PCS)

Phase 1 (Phase 2, etc.) when referring to rollout of NC Medicaid Managed Care

pharmacy or pharmacies

Pharmacy Benefit Manager (PBM)

Phase 1 and Phase 2 (initial cap and use numerals)

PHP Lock-in Program – not “member Lock-in Program” or “Lock-in Program”

percent – not %; unless in a table or list of figures, or for ease of reading in beneficiary communication

Preferred Drug List (PDL)

Prepaid Health Plan Request for Proposal (PHP RFP)

preschool and preschoolers – not “pre-school” or “pre-schoolers”

preventive – not “preventative”

Prior Authorization – not “Prior Approval”

primary care provider (PCP)

protected health information (PHI)

provider

provider network

**Q**

Quality Strategy (specific to NC); quality strategy (general)

questions and answers or Q&A – not “frequently asked questions” or “FAQs”

QuitlineNC

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### R

region (general; e.g., NC Medicaid Managed Care regions)

Region 1 (specific to NC; e.g., Region 2; Regions 2 and 4)

### S

§ -- use a space after §. Example: CFR § 406(b)(6). Can replace with "Section" as long as it is consistently used throughout the document.

School-based Psychological Services

section – when referring to the current or a general section of a document (Example: "...will provide the data in a format described in the following section.")

Session Law (SL) -- can use S.L. as long as use is consistent throughout the document

Session Law 2015-245, as amended (first general use, add footnote with complete list of amending laws; use NCGS if the law is codified)

Session Law 2015-245, as amended by Session Law XXXX-XXX (when referring up to 3 specific amending laws; use NCGS if the law is codified)

Session Law 2015-245, as amended (if referring to more than 3 specific amending laws but fewer than all amending laws, add footnote listing the amending laws; use NCGS if the law is codified)

Social Security Administration – not "SSA"

Social Security number (SSN) – do not capitalize "Number"

Standard Plan

State Fair Hearing (when referring to the NC policy or formal process); fair hearing (when referring to the concept)  
Example: "...to request a mediation to receive a fair hearing with OAH."

State law – use "North Carolina law"

state law – use when referring to a law in any state, including North Carolina

State Maximum Allowable Cost (SMAC)

statewide

Strengthen Opioid Misuse Prevention (STOP) Act – Use "STOP Act" for subsequent uses

subcontractor (Example: "The PHP or its subcontractor...")

Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)

substance use disorders – not substance abuse

Supports Intensity Scale® (SIS) – use registered trademark on first use only

Supports Intensity Scale – Adult Version™ (SIS-A) – use trademark on first use only

Supports Intensity Scale – Children's Verion™ (SIS-C) – use trademark on first use only

### T

telemedicine – not "telehealth"

third party; third-party payer

third-party liability

toll free; toll-free number

"toward" – not "towards"

Transition of Care policy

Tribal (referring to EBCI)

tribal (referring to any other tribe or multiple tribes)

Tribal Option

**U**

- usual and customary – not “U&C”
- utilization management (UM)
- Utilization Management Program (UM Program)
- Utilization Management Program policy (do not capitalize “policy”)

**V**

- value-added services
- value-based plan (VBP)
- value-based services

**W**

- Web Accessibility Initiative
- webpage (one word, lower case)
- website (one word, lower case)
- website address – not “URL”
- Wholesale Acquisition Cost (WAC)
- whole-person care
- waiver (CAP waiver, Innovations waiver, etc.)
- waiver application
- WIC program (Special Supplemental Nutrition Program for Women, Infants, and Children)

**X**

- X-ray

**CONCISE WRITING GUIDELINES**

1. Use direct, specific words
2. Avoid jargon
3. Remove redundancies

Original	Use This
all of	all
are capable of	can
are designed to	Use ONLY when not willing to make a firm statement. (ex: “The procedures describe the responsibilities of each member.”)
as a result of	because of
as long as	if
as well as	and
at a later date	later
at all times	always
both	Consider deleting (ex: “The agency will consider both safety and effectiveness...”)
Educational Program within the DUR	DUR educational program

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<b>Original</b>	<b>Use This</b>
general public	public
have to	shall or must
in accordance with	per, according to
in conjunction with	with
in connection with	about, connected with
in excess of	more than
in order for	For
in order to	To
in the course of	during, while
in the event of; in the event that	if
including, but not limited to	including
located in	in
make a determination	decide, determine
majority of; vast majority of	most
mutual agreement	agreement
on the basis of	based on
offer assistance	assist, help, aid
particular service	service (example: "Evaluating whether a particular service is experimental...")
prior to	before
provide assistance	assist, help, aid
take into account	consider
upon	on
under the age of XX	under age XX
until such time as	until
utilize	use (unless used as a health care industry term; ex: "Submit projected cost and utilization data to demonstrate cost effectiveness...")
via	by
wish	want
with exception of	except
with regard to	about, regarding

## ABBREVIATIONS AND ACRONYMS

This is a list of more common abbreviations and acronyms. Contact [Medicaid Communication](#) to update or add an entry.

- “Abbreviations” are a shorter way to use a word or phrase. Example: ADL
- “Acronyms” are created with an abbreviation spells a word. Example: PACE

Refer to the Formatting and Punctuation section in this Style Guide.

**IMPORTANT NOTE:** Before using a new acronym or abbreviation in documents, verify that it is not trademarked or copyrighted, or commonly used in a different manner. Some terms will require legal review before they can be used. Contact [Medicaid Communication](#) for assistance.

AAP: American Academy of Pediatrics	CP: Commercial Plan
ACD: Automated Call Distribution System	CPT: Current Procedural Terminology
ADL: Activities of Daily Living	CVO: Credentialing Verification Organization
ADT: Admission, Discharge, Transfer	DHB: Division of Health Benefits
AMH: Advanced Medical Home	DHHS: Department of Health and Human Services (formal: NCDHHS)
API: Administrative Provider Identification	DHSR: Division of Health Service Regulation
APM: Alternative Payment Method	DIT: Department of Information Technology (statewide)
ASAM: American Society for Addiction Medicine	DLP: Desk Level Procedures
ASC: Accredited Standards Committee	DME: Durable Medical Equipment
AVRS: Automated Voice Response System	DMVA: Department of Military and Veterans Affairs
BAA: Business Associate Agreement	DOI: Department of Insurance
BAHA: Bone Conduction Hearing Aids	DOS: Date of Service
BCCCP: Breast and Cervical Cancer Control Program	DPH: Division of Public Health
BH: Behavioral Health	DSOHF: Division of State Operated Healthcare Facilities
BIP: Behavioral Intervention Plan	DSS: Division of Social Services (DHHS)
CAH: Critical Access Hospital	DUR: Drug Utilization Review
CAHPS: Consumer Assessment of Healthcare Providers and Systems Plan Survey	EB: Enrollment Broker
CALOCUS: Child and Adolescent Level of Care Utilization System	ECBI: Eastern Band of Cherokee Indians
CANS: Children and Adolescents Needs and Strengths	ECSII: Early Childhood Services Intensity Instrument
CAP: Corrective Action Plan or Community Alternatives Program	EDI: Electronic Data Interchange
CAP/C: Community Alternatives Program for Children	EFT: Electronic Funds Transfer
CAP/DA: Community Alternatives Program for Disabled Adults	EN: Enteral Nutrition
CBO: Community Based Organization	EPS: Episodic Payment System
CCHN: Carolina Complete Health Network	EPSDT: Early and Periodic Screening, Diagnostic and Treatment
CCO: Chief Compliance Officer	EQRO: External Quality Review Organization
CDSA: Children's Developmental Services Agency	ESB: Enterprise Service Bus
CEO: Chief Executive Officer	ESRD: End Stage Renal Disease
CFO: Chief Financial Officer	EUP: End User Procedures
CHIP: Children's Health Insurance Program	EVV: Electronic Visit Verification
CIN: Clinically Integrated Network.	FAR: Federal Acquisition Regulation
CIO: Chief Information Officer	FDA: Food and Drug Administration
CMO: Chief Medical Officer	FFY: Federal Fiscal Year
CMS: Centers for Medicare & Medicaid Services	FQHC: Federally Qualified Health Center
COD: Cost of Dispensing	GDIT: General Dynamics Information Technology
	HCPCS: Healthcare Common Procedure Coding System

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HHS: U.S. Department of Health and Human Services  
HIPAA: Health Insurance Portability and Accountability Act  
HIPP: Health Insurance Premium Payment  
HITECH: Health Information Technology for Economic and Clinical Health Act  
HIV: Human Immunodeficiency Virus  
HOH: Head of Household  
HRSA: Health Resources and Services Administration  
I/DD: Intellectual/Developmental Disability  
IADL: Instrumental Activities of Daily Living  
ICF: Intermediate Care Facility  
IDG: Interdisciplinary Group  
IDM: Identity Management  
IEM: Inborn Errors of Metabolism  
IEP: Individualized Education Program  
IFSP: Individual Family Service Plan  
IHCP: Indian Health Care Provider  
IHP: Individual Health Plan  
IID: Individuals with Intellectual Disabilities  
ILOS: In Lieu of Services  
IMB: Into the Mouth of Babes  
IMCE: Indian Managed Care Entities  
IMD: Institution for Mental Disease  
IP: Independent Practitioners  
IPS: Interactive Purchasing System  
IRF: Inpatient Rehabilitation Facility  
IRS: Internal Revenue Service  
ISP: Individualized Service Plan  
ITD: Information Technology Department (DHHS)  
LAN: Learning and Action Network  
LCSW: Licensed Clinical Social Worker  
LEA: Local Education Agencies  
LEIE: List of Excluded Individuals/Entities  
LEP: Limited English Proficiency  
LHD: Local Health Department  
LME/MCO: Local Management Entity/Managed Care Organization  
LOCUS: Level of Care Utilization System  
LPE: Lead Pilot Entity  
LPN: Licensed Practical Nurse  
LTSS: Long Term Services and Supports  
MAC: Maximum Allowable Cost  
MAO: Medicare Advantage Organization  
MCAC: Medical Care Advisory Committee  
MES: Medicaid Enterprise System  
MFP: Money Follows the Person  
MHPAEA: Mental Health Parity and Addiction Equity Act  
MID: North Carolina Department of Justice Medicaid Investigations Division  
MIMS: Medicaid Integrated Modular Solution  
MIPS: Master Integrated Project Schedule  
MIS: Management Information Systems  
MITA: Medicaid Information Technology Architecture  
MLR: Medical Loss Ratio  
MMDB: Medicaid Master Database  
MME: Morphine Milligram Equivalent  
MMIS: Medicaid Management Information Systems  
NADAC: National Average Drug Acquisition Cost  
NC FAST: North Carolina Families Accessing Services through Technology  
NCAC: North Carolina Administrative Code  
NCEDB: North Carolina Medicare Enrollment Database  
NCGA: North Carolina General Assembly  
NCID: North Carolina Identity Management Service  
NCPDP: National Council for Prescription Drug Programs  
NCQA: National Committee for Quality Assurance  
NDC: National Drug Code  
NEMT: Non-Emergency Medical Transportation  
NIEM: National Information Exchange Model  
NPI: National Provider Identifier  
NPPES: National Plan and Provider Enumeration System  
OAH: Office of Administrative Hearings  
OCR: Office of Civil Rights  
OFAC: Office of Foreign Assets Control  
PA: Prior Authorization  
PACE: Program of All-Inclusive Care for the Elderly  
PBM: Pharmacy Benefit Managers  
PCP: Primary Care Provider  
PCS: Personal Care Services  
PDL: Preferred Drug List  
PDM: Provider Data Management  
PDN: Private Duty Nursing  
PHHS: Public Health and Human Services  
PHI: Personal Health Information  
PHP: Prepaid Health Plan  
PI: Program Integrity  
PIHP: Prepaid Inpatient Health Plans  
PIP: Performance Improvement Program  
PLE: Provider-Led Entities  
PMPM: Per Member Per Month  
PRC: Purchased/Referred Care  
PSO: Privacy and Security Office (NCDHHS)  
PTA: Privacy Threshold Analysis  
QAPI: Quality Assurance and Performance Improvement

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES**

QHP: Qualified Health Plan  
 REOMB: Recipient Explanation of Medical Benefit  
 RFP: Request for Proposal  
 RHC: Rural Health Clinic  
 RN: Registered Nurse  
 ROI: Return on Investment  
 SAM: System of Award Management  
 SAML: Security Assertion Markup Language  
 SBI: North Carolina State Bureau of Investigation  
 SBIRT: Screening, Brief Intervention, and Referral to Treatment  
 SED: Serious Emotional Disturbance  
 SFTP: Secure File Transfer Protocol  
 SID: System Integration Design  
 SIP: System Integration Plan  
 SIS: Supports Intensity Scale  
 SIU: Special Investigations Unit  
 SLA: Service Level Agreements  
 SLPA: Speech/Language Pathology Assistant  
 SMA: State Medicaid Agency  
 SMAC: State Maximum Allowable Cost  
 SMI: Serious Mental Illness  
 SNF: Skilled Nursing Facility

SOC: Service Organization Control  
 SSA: Social Security Act  
 SSADM: Social Security Administration Death Master File  
 SUD: Substance Use Disorder  
 TBI: Traumatic Brain Injury  
 TCL: Transition to Community Living Initiative  
 TCM: Targeted Case Management  
 TDD: Telecommunications Device for the Deaf  
 TPA: Third-Party Administrator  
 TPL: Third-Party Liability  
 TPN: Total Parenteral Nutrition  
 TTY: Text Telephone  
 UM: Utilization Management  
 VBP: Value-based payments  
 VEO: Visual Evoked Potential  
 VFC: Vaccines for Children  
 WCA: Web Content Accessibility Guidelines  
 WHCRA: Women's Health and Cancer Rights Act of 1998  
 WIC: Women, Infants and Children Special Supplemental Nutrition Program

**Version**

DATE	SECTION UPDATED	CHANGE