Feb. 4, 2019

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](https://www.apstylebook.com/) 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.

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

FORMATTING AND PUNCTUATION

**IMPORTANT NOTE:** All documents must include a footer with the source, page numbers (if longer than one page), effective date and version number. See “Document identification.”

**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 4th
* 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 v#.#.” Example: 20190215 v2.0

**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.

**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.”
* 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

Clincally Integrated Network (CIN)

coinsurance – not “co-insurance”

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

**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.

NCTracks

NCTracks provider portal – not “Provider Portal”

network

Non-emergency Medical Transportion (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

**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 |
| 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

ACD: Automated Call Distribution System

ADL: Activities of Daily Living

ADT: Admission, Discharge, Transfer

AMH: Advanced Medical Home

API: Administrative Provider Identification

APM: Alternative Payment Method

ASAM: American Society for Addiction Medicine

ASC: Accredited Standards Committee

AVRS: Automated Voice Response System

BAA: Business Associate Agreement

BAHA: Bone Conduction Hearing Aids

BCCCP: Breast and Cervical Cancer Control Program

BH: Behavioral Health

BIP: Behavioral Intervention Plan

CAH: Critical Access Hospital

CAHPS: Consumer Assessment of Healthcare Providers and Systems Plan Survey

CALOCUS: Child and Adolescent Level of Care Utilization System

CANS: Children and Adolescents Needs and Strengths

CAP: Corrective Action Plan or Community Alternatives Program

CAP/C: Community Alternatives Program for Children

CAP/DA: Community Alternatives Program for Disabled Adults

CBO: Community Based Organization

CCHN: Carolina Complete Health Network

CCO: Chief Compliance Officer

CDSA: Children's Developmental Services Agency

CEO: Chief Executive Officer

CFO: Chief Financial Officer

CHIP: Children’s Health Insurance Program

CIN: Clinically Integrated Network.

CIO: Chief Information Officer

CMO: Chief Medical Officer

CMS: Centers for Medicare & Medicaid Services

COD: Cost of Dispensing

CP: Commercial Plan

CPT: Current Procedural Terminology

CVO: Credentialing Verification Organization

DHB: Division of Health Benefits

DHHS: Department of Health and Human Services (formal: NCDHHS)

DHSR: Division of Health Service Regulation

DIT: Department of Information Technology (statewide)

DLP: Desk Level Procedures

DME: Durable Medical Equipment

DMVA: Department of Military and Veterans Affairs

DOI: Department of Insurance

DOS: Date of Service

DPH: Division of Public Health

DSOHF: Division of State Operated Healthcare Facilities

DSS: Division of Social Services (DHHS)

DUR: Drug Utilization Review

EB: Enrollment Broker

ECBI: Eastern Band of Cherokee Indians

ECSII: Early Childhood Services Intensity Instrument

EDI: Electronic Data Interchange

EFT: Electronic Funds Transfer

EN: Enteral Nutrition

EPS: Episodic Payment System

EPSDT: Early and Periodic Screening, Diagnostic and Treatment

EQRO: External Quality Review Organization

ESB: Enterprise Service Bus

ESRD: End Stage Renal Disease

EUP: End User Procedures

EVV: Electronic Visit Verification

FAR: Federal Acquisition Regulation

FDA: Food and Drug Administration

FFY: Federal Fiscal Year

FQHC: Federally Qualified Health Center

GDIT: General Dynamics Information Technology

HCPCS: Healthcare Common Procedure Coding System

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

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

SSADMF: Social Security Administration Death Master File

SUD: Substance Use Disorder

TBI: Traumatic Brain Injury

TCLI: 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

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