Frequently Used Terms and Acronyms Regarding APCDs

Term	Definition
Access Indiana	One shop portal to Indiana licenses and business (unclaimed property, DOL, DNR, BMV, and more)
ACOs	Accountable Care Organizations - groups of doctors, hospitals, and healthcare providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.
ADT	Admission, Discharge, Transfer
AHCA	Agency for Healthcare Administration
AHRQ	Agency for Healthcare Research and Quality
Allowed amount	The highest amount a health insurance plan will pay for a service.
APCD	All-Payer Claims Database
APCD_CDL	All-Payer Claims Database Common Data Layout
CDM	Claims Data Manager
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
Coinsurance	The percentage of costs you pay for a health care service after you've reached your deductible. For example, if your insurance company pays 80% of your claim, you will pay 20%.
Coordination of benefits	A system used to figure out who pays when you have more than one health insurance plan.
Copayment (copay)	A fixed dollar amount that you pay for covered services at the time of care. For example, you may have a $25 copay every time you see your primary care physician. Not all health plans have a copay.
D-SNP	Dually Eligible for Medicare & Medicaid
DUA	Data Use Agreements
EMR	Electronic Medical Record
EOB	Explanation of Benefits: A statement sent by insurance providers to explain how a medical service was paid. It lists the services received, costs for each and payments made. Any amounts that you're responsible for are also explained.
ERISA	Employee Retirement Income Security Act
HCCI	Health Care Cost Institute
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Standardized performance measures for reliable comparison of health care performance
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
HITRUST	Health Information Trust Alliance - nonprofit that created and maintains the HITRUST Common Security Framework (CSF) and HITRUST Assurance
HMO	Health Maintenance Organization: A health insurance plan that usually limits care to a network of doctors who work for or contract with the HMO. Care from doctors who are out of network usually isn't covered, except in an emergency.

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ICD	International classification of diseases, A diagnosis code that medical providers and institutions use to identify medical conditions. Also known as an ICD.
ICD-10 Codes	International Classification of Diseases Code 10th editions
IDOI	Indiana Department of Insurance
Maximum out-of-pocket	The most money you can expect to pay for covered expenses. The amount varies by plan. Once the maximum cost has been met, your health plan will pay 100% of certain expenses.
Medicare Part A (Hosp)	This generally covers inpatient hospital care, skilled nursing facility care, hospice care and some home health care.
Medicare Part B (medical)	This generally covers medically necessary and preventive services. It also covers other services that Part A does not cover, like physical and occupational therapy.
NAHDO	National Association of Health Data Organizations
NCPDP	National Council for Prescription Drug Programs (Standards)
NDC	National Drug Code
Network	The doctors, hospitals, and other health care providers that a health insurance plan has contracted with to provide services.
NPI	National Provider Identifier: A unique identification number for covered health care providers
PBM	Pharmacy Benefit Manager: A third-party company that is usually contracted by healthcare plans to administer Pharmacy Benefits.
PCP	Primary Care Physician
PDMP	Prescription Drug Monitoring Program
PHI	Protected Health Information
POS	Point-of-Service (POS) plans, A plan that will cost you less if you see doctors and other care providers who are part of your insurance plan's network.
Procurement	The process of finding and agreeing to terms, and acquiring goods, services or works from an external source, often via a tendering or competitive bidding process.
ResDAC	The Research Data Assistance Center
RIF	Researchable Identifiable Files
SAPCDAC	State All Payer Claims Databases Advisory Committee
SHIP	State Health Insurance Assistance Program
Subscriber	The person who pays for health insurance premiums or whose employment is basis for membership in the insurance plan. For example, if a person gets their health insurance through their spouse, then the spouse isthe primary subscriber