

Desk Aid 01**Acronyms and Terms Definitions**

The following table list the definitions of acronyms used throughout the CMS Program Guide:

Acronym	Definition
ABD	Aged, Blind or Disabled
ACA	Affordable Care Act
APP	Aid Paid Pending
ASO	Administrative Services Organization
APTC	Advanced Premium Tax Credit
CFBU	CMS Family Budget Unit
CMS	County Medical Services
DDSD	Disability Determination Service Division
DHCS	Department of Health Care Services
EO	Eligibility Operations
FPL	Federal Poverty Level
FRC	Family Resource Center
GR	General Relief
HCA	Health Coverage Access
HCR	Health Care Reform
HOS	Hospital Outstation Services
IDX	Computer system used by the ASO
IEVS	Income and Eligibility Verification System
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
MEDS	Medi-Cal Eligibility Data System (State)
MFBU	Medi-Cal Family Budget Unit
MI	Medically Indigent Adult
MNL	Maintenance Need Level
MPG	Medi-Cal Program Guide
NOA	Notice Of Action
OHC	Other Health Coverage
ORR	Office of Revenue & Recovery
PAFD	Public Assistance Fraud Division
PS	Program Specialist
QC	Quality Control
SAVE	Systematic Alien Verification for Entitlements
SDX	State Data Exchange
SSI/SSP	Social Security Supplemental Security Income/State Supplemental Program
SOC	Share of Cost
TPL	Third Party Liability

The following table lists the definition of terms used throughout the Program Guide:

Term	Definition
Administrative Services Organization	A firm that performs administrative management functions and provides day-to-day administration of specific services related to CMS.

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Adverse Action	An action taken which discontinues CMS eligibility or increases a CFBU's share of cost.
Applicant	An individual or family member making an application for aid.
Certification	A determination made by the County that an applicant meets CMS eligibility criteria.
Clinic Outstation Services	Staff located in clinics, public health center and FRC's responsible for processing CMS applications.
CMS Adult	A person age 21 through 64. CMS adult status begins the month following the 21st birthday and ends the last day of the month before their 65 th birthday.
CMS Provider	A medical or dental provider contracted by the County to provide medical services to CMS beneficiaries.
Combination MFBU	A combination MFBU includes a person who is eligible to Medi-Cal and a person who is eligible to CMS.
Competent	A person able to act on one's own behalf in business and personal matters.
Documentation	The act of recording in the case record, evidence submitted to enable the worker to determine eligibility. Documentation must include narrative entries in the case to show how the worker resolved inconsistent or unclear information reported by the applicant. Documentation may also include a narrative of how the worker evaluated submitted evidence, and how the worker arrived at the eligibility decision.
Family Member	A single person or a married couple and their children under age 21 living in the home.
Federal Poverty Level	An income level based on the official poverty line as defined by the Federal Office of Management and Budget and revised annually or at any shorter interval the Secretary of Health and Human Services deems feasible and desirable pursuant to Section 9902(2), Title 42, United States Code.
Hospital Outstation Services	Staff located in hospitals contracted with the Hospital Association of San Diego & Imperial Counties responsible for processing CMS and Medi-Cal applications.
IDX	The computer corporation the County contracts with to provide software systems for the ASO to record CMS eligibility, and process claims and treatment authorizations
Inpatient	Refer to the HOS Policy and Procedures Manual
Linked	Meeting the SSI/SSP requirements of age, blindness or disability, or the Cal WORKS requirements of deprivation of parental support and care.
Maintenance Need Level	The amount of income an adult or family is allowed to keep for basic living expenses. The size of the CMS FBU and amount of monthly net non-exempt income determines the eligibility category and associated maintenance need level. The MNL for CMS is 165% FPL. The MNL for CMS Hardship is 350% FPL.
Medi-Cal	California's medical assistance program and the benefits available under that program.
Notice Of Action	A written statement of eligibility determination for CMS benefits.
Obligate	To incur a cost for health care services.
Outpatient	An adult who received medical services through an emergency room, a doctor's office, or a clinic.

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Overpayment	The receipt of CMS benefits when there is no entitlement to all or a portion of the benefits received.
Reapplication	An application submitted <u>after</u> a one (1) month break in certification.
Recertification	A determination that a beneficiary continues to meet the CMS eligibility criteria without a one (1) month break in certification.
Recipient	An adult certified as eligible for CMS.
Revenue & Recovery	Per San Diego County Administrative Ordinance Article V, Section 92, Revenue & Recovery is the County department responsible for CMS Lien assertions.
Share of Cost	The monthly amount of discretionary income available to beneficiaries which must be paid or is obligated to be paid toward the cost of their CMS covered health care services each month.
Threshold Language	A threshold language is defined as the native language of a group who comprises five percent or more of the people served by the CMS Program. For CMS, the threshold language is Spanish.
Third Party Liability	The responsibility of insurers for payment of claims which are connected with injuries or trauma sustained by recipients as a result of fault or negligence of third parties (e.g., auto accident claims). The County is responsible for assuring the use of third party assets or for detection and collection of third party liability payments.
Uncertified Visit	Date of Service where medical care was provided to a patient without current CMS eligibility.
Unconditionally Available Income	Income to which it is unconditionally available if the applicant/beneficiary has only to claim or accept the income.
Verification	The process of obtaining acceptable evidence, which substantiates statements made by an applicant/beneficiary.

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