



## MHSD Fiscal Management and Outcomes Reporting Branch

### Acronym List (Oct 2013)

<b>835</b>	Health Care Claim Payment/Advice sent to MHP from DHCS-ITWS
<b>837I</b>	Institutional Services Claim/HIPAA Transaction submitted to DHCS-ITWS by MHP
<b>837P</b>	Professional Services Claim/HIPAA Transaction submitted to DHCS-ITWS by MHP
<b>AB</b>	Assembly Bill
<b>ADP</b>	Alcohol and Drug Programs, a Division within CA Dept of Health Care Services
<b>BIC</b>	Beneficiary Identification Card
<b>Beneficiary</b>	A person who is receiving financial benefit from Medi-Cal
<b>CCR</b>	California Code of Regulations
<b>CFR</b>	Code of Federal Regulations; County of Financial Responsibility; Cost and Financial Reporting
<b>CFRS</b>	Cost and Financial Reporting System
<b>CIMH</b>	California Institute for Mental Health
<b>CIN</b>	Client Index Number
<b>CIR</b>	County Interim Rate
<b>CMHDA</b>	California Mental Health Directors Association
<b>CMS</b>	Centers for Medicare and Medicaid Services, a branch within the US Department of Health and Human Services
<b>CPE</b>	Certified Public Expenditure
<b>CSI</b>	Client Services Information System
<b>Client</b>	Anyone who is receiving specialty mental health services (even a one-time initial assessment) See Also: Beneficiary
<b>Crosswalk</b>	Cross-reference table
<b>DCS</b>	Disallow Claim System
<b>DHCS</b>	CA Department of Health Care Services
<b>DHCS-MHSD</b>	DHCS- Mental Health Services Division
<b>DHS</b>	Department of Health Services; Now DHCS
<b>DMC</b>	Drug Medi-Cal
<b>DMH</b>	Department of Mental Health, prior to 7/1/2012 (now DHCS-MHSD)
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>EVC</b>	Eligibility Verification Confirmation
<b>FAQ</b>	Frequently Asked Questions
<b>FFP</b>	Federal Financial Participation

<b>FFS</b>	Fee-for-Service
<b>FMAP</b>	Federal Medical Assistance Percentages
<b>HF</b>	Healthy Families (A part of SCHIP)
<b>HIPAA</b>	Health Insurance Portability and Accountability Act

## **HIPAA Transaction**

**Standard** HIPAA Transaction Standard is comprised of five parts:

Example: **ASC X12N 837 004010 X098**

1. **“ASC”** Source of a standard; in this case, the standard comes from the American National Standards Institute (ANSI) Accredited Standards Committee (ASC). This is occasionally shown as ‘ANSI ASC’ or just ‘ASC.’
2. **“X12N”** A subcommittee of the ANSI ASC X12 committee; the X12N subcommittee defines EDI standards used in the insurance industry.
3. **“837”** A transaction set; in the case of the 837 transaction, Institutional, Professional, and Dental variations exist.
4. **“004010”** Version of the X12 standard; this is usually referred to as ‘Version 4010.’ It identifies version 4 of the standard, Release 1, sub release 0.
5. **“X098”** Internal reference numbers; in the case of the 837 transaction, three versions exist: 837I (Institutional), 837P (Professional), and 837D (Dental). Reference numbers X096, X097, and X098 identify these, respectively.

<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IEP</b>	Individualized Education Plan
<b>IP</b>	Inpatient
<b>IPC</b>	Inpatient Consolidation
<b>ITWS</b>	Information Technology Web Services
<b>LE</b>	Legal Entity
<b>LEFU</b>	Legal Entity File Update form (aka LFU)
<b>MAA</b>	Medi-Cal Administrative Activities
<b>M/C</b>	Medi-Cal
<b>MCHIP</b>	Medicare Children’s Health Insurance Program
<b>MedCCC</b>	Medi-Cal Claims Customer Service Office
<b>MEDS</b>	Medi-Cal Eligibility Data System
<b>MHP</b>	Mental Health Plan
<b>MHSD</b>	Mental Health Services Division
<b>Medi-Cal</b>	California’s Medicaid program
<b>NICHY</b>	National Dissemination Center for Children with Disabilities
<b>NPI</b>	National Provider Identifier
<b>NTE</b>	Not to Exceed
<b>OBRA '89</b>	Omnibus Budget Reconciliation Act of 1989
<b>OP</b>	Outpatient
<b>OPS</b>	Online Provider System
<b>PCCN</b>	Payer Claim Control Number

<b>PFU</b>	Provider File Update form
<b>PHF</b>	Psychiatric Health Facility
<b>PIN</b>	Provider Identification Number
<b>POS</b>	a) Place of Service b) Point of Service device used to verify MEDS Eligibility
<b>PRV</b>	Provider System
<b>Provider</b>	A supplier of specialty mental health services delivered to M/C beneficiaries of an MHP
<b>Provider File</b>	Located on ITWS, lists all providers of specialty mental health services used by MHPs
<b>SB</b>	Senate Bill
<b>SCHIP</b>	State Children's Health Insurance Program
<b>SD/MC</b>	Short-Doyle/Medical Claim System
<b>SED</b>	Seriously Emotionally Disturbed
<b>SEP</b>	Special Education Pupils
<b>SGF</b>	State General Fund
<b>SMA</b>	Statewide Maximum Allowance
<b>SMHS</b>	Specialty Mental Health Services
<b>SNF</b>	Skilled Nursing Facility
<b>SSA</b>	Social Security Administration
<b>SSI</b>	Supplemental Security Income
<b>TAR</b>	Treatment Authorization Request
<b>TBS</b>	Therapeutic Behavioral Services
<b>Title 9</b>	The section of California Code of Regulations explaining Community Mental Health Services
<b>UMDAP</b>	Uniform Method of Determining Ability to Pay
<b>UR</b>	Utilization Review
<b>USC</b>	U.S. Government Code
<b>W&amp;I Code</b>	Welfare and Institutions Code