Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

HEDIS MY 2025
Provider Glossary

Accuracy	The extent to which recorded data (on medical records, forms and computer databases) is error-free and reflects defining events.
Acute Care	Treatment of a short-term or episodic illness; treatment of an exacerbated chronic condition.
Administrative Method	An organization must identify a measure's denominator and numerator, using transaction data or other administrative databases. The denominator comprises all eligible members. See eligible population. The organization reports a rate based on all members who meet the denominator criteria and who are found through administrative data to have received a particular service.
Ambulatory Care	Outpatient health care services that do not require hospitalization, such as those delivered at a physician's office, clinic, medical or surgical center or outpatient facility.
Anchor Date	The date when a member must be enrolled with the organization. No gaps in enrollment may include this date.
Attestation	A statement ensuring the validity of a report or document (e.g., practitioner attestation).
Benchmark	National, state and regional averages among organizations submitting data to NCQA. Benchmark data comes from accredited and nonaccredited organizations and consists of reporting measures publicly and privately.
Bundling	The organization accepts a single code as representative of several services or encounters. For example, prenatal care visits are bundled with delivery, or all hospital services may be under the revenue code for room and board.

CAHPS	Consumer Assessment of Healthcare Providers and Systems. The CAHPS Program is overseen by the Agency for Healthcare Research and Quality (AHRQ) and includes a number of survey products designed to capture consumer experience across different levels of the health care system. NCQA uses adult and child versions of the CAHPS Health Plan Survey for HEDIS and refers to them as the CAHPS Health Plan Survey, Adult Version and CAHPS Health Plan Survey, Child Version.
Chronic Care	A general description of a medical condition from which a person may suffer periodically or continuously, as opposed to a condition that can be healed with treatment.
Clinical Pharmacist	A pharmacist with extensive education in the biomedical, pharmaceutical, sociobehavioral and clinical sciences. Clinical pharmacists are experts in the therapeutic use of medications and are a primary source of scientifically valid information and advice regarding the safe, appropriate and cost-effective use of medications. Most clinical pharmacists have a Doctor of Pharmacy (PharmD) degree, and many have completed one or more years of post-graduate training (e.g., a general and/or specialty pharmacy residency). In some states, clinical pharmacists have prescriptive authority.
ECDS	Electronic clinical data systems. A HEDIS reporting standard for health plans that collect and submit quality measures to NCQA. This reporting standard defines the data sources and types of electronic data acceptable for use in a HEDIS measure report. Data systems that may be eligible for ECDS reporting include, but are not limited to, administrative claims, clinical registries, health information exchanges, immunization information systems, disease/case management systems and electronic health records.

Eligible Population	All members who satisfy a measure's specified criteria, including age, continuous enrollment, benefit, event and anchor date enrollment.
EPO	Exclusive provider organization. A type of health insurance product that usually limits coverage to care from providers, or groups of providers, who have contracts with the health insurance issuer to be part of a network of participating providers. EPO members are generally not reimbursed, nor do they receive benefits for out-of-network services; however, some EPOs provide partial reimbursement for emergency situations.
Fee-For-Service	A method of charging for medical services. A physician charges a fee for each service provided and the insurer or patient pays all or part of the fee.
HIPAA	Health Insurance Portability and Accountability Act. Federal government standards regarding privacy regulation that set specific and explicit rights individuals have to access, make changes to and restrict the use of their protected health information.
HMO	Health maintenance organization. An organized health care system that is accountable for both the financing and delivery of a broad range of comprehensive health services to an enrolled population, and for assessing access and ensuring quality and appropriate care. In this type of organization, members must obtain all services from practitioners affiliated with the HMO and must usually comply with a predefined authorization system in order to receive reimbursement.
Inpatient	Procedures performed or services rendered to patients during a hospital stay.
LOS	Length of stay. Number of hospital days from admission to discharge.
LTI Flag	Long Term Institutional flag. Identify members who are long-term residents in an institution. This flag is populated in CMS's Monthly Membership Detail Data File.

Measurement Period	Period of time in which a measure is calculated.
Measurement Year	The year that an organization evaluates HEDIS measures.
Member	An individual (and the individual's eligible dependents) who pays premiums to the organization as a member of the organization's enrollment population. Members usually receive specified health care services from a defined network for a specified time.
Member Months	The cumulative number of months of organization enrollment by the current eligible population.
Mental Health Provider	A provider who delivers mental health services and meets any of the following criteria: **1.** An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice. **2.** An individual who is licensed as a psychologist in their state of practice, if required by the state of practice. **3.** An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker's Clinical Register; or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice. A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/ mental health

and 2 years of supervised clinical experience, and is licensed to practice as a psychiatric or mental health nurse if required by the state of practice.
An individual (normally with a master's or a doctoral degree in marital and family therapy and at least 2 years of supervised clinical experience) who practices as a marital and family therapist, and is licensed as a certified counselor by the state of practice, or, if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.

4. An individual (normally with a master's or doctoral degree in counseling and at least 2 years of supervised clinical experience) who practices as a professional counselor, and is licensed or certified to do so by the state of practice, or, if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors.
5. A physician assistant who is certified to practice psychiatry by the National Commission on Certification of Physician Assistants.
6. A certified community mental health center (CMHC), or the comparable term (e.g., behavioral health organization, mental health agency, behavioral health agency) used in the state of location, or a Certified Community Behavioral Health Clinic (CCBHC).
Only authorized CMHCs are considered mental health providers. To be authorized as a CMHC, an entity must meet one of the following criteria:
7. The entity has been certified by CMS to meet the conditions of participation (CoPs) that community mental health centers (CMHCs) must meet in order to participate in the Medicare program, as defined in the Code of Federal Regulations Title 42. CMS defines a CMHC as an entity that meets applicable licensing or certification requirements for CMHCs in the State in which it is located and provides the

	set of services specified in section 1913(c)(1) of the Public Health Service Act (PHS Act). **8.** The entity has been licensed, operated, authorized, or otherwise recognized as a CMHC by a state or county in which it is located. **9.** Only authorized CCBHCs are considered mental health providers. To be authorized as a CCBHC, an entity must meet one of the following criteria: - Has been certified by a State Medicaid agency as meeting criteria established by the Secretary for participation in the Medicaid CCBHC demonstration program pursuant to Protecting Access to Medicare Act - § 223(a) (42 U.S.C. § 1396a note); or as meeting criteria within the State's Medicaid Plan to be considered a CCBHC. - Has been recognized by the Substance Abuse and Mental Health Services Administration, through the award of grant funds or otherwise, as a CCBHC that meets certification criteria of a CCBHC.
Metric	Metrics are used in HEDIS submission and result XML files to group data elements and optional stratification values within a measure.
MMP	Medicare-Medicaid plan. A CMS demonstration plan benefit package.
Network	Doctors, clinics, health centers, medical group practices, hospitals and other providers that an organization selects and contracts with to care for its members.

OB/GYN and Other Prenatal Care Practitioner	Includes: **1.** Physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology. **2.** Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider). **3.** Direct entry midwives who deliver prenatal and postpartum services, in a specialty setting (under the direction of an OB/GYN certified or accredited provider) and are licensed in their state of practice.
Outpatient Visits	Visits to providers that do not require hospital admission.
Primary Care Practitioner (PCP)	A physician or nonphysician (e.g., nurse practitioner, physician assistant, certified nurse midwife) who offers primary care medical services. Licensed practical nurses and registered nurses are not considered PCPs. Only certified Federally Qualified Health Centers (FQHC) are considered PCPs. This must be reviewed and approved by an auditor. To be certified as an FQHC, an entity must meet any one of the following criteria: - Is receiving a grant under Section 330 of the Public Health Service (PHS) Act (42 United States Code Section 254a) or is receiving funding from such a grant and meets other requirements. - Is not receiving a grant under Section 330 of the PHS Act but is determined by the Secretary of the Department of Health & Human Services (HHS) to meet the requirements for receiving such a grant (qualifies as a "FQHC look-alike")

	based on the recommendation of the Health Resources and Services Administration. • Was treated by the Secretary of HHS for purposes of Medicare Part B as a comprehensive federally funded health center as of January 1, 1990. • Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1991. For certification as an FQHC, the entity must meet all of the following criteria (in addition to one of the criteria above): • Provide comprehensive services and have an ongoing quality assurance program. • Meet other health and safety requirements. • Not be concurrently approved as a Rural Health Clinic (RHC). o Only certified RHCs are considered PCPs. This must be reviewed and approved by an auditor. To be certified as an RHC, the entity must meet CMS requirements to qualify for payment via an all-inclusive rate (AIR) for medically-necessary primary health services and qualified preventive health services furnished by an RHC practitioner.
Person-Centered Plan (PCP)	A process that engages people who are important to the individual receiving services as well as those who will provide supports and services to come together and plan the specifics - the "who, what, when, where and why" --related to the supports and services that will be offered. The person-centered plan must include the assessment of life domains, an action plan, an enhanced crisis intervention plan, and a signature page. The person-centered plan should be based on a comprehensive assessment that examines the

	individual's symptoms, behaviors, needs and preferences across the following life domains: • Meet other health and safety requirements. • Daily life and employment • Community living • Safety and security • Healthy Living • Social and spirituality • Citizenship and advocacy • Other areas of importance
PHI	Protected health information. Information that can identify a specific person. Person-identified information is associated with names, social security numbers, alphanumeric codes or other unique individual information.
POS	Point of service. An HMO with an opt-out option. In this type of organization, members may choose to receive services either within the organization's health care system (e.g., an in-network practitioner) or outside the organization's health care delivery system (e.g., an out-of-network practitioner).
PPO	Preferred provider organization. PPOs are responsible for providing health benefits-related services to covered individuals and for managing a practitioner network. They may administer health benefits programs for employers by assuming insurance risk or by providing only administrative services.
Practitioner	A professional who provides health care services. Practitioners must usually be licensed as defined by law.
Prescribing Practitioner	A practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.

Product	An organized health care system that is accountable for financing and delivering a broad range of comprehensive health services to an enrolled population (HMO, POS, PPO, EPO).
Product Line	Commercial, Medicaid, Medicare, Exchange.
Provider	An institution or organization that provides services for the organization's members. Examples of providers include hospitals and home health agencies. NCQA uses the term practitioner to refer to professionals who provide health care services; however, it recognizes that a provider directory generally includes both providers and practitioners, and that the inclusive definition is the more common usage.
Supplemental Data	Data other than claims and encounters used by the organization to collect information about its members and about delivery of health services to its members.
Telehealth	Synchronous telehealth requires real-time interactive audio and video telecommunications. Asynchronous telehealth, sometimes referred to as an "e-visit" or "virtual check-in," is not in real-time, but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur through a patient portal, secure text messaging or email.