***Glossary of PCMH Acronyms and Terms***

adapted from: http://www.mclaren.org/MPHO/glossaryoftermsmpho.aspx

1. **PCMH – Patient Centered Medical Home**A health care setting that facilitates a philosophy of a strong patient-physician relationship which actively engages the patient in their healthcare provides comprehensive healthcare and works towards achieving wellness.
2. **PCMH-N – Patient Centered Medical Home-Neighborhood**An extension of Patient Centered Medical Home into Specialties and Sub-specialist fields which includes a strong PCP/Specialist relationship to ensure communication and outcomes of mutual patients.
3. **PO – Physician Organization**An organization that partners with physicians or is a group of physicians that works with health plans on contracts and other mutual interests (i.e. incentive programs, transition programs, etc.) of their organization.
4. **PHO – Physician Hospital Organization**An organization that partners with physicians and hospitals in order to obtain payer contracts and to further mutual interests (i.e. incentive programs, transition programs, etc.) within integrated delivery systems.
5. **SRD – Self Reporting Data**Twice a year (summer and winter) BCBSM requires PO/PHO to conduct assessments for PGIP participating offices which include review of office demographic information, office technology and PCMH initiative implantation within the office. This data is linked to PCMH nomination, PCMH designations and PGIP incentive monies.
6. **PU - Practice Unit**The identification of a practice within the PGIP program.
7. **PCMH Nomination**An office in PCMH nomination status is requesting review by BCBSM for PCMH Designation. An office can be nominated through their PGIP participating PO/PHO during the BCBSM Winter SRD submission.
8. **PCMH Designation** An office achieving PCMH designation has been reviewed and approved by BCBSM’s methodology for PCMH status. PCMH designation is in place for one year. Designations are typically announced after the Summer SRD submission, usually early June.
9. **P4P or Pay for Performance**Claim payments based on quality and utilization scoring determined by the health plan. (***Quality*** based payment structure)
10. **Fee for Service** Claim payments based on each individual service preformed for the patient. (***Quantity*** based payment structure)
11. **EBCR- Evidence Based Care Reporting** Reports that include preventative and disease specific metrics that are guided by evidence based medicine. MQIC and HEDIS are the main source for EBCR guidelines.
12. **GDR- Generic Dispensing Rate** This rate is generated by reviewing the use of generic medication vs. name brand medication.
13. **Patient Registry** An electronic registry system (i.e.Cielo or WellCentive) that allows a practice to easily look at their entire patient population. This allows the practice to drill down to areas of success as well as focus areas through reporting capabilities such as gaps in care. A “gaps” in care report allows the practice to identify patients that are missing services or will be due for services based on evidence based guidelines.
14. **MU - Meaningful Use** Is the use of certified electronic health record (EHR) technology to; improve quality, safety, efficiency, and reduce health disparities, engage patients and family in their health care improve care coordination, and population and public health, and maintain privacy and security of patient health information. There are specific meaningful use guidelines, criteria, and processes that eligible providers and hospitals must achieve in order to receive CMS (Center for Medicare and Medicaid) meaningful use incentive monies.
15. **e-Scribe - Electronic prescription ordering** A software program that allows a physician to electronically send a patient’s prescription to a pharmacy. Other features of an e-Scribe program include: review of medication formularies, alerts to adverse reactions, alerts to allergies, alerts to drug to drug interactions, printable list of medication reconciliation for the patient.
16. **Patient Portal** A secure internet option for patients to communicate with their physician’s office. Patients may have the options; enter their demographic information, schedule appointments, request a medication refill, review test results, email their physician and/or physician team, or even have an e-Visit with their physician.
17. **Hospital Portal** A secure internet option for physician practices to review and/or print their patient’s records including; hospitalization records, laboratory results, diagnostic testing, progress notes, discharge summaries etc. from their local hospital(s).
18. **Mid-level Provider** A Nurse Practitioner or Physician Assistant
19. **PCMH re-designated practice** A practice unit that was previously PCMH designated under the BCBSM PCMH program and continues to meet criteria to be a PCMH designated practice under the program’s methodology.
20. **PCMH de-designated practice** A practice unit that was previously PCMH designated under the BCBSM PCMH program that no longer meets criteria to be re-designated as a PCMH practice under the program’s methodology.
21. **HEDIS guidelines (Healthcare Effectiveness Data & Information Set)** A set of standardized performance measures that assess the quality of health care much like a report card.