FY 2013-14 Budget Request
Glossary and Acronyms

The Office of State Planning and Budgeting glossary can be found at http://www.colorado.gov/cs/Satellite/OSPB/GOVR/1218709346377

Acronym/Term	Description
1931 family	Section of the federal law (TANF) from which the Medicaid group eligibility is derived
300%ers	Persons whose income is up to three times the supplemental security income payment limit. This optional eligibility category is eligible for Medicaid by virtue of their need for long-term care services.
340B	340B is a federally administered program that allows covered entities to provide low priced outpatient prescription drugs to their patients.
AAA	Area Agency on Aging
AB	Aid to the Blind
ACA	Affordable Care Act- federal health care reform signed into law by President Obama on March 23, 2010. Also known as PPACA
ACC	Accountable Care Collaborative
ACF	Alternative Care Facility
ACS	Affiliated Computer Services, fiscal agent for Medicaid claims processing and reporting as of December 1999. Formerly known as Consultec. Now owned by Xerox State Healthcare.
ADA	Americans with Disabilities Act
ADLs	Activities of Daily Living
Adult Foster Care	This is not a Medicaid program or service; however, many adult foster care eligibles are also Medicaid eligible. This provides residential care with supervision for client medications, etc. It is funded through 95% General Fund and up to a 5% local match.
AED	Amortization Equalization Disbursement – increases the employer distribution to the PERA Trust Fund to authorize the unfunded liability beginning January 1, 2006.
AFC	Adult Foster Care
AFDC-A	Aid to Families with Dependent Children – Adults (a pre-welfare reform title, now replaced by Temporary Assistance to Needy Families - TANF)
AFDC-C	Aid to Families with Dependent Children – Children (a pre-welfare reform title, now replaced by Temporary Assistance to Needy Families - TANF)

Acronym/Term	Description
ALJ	Administrative Law Judge
Allowed Charge	The amount Medicare will consider for payment for a given service or supply
AMPS	Automated Medicaid Payment System - electronic claims system
Ancillary Services	Those services and supplies provided to patients on an as-needed basis
AND	Aid to the Needy Disabled
AND/AB	Combination of Aid to the Needy Disabled and Aid to the Blind. Individuals in these combined eligibility categories are aged 0 through 59 and meet SSI blindness and/or other disability criteria.
Annualization	An adjustment of partial year funding or the removal of one-time funding in an appropriation from the previous fiscal year to reflect appropriate funding for the full request year
ANSI	American National Standards Institute
AOA	Administration on Aging
AP	Assistance Payments
APCD	All-Payer Claims Database
APD	Advance Planning Document
ARRA	American Recovery and Reinvestment Act
ASC	Ambulatory Surgical Centers
ASO	Administrative Service Organization
AWP	Average Wholesale Price
BC-A	Baby Care Adults; a Medicaid eligibility category appropriated in the Long Bill
BCCP	Breast and Cervical Cancer Program; a Medicaid eligibility category appropriated in the Long Bill
BC-KC	Baby Care – Kids Care Program
BHO	Behavioral Health Organization; capitated contractual providers for Medicaid community mental health services, formerly Mental Health Assessment and Services Agencies (MHASAs)
BI	Brain Injury
BIDS System	Colorado procurement information system
BOA	Business Objects of America – an ad hoc reporting system used in Decision Support Systems
BRI	Base Reduction Item, a type of budgetary Change Request decreasing General Fund in an upcoming fiscal year.
BUS	Benefits Utilization System; a web-based system for long-term care eligibility assessments (the ULTC 100.2 form)

Acronym/Term	Description
CAH	Critical Access Hospitals
CAHPS	Consumer Assessment of Healthcare Providers and Systems - a health care customer satisfaction survey
CAPS	County Automated Payment System.
Carve-Out	A benefit or service that is not included under an otherwise global services agreement, such as the Medicaid mental health capitation program
CBHP	Children's Basic Health Plan
CBLTC	Community-Based Long-Term Care
CBMS	Colorado Benefits Management System
CCB	Community Centered Boards
CDSS	County Departments of Social Services
CCR	Code of Colorado Regulations
CDASS	Consumer Directed Attendant Support Services
CDCE	Consumer-Directed Care for the Elderly
CDF	Colorado Drug Formulary
CEDARS	Colorado Eligibility Disbursement and Reporting System
CELI-A	Categorically Eligible Low-income Adults; a Medicaid eligibility category appropriated in the Long Bill (previously AFDC-A)
CES	Children's Extensive Support (Home and Community-Based Services)
CF	Cash Funds.
CFE	Cash Funds Exempt. This represents cash funds transferred within the State, reported as Cash Funds Exempt to avoid double-counting funds, which would create a TABOR impact. This designation has been eliminated for FY 2008-09 and onwards and replaced with the designation Reappropriated Funds.
CFMC	Colorado Foundation for Medical Care, a Quality Improvement Organization
CFMS	County Financial Management System
CFR	Code of Federal Regulations
CGTS	Colorado Government Technology Service Division
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHCAA	The Colorado Health Care Affordability Act, also called the Hospital Provider Fee or HB 09-1293.
CHCBS	The Children's Home and Community-Based Services

Acronym/Term	Description
CHIPRA	Children's Health Insurance Program Reauthorization Act
CHP+	Child Health Plan *Plus*, also called Children's Basic Health Plan (CBHP)
CICP	Colorado Indigent Care Program
CIDS 2000	Client Information Data Subsystem for the 21st Century
CIVHC	The Center for Improving Value in Health Care
Class I Nursing Homes	Refers to general nursing facilities
Class II/IV Nursing Homes	Refers to nursing facilities for physically and developmentally disabled individuals
Class IV Nursing Homes	Regional centers for the developmentally disabled (operated by the Department of Human Services)
Clawback	A monthly payment made by the state to the federal Medicare program, roughly in the amount that the state would have spent on prescription drugs for dual eligible client in the absence of the MMA.
CMPN	Colorado Medicaid Provider Network
CMS	The Centers for Medicare and Medicaid Services, previously the federal Health Care Financing Administration (HCFA)
CNA	Certified Nurses Aide
CNS	County Nursing Service
CO-CHAMP	Colorado Comprehensive Health Access Modernization Program
CO/EBTS	Colorado Electronic Benefits Transfer Service
COFRS	Colorado Financial Reporting System
COHBE	Colorado Health Benefit Exchange
Coinsurance	The 20% of the allowed charge the beneficiary is responsible for paying on assigned Medicare beneficiaries
COLA	Cost of Living Adjustment
COLD	Computer Output to Laser Disk. One type of reporting system used by MMIS.
COLO R/X	Colorado Drug Formulary
Colorado Works	Colorado's Welfare Reform Program (the federal name is Temporary Assistance to Needy Families - TANF)
COmPASS	Colorado Community Personal Assistance Services and Supports federal grant
CORHIO	Colorado Regional Health Information Organization
COUP	Client Overutilization Program

Acronym/Term	Description
CPT	Current Procedural Terminology
CRICC	Colorado Regional Integrated Care Collaborative
CRS	Colorado Revised Statutes
C-SEAP	Colorado State Employee Assistance Program
CSHCN	Children with Special Health Care Needs
CSRA	Community Spouse Resource Assessment
CWEST	Child Welfare Eligibility and Services Tracking System
CW-FC	Child Welfare - Foster Care
CY	Calendar Year
DAC	Disabled Adult Child
DD	Developmentally Disabled
DDS	Disability Determination Services - agency that specializes in disability eligibility for both Social Security and Medicaid
DHMC	Denver Health Medical Center, formerly known as Denver General Hospital. Also known as Denver Health Medicaid Choice, the Denver County MCO
DHS	Colorado Department of Human Services
DI	Decision Item, a type of budgetary Change Request for additional General Fund in an upcoming fiscal year
Disabled	Supplemental Security Income Disabled Individuals; a Medicaid eligibility category appropriated in the Long Bill
DM	Disease Management
DME	Durable Medical Equipment
DMO	Disease Management Organization
DORA	Colorado Department of Regulatory Agencies
DPA	Colorado Department of Personnel and Administration
DPHE	Colorado Department of Public Health and Environment
DRA	The Deficit Reduction Act of 2005. A federal bill designed to slow the rate of spending growth for Medicare, Medicaid and Social Security.
DRG	Diagnosis Related Group, the basis for inpatient hospital reimbursement

Acronym/Term	Description
DSH	Disproportionate share hospital payments are for hospitals that serve a disproportionately large share of indigent clients.
DSS	Decision Support System
Dual eligible	A client eligible for both full Medicare and full Medicaid
DUR	Drug Utilization Review
EB	Enrollment Broker
EGUR	Evidence Guided Utilization Review
EHR	Electronic Health Records
EIS/DDS	Executive Information System/Decision Support System
Eligible	This refers to one full-time equivalent client for a defined period of time. Every person who is issued a Medicaid authorization card is called an "eligible." It does not refer to the number of clients who actually use a medical service.
Eligible Children	A Medicaid eligibility category appropriated in the Long Bill (previously AFDC-C/BC)
EP	Eligible Professionals
EOMB	Explanation of Medical Benefits
EPSDT	Early and Periodic Screening, Diagnosis and Treatment – Medicaid for clients up to age 21
EQRO	External Quality Review Organization
ESURS	Enterprise Surveillance Utilization Reporting System
FC	Foster Care
FFP	Federal Financial Participation – the percent of federal match
FFS	Fee-for-Service - non-capitated health care payment system
FFY	Federal Fiscal Year - October 1 through September 30
Figure Setting	A JBC meeting discussing a fiscal year budget request
Fiscal Agent	The contractor that processes claims for the Medicaid program, currently Xerox State Healthcare.
Fiscal Intermediary	An insurance company that manages Medicare claims and provides audit-reimbursement services for the Centers for Medicare and Medicaid Services to assure providers utilize program benefits appropriately.
Fiscal note	A report of the estimation of funds needed to finance a legislative bill.
FMAP	Federal Medical Assistance Percentage – the percent of federal match that the Centers for Medicare and Medicaid Services pays for Medicaid medical services.

Acronym/Term	Description
FPL	Federal Poverty Level – the federal poverty measure. Used with a percentage in determining eligibility, i.e. those with an income level below 185% of FPL may be eligible for certain Medicaid programs. Also called Federal Poverty Guidelines.
FQHC	Federally Qualified Health Center - health service facility for low income persons in a medically underserved area
FTE	Full-Time Equivalent employee
FY	Fiscal Year (State) - July 1 through June 30
GF	General Fund. The general fund is the state's primary operating fund. It is used to account for all financial resources except those required to be accounted for in another fund.
GFE	General Fund Exempt. Funding the State is allowed to retain above the Tax Payer Bill of Rights (TABOR) Revenue Limit as a result of the passage of Referendum C.
Goebel	Lawsuit initiated in 1981 on behalf of residents of northwest Denver with chronic mental illness claiming a denial of services
GSS	General Support Services, now the Department of Personnel and Administration
HB	House Bill (of Colorado General Assembly)
HB 09-1293	The Colorado Health Care Affordability Act, also called the Hospital Provider Fee
HCA	Home Care Allowance. Not a Medicaid program but part of the Maintenance of Effort agreement that allows Medicaid funding to continue to be received by Colorado.
HCBS	Home and Community-Based Services
HCBS-BI	Home and Community-Based Services – Brain Injury
HCBS-CES	Home and Community-Based Services - Children’s Extensive Support
HCBS-BI	Home- and Community-Based Services - Brain Injury
HCBS-Children’s	Home and community-based services waiver for children with physical disabilities
HCBS-CES	Home- and Community-Based Services - Children’s Extensive Services
HCBS-CHRP	Home- and Community-Based Services - Children’s Habilitation Residential Program
HCBS-CWA	Home- and Community-Based Services – Children with Autism
HCBS-DD	Home- and Community-Based Services - Developmental Disabilities
HCBS-EBD	Home- and Community-Based Services - Elderly, Blind, and Disabled
HCBS-MI	Home- and Community-Based Services - Mentally Ill
HCBS-PLWA	Home- and Community-Based Services - Persons Living with AIDS

Acronym/Term	Description
HCBS-PHW	Home- and Community-Based Services - Pediatric Hospice Waiver; also known as Children with Life Limiting Illness (CLLI)
HCBS-SCI	Home- and Community-Based Services – Spinal Cord Injury
HCBS-SLS	Home- and Community-Based Services - Supported Living Services (for persons with developmental disabilities)
HCPCS	Healthcare Common Procedure Coding System
HCPF	Colorado Department of Health Care Policy and Financing - Colorado's Single State Agency for Medicaid
Health Insurance Buy-In (HIBI)	Premium and coinsurance/deductible payments for private health insurance policies for Medicaid clients when it can be shown to be cost effective
HEDIS	Healthplan Employer Data and Information Set - a group of national measures used to compare health plans
HECF	Health, Environment, Children and Families – former name of a Senate Committee of the State Legislature
HEWI	Health, Environment, Welfare and Institutions – Committee of the State Legislature
HH	Home Health
HHA	Home Health Agency
HHS	Health and Human Services - federal agency
HIBI	Health Insurance Buy-In Program
HIE	Health Information Exchange
HIFA	Health Insurance Flexibility and Accountability federal waiver
HIPAA	Health Insurance Portability and Accountability Act of 1996 (HIPAA) – a federal Act that simplifies health care administration by standardizing medical data transactions, codes, and identifiers and provides additional protections to the privacy and security of personal health information.
HIT	Health Information Technology
HITECH	The Health Information Technology for Economic and Clinical Health Act of 2009
HMO	Health Maintenance Organization
Home Care Allowance	This is not a Medicaid program or service; however, most Home Care Allowance eligible are also Medicaid eligible. Services are for persons residing in their own homes and include personal care and supportive services. It is funded through 95% General Fund and up to a 5% local match

Acronym/Term	Description
Home Mod	Home Modification
Hospital Provider Fee	The Colorado Health Care Affordability Act, also called HB 09-1293
HRSA	Health Resources and Services Administration
IAPD	Implementation Advance Planning Document
IBNR	Incurred but not reported. Adjustments to future payments or claims based on the analysis of previous data patterns.
ICF	Intermediate Care Facility
ICFs/MR	Intermediate Care Facility - Mentally Retarded
IHSS	In-Home Support Services
IMAP	Information Management Annual Plan
IMC	Information Management Commission
Income trusts	Court approved trust used in Medicaid
Inpatient	Inpatient Hospital Care
IT	Information Technology
JBC	The Joint Budget Committee of the Colorado General Assembly
Lab/X-ray	Laboratory and Radiology Services
LAN	Local Area Network
LOS	Length of Stay
LPN	Licensed Practical Nurse
LTC	Long-Term Care
LTC-101	Long-Term Care Assessment Form
LTC-102	Monthly home- and community-based services non-diversion/termination report form
LTC-103	Home -and community-based services case plan form
LTC-104	Home- and community-based services case plan revision form
LTC-105	Home- and community-based services prior approval and cost containment form
LTC-106A	Client payment form for home- and community-based services - 300% non alternative care facility clients
LTC-106B	Client payment form for home- and community-based services - all alternative care facility clients
LTC-107	Home- and community-based services notice of service status/eligibility form
LTC-108	Home- and community-based services statement of services - claim form

Acronym/Term	Description
LTC-109	Home- and community-based services form for application of individual providers
LTC-110	Home- and community-based services form for monthly listing of new individual providers, re-certifications, de-certification
LTC-111	Home- and community-based services complaint information form
MA	Medical Assistance
MAC	Medicaid Administrative Claiming
MAC	Medicaid Authorization Card
MAC	Medical Advisory Council
MAC	Maximum Allowable Cost
MAGI	Modified Adjusted Gross Income
MCCS	Medicaid Coordinated Care System
MCO	Managed Care Organization
MCPI	Medical Consumer Price Index
MD	Medical Doctor
MDS	Minimum Data Set for resident assessment
MEDI-MEDI	Medicare-Medicaid Data Matching Project
Medicare	That portion of the Social Security Act which provides health care benefits to citizens over age 65 or under age 65 who are permanently disabled or suffering from chronic renal failure
Medicare Part A	That part of Medicare law providing for in-patient hospitalization, State nursing facility care, nursing facility benefits, and home health services to senior citizens
Medicare Part B	A supplement to Part A for physicians' services, outpatient hospital services, and other supplies. Waivers were granted in 1996 to enable use of resource utilization groupings for routine costs.
Medicare Part C	The Medicare Advantage, on managed care benefit
Medicare Part D	An optional prescription drug benefit for Medicare beneficiaries (not optional for dual eligibles) effective January 1, 2006
Mental Health	This refers to the mental health care provided through the community mental health services program
MEQC	Medicaid Eligibility Quality Control Unit
MHASA	See BHOs. Mental Health Assessment and Services Agency – Obsolete term referring to contractual providers for the mental health capitation program operated by the Department of Human Services.
MI	Medically Indigent

Acronym/Term	Description
MI	Mental Illness
MIA	Monthly Income Allowance
MMA	Medicare Modernization Act or the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003
MMIS	Medicaid Management Information System
MMMNA	Minimum Monthly Maintenance Needs Allowance
MOE	Maintenance of Effort Provisions
MORE	Maximizing Outreach, Retention, and Enrollment
MRI	Magnetic Resonance Imaging
MSR	Monthly Status Report required for ongoing cash assistance in the Temporary Assistance to Needy Families program
Needy Newborn	Babies born to mothers on Medicaid at the time of the baby's birth
NF	Nursing Facility
NFT	Nursing Facility Transitions federal grant
Non-citizens	Adults and/or children who have not established legal residence in the US and certain qualifications of legal immigrants who meet certain eligibility requirements; a Medicaid eligibility category appropriated in the Long Bill
Non-Prioritized Decision Items	A Change Request originating from one department but affecting the budget of a different department
NPI	National Provider Identifier – A standard under HIPAA that requires a single identification number for every health care provider.
OAB	The Hospital Provider Fee Oversight and Advisory Board
OAP-A (65+)	Supplemental Security Income Adults 65 and Older; a Medicaid eligibility category appropriated in the Long Bill (previously OAP-A SSI)
OAP-B (60-64)	Supplemental Security Income Adults 60 to 64; a Medicaid eligibility category appropriated in the Long Bill (previously OAP-B SSI)
OAP-SO	Old Age Pension - State Only health and medical benefits, can be Old Age Pension A or Old Age Pension B, but not necessarily disabled
OAP-SMP	Old Age Pension - State Medical Program; the current term for OAP-SO
OASDI	Old Age Survivors Disability Insurance

Acronym/Term	Description
OBRA	Omnibus Budget Reconciliation Act
OIG	Office of Inspector General
OLTC	Options for Long Term Care
OMB	Office of Management and Budget (Federal)
OP	Outpatient
Option/Mandate	Certain Medicaid services are mandated by federal law as a condition of participating in the federal Medicaid program and certain others are optional for the states
OSA	Office of the State Auditor
OSPB	The Office of State Planning and Budgeting
OT	Occupational Therapy
OT/PT/ST	Occupational Therapy/Physical Therapy/Speech Therapy
Outpatient	Outpatient hospital services includes all hospital-based outpatient care ranging from emergency room to hospital based care
PACE	Programs of All Inclusive Care for the Elderly
PAPD	Planning Advance Planning Document
PAR	Prior Authorization Review
PARIS	The Public Assistance Reporting Information System
PASRR	Pre-Admission Screening and Annual Resident Reviews
PC	Personal Care
PCBH	Personal Care Boarding Home
PCCM	Primary Care Case Management
PCMP	Primary Care Medical Providers, also called Medical Homes
PCP	Primary Care Physician
PCPP	Primary Care Physician Program
PDL	Preferred Drug List. A utilization mechanism designed to control costs for drugs for clients who are using the Medical Assistance Program
PDN	Private Duty Nursing
PE	Presumptive Eligibility -Temporary eligibility for Medicaid and Child Health Plan *Plus* pregnant women, children or women enrolled in BCCP.
PEAK	Colorado Program Eligibility and Application Kit through CBMS for online eligibility applications

Acronym/Term	Description
PETI	Post Eligibility Treatment of Income
PERA	Public Employee Retirement Association
PERM	Payment Error Rate Measurement Program
PHP	Prepaid Health Plan
Pickle	Eligibility group named after the House sponsor of a 1977 amendment to the Social Security Act. Its intention is to reinstate Medicaid to former Supplemental Security Income recipients less cost of living adjustments.
PIHP	Prepaid Inpatient Health Plan
PIU	Program Integrity Unit
POC	Plan of Care
POTS	This is not an acronym. It is a term used for common policy allocations, appropriated to individual lines that in the next year show in Personal Services. Examples include Salary Survey; Health, Life, and Dental; Short Term Disability; and Performance-based Pay.
PPACA	The Patient Protection and Affordable Care Act - federal health care reform signed into law by President Obama on March 23, 2010. Also known as ACA.
PPS	Prospective Payment System
Prescription Drug	Includes payment for all drugs provided through Medicaid including those dispensed in nursing homes, but excluding those which are dispensed in the inpatient hospital setting
PRO	Peer Review Organization. The new CMS designation is QIO, Quality Improvement Organization
PRWORA	Personal Responsibility and Work Opportunity Act; a federal law also know as Welfare Reform on 1996
PT/ST	Physical Therapy/Speech Therapy
QA	Quality Assurance
QCIP	Quality of Care Incentive Program
QDWI	Qualified Disabled Working Individuals
QI-1	Medicare Qualified Individual 1
QI-2	Medicare Qualified Individual 2
QIO	Quality Improvement Organization
QMB	Qualified Medicare Beneficiary; a Medicaid eligibility category appropriated in the Long Bill
QMB – Dual	Qualified Medicare Beneficiary – who receives Medicaid and/or other insurance

Acronym/Term	Description
QMB - Only	Qualified Medicare Beneficiary – eligible for Medicare Part B premium, co-insurance and deductibles
RCCO	Regional Care Coordination Organizations
Reappropriated Funds (RF)	Funds originally appropriated to one department and subsequently transferred to another department. Replaces the designation of Cash Funds Exempt in FY 2009-10 onwards.
Rebate - Prescription Drugs	Medicaid prescription drug adjustment. Manufacturers rebate Medicaid drug expenses for certain items. The rebates are not accounted for in the Medicaid Management Information System and are handled manually through accounting transactions.
Referendum C	A voter-approved referendum suspending the Taxpayers' Bill of Rights (TABOR) and allowing the state to retain any budgetary surplus from June 30, 2006 to 2010.
Residential Program	The residential care provided for as part of the home and community based services for the developmentally disabled waiver.
ResQuIP	Resident Centered Quality Improvement Program
RFI	Request for Information
RFP	Request for Proposals
RHC	Rural Health Clinic
Ribicoff Children	Children age 6 to 19 born after September 30, 1983 – Eligibility category
RN	Registered Nurse
Roll-forward	Approval of a transfer of a fiscal year's unexpended funds to the subsequent fiscal year
RTC	Residential Treatment Center for children with behavioral problems
RUGs	Resource Utilization Groupings
SAVE	Systematic Alien Verification of Eligibility Program
SB	Senate Bill (of Colorado General Assembly)
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCRC	Systems Change for Real Choices federal grant
SDAC	The Statewide Data and Analytics Contractor
SED Sites	Satellite Eligibility Determination Sites
SEP	Single Entry Point
SFY	State Fiscal Year (see FY)
SHAP	State Health Access Program
SHEA	State Health Expenditure Account

Acronym/Term	Description
SIDMOD	State Identification Module
Single State Agency	Federal designation of one agency per state responsible for administration of Medicaid. The Department of Health Care Policy and Financing (HCPF) performs this function for Colorado.
SISC	Supplemental Security Income Status Code
SLMB or SLIMB	Special Low-Income Medicare Beneficiaries; a Medicaid eligibility category appropriated in the Long Bill
SMAC	State Maximum Allowable Cost
SMIB	Supplemental Medical Insurance Benefits
SMSA	Standard Metropolitan Statistical Area
SNAP	Supplemental Nutrition Assistance Program. Formerly called the Food Stamp Program. The federal Department of Agriculture provides funding for the program.
SNF	Skilled Nursing Facility
SPA	Single Purpose Application
SPA	State Plan Amendment
Spec	Specialty Physician
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSI Disabled	Supplemental Security Income Disabled Individuals, also referred to as “Disabled”
SSI Eligible	All who meet SSI guidelines are eligible for Medicaid
STARS	Services, Tracking, Analysis, and Reporting System; a historical system now replaced by BOA
SURS	Surveillance Utilization Review System
TABOR	The Taxpayers’ Bill of Rights
TANF	Temporary Assistance to Needy Families (changed from Aid to Families with Dependent Children in 1996; also referred to as Colorado Works)
TBI	Traumatic Brain Injury
TCN	Transaction Control Number; this is the unique number assigned by the Medicaid Management Information System to identify an individual claims
TCS	Transaction Code Sets ; the HIPAA standard that specifies formats and values that can be used during the electronic submission of data

Acronym/Term	Description
Telemedicine	Systems of electronic communication between patients and medical practitioners to coordinate patient care
TISI	Treatment of Institutionalized Spouse's Income
Title XIX	Social Security Act - Medicaid
Title XVIII	Social Security Act - Medicare
Title XXI	Social Security Act - Children's Health Insurance Plan
TM	Transitional Medicaid adults and adults with children leaving 1931 eligibility due to increased earned income who are guaranteed continuation of Medicaid under certain eligibility qualifications.
TPA	Third Party Administrator
TPL	Third Party Liability
TPR	Third Party Recovery
TRAILS	Children, Youth, and Families System, including Foster Care
TWWIIA	Ticket to Work, Work Incentives – federal provisions that permit states to create Medicaid buy-in programs
TWFC	Transfer Without Fair Consideration
UB04	Uniform billing 2004. Electronic form for submitting institutional claims.
ULTC-100	Uniform long-term care - client needs assessment tool form
ULTC-100.2	Uniform long-term care - client needs assessment tool form – updated. A web based system for long term care eligibility assessment used by Single Entry point Agencies and Community Center Boards
Under 21 Psych.	Private psychiatric hospital care for persons under age 21
Undocumented	See Non-citizens – eligible for emergency services only
UPEP	The Unified Provider Enrollment Process
UPL	Upper Payment Limit; a federal maximum payment used for federal financing
UR	Utilization Review
Vol. 8	Rules manual for Health Care Policy and Financing, also called the Code of Colorado Regulations Section 8
Waiver	A certain eligibility criteria that allows clients to apply for Medicaid who are not eligible under traditional Medicaid program categories or allows clients to receive services that are not part of the traditional Medicaid program.

Acronym/Term	Description
Wrap-Around Services	Medicaid services that are not covered by health maintenance organizations, but that are covered for Medicaid clients enrolled in health maintenance organizations by referral or direct access to fee-for-service Medicaid providers.
XSH	Xerox State Healthcare. The current vendor for managing MMIS.
YTD	Year-to-Date