

ACRONYMS, DEFINITIONS AND WEB LINKS

A. ACRONYMS

ADA –Americans with Disabilities Act/Rehabilitation Act of 1973

AED – Automatic External Defibrillation

AMA- American Medical Association

AOD- Administrative Officer of the Day

BAA- Business Associate Agreement

CAP- College of American Pathologists

CBOC- Community Based Outpatient Clinic

CDC - Center for Disease Control

CFR- Code of Federal Regulation

CLIA- Clinical Laboratory Improvement Amendments (1988)

CMS – Center for Medicare and Medicaid Services

CPT- Current Procedural Terminology

CO - Contracting Officer

COLA- Commission on Office Laboratory Accreditation

COTR - Contracting Officers Technical Representative

CPR- Cardio Pulmonary Resuscitation

CPRS – Computerized Patient Record System

DEA - Drug Enforcement Administration

DME - Durable Medical Equipment

EMR- Electronic Medical Record

EPA- Environmental Protection Agency

EPRP- External Peer Review Program

ETF - Electronic Funds Transfer

FAR – Federal Acquisition Regulation

FMCRA- Federal Medical Care Recovery Act

FTE- Full Time Employee Equivalent

HCFA – Health Care Financing Administration

HEDIS - Health Plan Employer Data Information Set

HHS - Health and Human Systems

HIPAA – Health Insurance Portability and Accountability Act

HIV - Human Immunodeficiency virus

IRM - Information Resources Management

ICD - International Classification of Diseases

ISP - Internet Service Provider

JC – The Joint Commission, an accreditation organization

LPN – Licensed Practical Nurse

MCCR – Medical Care Cost Recovery

MQSA - Mammography Quality Standards Act

NCQA - National Committee for Quality Assurance

NSF - Net Square Foot

OIG - Office of Inspector General

OMB - Office of Management and Budget

OPM - Office of Personnel Management
OSHA - Office of Occupational Safety and Health
PA - Physician's Assistant
PBM - Pharmacy Benefits Management
PC - Personal Computer
PCE - Patient Care Encounter
PCMM – Primary Care Management Module
PHS - Preventive Health Services
PI - Preventative Index or Performance Improvement
PM - Performance Measure
QM – Quality Monitoring
RFP/RFP – Request for Proposal
RN - Registered Nurse
SDB - Small Disadvantaged Business
SOW - Statement of Work
TEB - Technical Evaluation Board
Tricare – Military Health Plan
USC - United States Code
VA - Department of Veterans Affairs
VAAR - Department of Veterans Affairs Acquisition Regulation
VAMC – Department of Veterans Affairs Medical Center
VERA - Veterans Equitable Resource Allocation
VETPRO – a Web-based physician credentialing system for federal agencies that employ healthcare providers
VHA - Veterans Health Administration
VHS - Veterans Healthcare System
VISN - Veterans Integrated Service Network
VISTA - Veterans Information Systems Technology and Architecture
VPN - Virtual Private Network

B. DEFINITIONS

The following terms, when used in this contract, shall be construed and/or interpreted as follows, unless the context expressly requires a different construction and/or interpretation. In the event of a conflict in language between the Definitions and other sections of this contract, the language in specifications shall govern.

- a. Administrative Office of the Day (AOD) – This individual coordinates administrative operations of the medical center during evenings, nights, weekend and Holidays.
- b. Capitation Payment – The monthly fee that is paid by the VA to a Contractor for each patient covered for the provision of medical services, whether or not the patient utilizes services during the payment period.
- c. Capitation Rate- The amount established by the contract for each unique patient.

- d. Capitation Month Unit – The base unit for computing total patient censuses and invoice payments. One capitation month unit is equivalent to one patient being enrolled in the contract’s primary healthcare plan in accordance with the subject contract for any portion of a calendar month.
 - e. CBOC Coordinator (Community Based Outpatient Clinic Coordinator) – A VA staff person at the local VA Medical Center who serves as the point of contact for issues relating to the administration and coordination of professional services to be provided under this contract.
 - f. Contracting Officer- The Representative of the VA who has the authority to enter into, administer, terminate, modify, approve changes, or otherwise represent and bind the VA in all matters arising under or relating to this contract.
 - g. Dis-enrollment – The discontinuance of a patient’s entitlement to receive covered services under the terms of this contract, and deletion from the approved list of patients furnished by VA to the Contractor.
 - h. Dual enrollment- Patients enrolled in both primary care and mental health clinics
 - i. Patient – Any person certified by the VA as eligible to receive services, and is enrolled in the CBOC by the VA
 - j. Emergency Medical Services- A sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably result in:
 - (a) Permanently placing a patient’s health in jeopardy
 - (b) Causing other serious medical consequences
 - (c) Causing impairments to body functions, or
 - (d) Causing serious or permanent dysfunction of anybody organ or part.
11. Enrollment – the process by which an eligible person becomes a member of the Contractor’s plan
12. Facility- Any premises (a) owned, leased, used or operated directly or indirectly by or for the Contractor or its affiliates for purposes related to this contract; or (b) maintained by a subcontractor or provider to provide services on behalf of the Contractor.
13. Fee for Service- A method making payment for defined health services based on fees jointly set by the VA and Contractor.
14. Marketing – Any activity conducted by, or on behalf of, the Contractor where information regarding the services offered by the Contractor is disseminated in order to persuade eligible

persons to enroll, or accept any application for enrollment in the Contractor's plan operated pursuant to this contract.

15. Medical Record or Electronic Medical Record - A single, complete electronic record (CPRS) maintained by the Contractor's staff on site with total electronic access from the parent VA, which documents all of the treatment plans developed, identifies problem list, and medical services ordered and received by the Veteran patient.

16. Medically Necessary- Services or supplies provided by an institution, physician, or other provider that are required to identify or treat a VA patient's illness or injury and which are:

- (a) Consistent with the symptoms or clinical diagnosis and treatment of the patient's condition, disease, ailment or injury and
- (b) Clinically appropriate with regard to standards of good medical practice; and
- (c) Not solely for the convenience of a patient, physician, institution or other provider, and
- (d) The most appropriate supply or level of services, which can safely be provided to the patient when, applied to the care of an inpatient. It further means that services for the patient's medical symptoms or condition require that the services cannot be safely provided tot the patient as an outpatient.

17. Non-Contract Provider- Any person, organization, agency, or entity that is not directly or indirectly employed by, or through, the Contractor, or any of its subcontractors, pursuant to the contract between the Contractor and VA.

18. Out of Plan Services – the services provided by a non-contract provider.

19. The Plan - the benefits and services provided through a capitated primary care contract.

20. Primary Care Physician- A physician responsible for supervising, coordinating, and providing initial and primary care to patients, for initiating referrals for specialist care, and maintaining the continuity of patient care. A primary care physician is one who has limited his/her practice of medicine to general practice, or who is a Board Certified or Eligible Internist or Family Practitioner.

21. Primary Care Provider- A primary care physician or registered Advanced Practical Nurse or Physician Assistant practicing in accordance with Indiana State Law who is responsible for supervising, coordinating, and providing initial and primary care to patients, initiating referrals for specialist care, and maintaining the continuity of patient care.

22. Prior Authorization - The act of authorizing specific services or activities before they are either rendered or occur.

23. Provider - An institution, facility, agency, person, corporation, partnership, or association approved by VA, which accepts as payment in full for providing medical services, the amount paid pursuant to a provider contract with the Contractor.
24. Performance Improvement (PI) – The ongoing process of responding to data gathered through quality monitoring efforts, in such a way as to improve the quality of healthcare delivered to individuals. This process necessarily involves follow-up studies of the measures taken to improve clinical activities in order to demonstrate that the desired change has occurred.
25. Quality Monitoring (QM) – The ongoing process of assuring that the delivery of healthcare is appropriate, timely, accessible, available, medically necessary, and in keeping with established guidelines and standards and reflective of the current state of medical knowledge.
26. Service Location- Any Location at which a patient obtains any healthcare service covered by the Contractor pursuant to the terms of this contract.
27. Service Site - The locations designated by the Contractor at which patients shall receive primary care, preventive, or mental health services.
28. Subcontract - A contract entered into by the Contractor with any other organization or person who agrees to perform any administrative function or service for the Contractor specifically related to securing or fulfilling the Contractor's obligations to VA under the terms of this contract, (e.g., claims processing, marketing) when the intent of such a contract is to delegate the responsibility for any major service or group of services required by the VA/Contractor contract.
29. Subcontractor - Any organization or person who provides any function or service for the Contractor specifically related to securing or fulfilling the Contractor's obligations to VA under the terms of this contract.
30. Third Party - Any entity or funding source, other than the enrolled patient or his/her responsible party, which is, or may be, liable to pay for all or part of the cost of medical care of the patient.

C. WEB LINKS

Data Sources. Use data from the latest completed fiscal year. Following are some suggested data sources; additional sources (i.e., zip code and specific data) are continually being added to these web pages.

Veteran Population, by county, and by age group:

<http://vaww.pssg.med.va.gov>

<http://vssc.med.va.gov/planning/marketpenetration2003d.asp>

Distribute Planning Population Database (DPPB) Model:

<http://vaww.pssg.med.va.gov/>

Veteran enrollees, by county, by zip code, and by priority group (1-6 and 7):

<http://vaww.vsscportal.med.va.gov/vares/>

Enrollment Projections:

<http://vaww.vsscportal.med.va.gov/cares/>

Veteran Users, by county and priority groups:

<http://vaww.pssg.med.va.gov>

CBOC VAST workload report:

[http://vssc.med.va.gov/planning/cboc/CBOC report.asp](http://vssc.med.va.gov/planning/cboc/CBOC%20report.asp)

Designated Health Professional Shortage Areas:

<http://belize.hrsa.gov/newhpsa.cfm>

Medically Underserved Areas:

<http://bhpr.hrsa.gov/shortage/>

Geographic distances between VA sites and between counties: Average distances (straight line), enrollees and users:

<http://bhpr.hrsa.gov/shortage>

Cost data: available through local Decision Support System (DSS)

VHA Handbook 1006.1, 4/11/03, [Planning and Activating Community Based Outpatient Clinics](#)

VHA Handbook 1050.1, 1/30/02, [VHA National Patient Safety Improvement Handbook](#)

VHA Handbook 1660.3, 7/24/02, [Conflict of Interest Aspects of Contracting For Scarce Medical Specialist Services, Enhanced Use Leases, Health Care Resource Sharing, Fee Basis and Intergovernmental Personnel Act Agreements \(IPAS\)](#)

VHA Handbook 1660.4 3/31/04, [VA-DOD Direct Sharing Agreements](#)

VHA Directive 2004-029 7/2/04, [Utilization of Physicians Assistants \(PA\)](#)

VHA Handbook 1003.4, 9/02/05, [VA Patient Advocacy Program](#)

VHA Handbook 1100.19, 11/14/08, [Credentialing and Privileging](#)

VHA Handbook 1108.08, 02/26/09, [VHA Formulary Management Process](#)

VHA Handbook 1101.02, 4/21/09, [Primary Care Management Module \(PCMM\)](#)

VA Benefits Pharmacy Management

<http://www.vapbm.org>

VA Acquisition Regulation

<http://www1.va.gov/oamm/vaar/index.htm>

Federal Acquisition Regulations

<http://www.acqnet.gov/far/>

United States Codes (U.S.C.)

<http://www.gpoaccess.gov/uscode/index.html>