



COMMONLY USED TERMS

Below are commonly used terms related to the STD Billing & Reimbursement Toolkit. This document will be updated periodically. Last updated: Jan 2014.

Acronym	Term	Definition
	Ancillary provider/Facility	Lab, x-ray facility, physical therapist
	Charge master	A comprehensive list of all services or supplies offered at a clinic or hospital including the procedure code and price.
	Claim	A written bill for services, submitted by a patient or on behalf of a patient to the patient's health insurance carrier for payment, per the terms of the patient's health insurance plan.
	Claims Management Process	Preparation, submission, and collection of health care claims.
	Clearinghouse	A private company that serves to transmit and translate claim information from a health care provider or other billing entity to the third-party payers in the format required by the payer.
	Commercial insurance	Also referred to as "private" insurance, a form of health insurance that is paid for by somebody other than the government. It may be paid for by the policy-holder and/or by the policyholder's employer.
	Contracting	The process of developing an agreement between a health care provider and a third-party payer that allows the provider recognized as an in-network provider.
	Contractual Allowance	The difference between what an insurance company approves according to their contract and what the healthcare provider charges for the procedure. If the provider is under contract to accept the patient's insurance plan, the patient is generally not responsible for this difference. A contractual allowance shows up on a billing statement as an adjustment required and decreases the balance.
	Co-insurance	The amount paid by your benefits
	Co-payments	The portion of the total amount billed for services that the patient is responsible for paying as determined by the terms of the patient's health insurance policy.
	Credentialing	The process of establishing the qualifications of a health care provider with the health insurance provider.



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	Deductible	The amount you pay before the insurance starts to pay
EHR	Electronic Health Records	Computer-based systems for managing medical and/or billing information for patients.
EMR	Electronic Medical Record	An individual's electronic record of health-related information. Authorized staff and clinicians within one healthcare organization can use the information.
EbHR	Electronic Behavioral Health Record	Just the same as the EHR (above), but for behavioral health information.
EPM	Electronic Practice Management	The part of the electronic health system that contains financial, demographic, and other non-medical information. Other terms used for this information include Enterprise Management System and Practice Management System.
	Encounter form	Also referred to as a "superbill," this form is particular to each clinic and is designed to capture the diagnostic and procedural codes most frequently used in that clinic.
EOB	Explanation of Benefits	A statement issued by a commercial insurance provider to the policyholder indicating medical services that were paid on behalf of the policyholder or any of the individuals covered on his/her policy.
	Fee Schedules	The list of CPT codes and the amount the insurance company will pay under your contract.
	Formulary	The list of covered drugs
HIE	Health Information Exchange	An electronic place for healthcare information from organizations within a community or region.
HIT	Health Information Technology	Electronic environment or platform which enables the exchange or storage of health related information.
HEDIS	Healthcare Effectiveness Data and Information Set	A set of measures used by more than 90 percent of health insurance providers to gauge their performance on dimensions of care and service.
	Interoperability	The ability of software and hardware on multiple pieces of equipment made by different companies to communicate and work together.
	Medicaid Managed Care Organization	An agency which supports delivery of Medicaid health benefits to clients, through an agreement with a state Medicaid agency.



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Medical home

Also known as “patient centered medical home, this is a model for comprehensive health care delivery that facilitates treatment through a patient’s primary care provider.

Member

Customer, individual, patient, you

Mid-level provider

Health care providers, such as a Nurse Practitioner or Physician Assistant, who are licensed to diagnose and treat patients under the supervision of a physician.

Out-of Network Provider

A provider or facility that does not have a contract with the patient’s insurance company.

Paid claims

A bill that has been submitted to a health insurance provider and payment has been made.

Payer mix

In a health care provider setting, this term refers to the sources of revenue, including commercial insurance, public insurance, and self-paying patients.

Pending claims

Bills for services rendered that have been submitted to a health insurance provider for payment, but have not yet been processed.

Provider

Doctor, hospital, nurse, healthcare professional

Public insurance

A form of health insurance that is paid for by the government, including Medicaid and Medicare.

Remittance

Payment from a health insurance provider to the health care provider who submitted the claim.

State-based exchanges

Mechanism to facilitate access to state regulated and standardized health insurance plans as mandated by the Patient Protection and Affordable Care Act.

Submitted Charges

The amount you bill to the insurance company

Superbill

Also referred to as an “encounter form” this form is particular to each clinic captures the diagnostic and procedural codes most frequently used in that clinic.

Third-party payer

A public or private entity or program that is responsible for paying all or part of the expenses for medical care per the terms of the health insurance policy of the policyholder. A third-party payer neither receives nor administers medical care.



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References

This list was adapted from the following resources:

1. National Coalition of STD Directors. Terminology Reference Sheet. <http://www.ncsddc.org/terminology-reference-sheet>
2. NIATx. Electronic Medical Records: Frequently Used Terms. <http://www.niatx.net>
3. Specialized Language Worksheet Words We Use-Insurance Speak Translated

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