Advanced Professional Diploma in Healthcare Economics

Healthcare Policy and Regulation

Healthcare Policy and Regulation Glossary

A

Accountable Care Organization (ACO)
- Related Terms: Value-based care, Population health management
- An ACO is a group of healthcare providers that work together to coordinate care for a specific population of patients. The goal of an ACO is to improve the quality of care while reducing costs by focusing on preventative care and better management of chronic conditions.

Accreditation
- Related Terms: Quality assurance, Standards
- Accreditation is a process by which healthcare organizations are evaluated against established standards to ensure that they are providing high-quality care. Accreditation can be voluntary or mandatory depending on the type of organization.

Adverse Event
- Related Terms: Medical error, Patient safety
- An adverse event is any unintended harm caused to a patient during the course of medical treatment. Adverse events can range from minor complications to serious injuries or even death.

B

Beneficiary
- Related Terms: Medicare, Medicaid, Health insurance
- A beneficiary is a person who is eligible to receive benefits from a healthcare program or insurance plan. This term is commonly used in the context of Medicare and Medicaid programs.

Block Grant
- Related Terms: Medicaid, Federal funding
- A block grant is a type of funding provided by the federal government to states for specific programs, such as Medicaid. Block grants give states more flexibility in how they use the funds, but they may also result in reduced federal oversight.

C

Certificate of Need (CON)
- Related Terms: Healthcare facilities, Regulation
- A Certificate of Need is a regulatory process used by some states to determine if there is a need for a new healthcare facility or service in a specific area. CON laws aim to prevent the overuse of healthcare services and control costs.

Clinical Practice Guidelines
- Related Terms: Evidence-based medicine, Best practices
- Clinical practice guidelines are evidence-based recommendations for healthcare providers on how to diagnose, treat, and manage various medical conditions. Guidelines are developed by expert panels and are intended to improve the quality of care.

Consumer-Directed Health Plans
- Related Terms: High-deductible health plan, Health savings account
- Consumer-directed health plans are insurance plans that give individuals more control over their healthcare spending. These plans typically have high deductibles and are paired with health savings accounts to help cover out-of-pocket costs.

D

Drug Formulary
- Related Terms: Prescription drugs, Pharmacy benefits
- A drug formulary is a list of prescription medications that are covered by a health insurance plan. Formularies are typically divided into tiers based on cost and may require patients to pay different copayments depending on the tier.

E

Electronic Health Record (EHR)
- Related Terms: Health information technology, Meaningful use
- An electronic health record is a digital version of a patient's medical history that is maintained by healthcare providers. EHRs allow for the sharing of information between different providers and can improve coordination of care.

Employee Retirement Income Security Act (ERISA)
- Related Terms: Group health insurance, Preemption
- ERISA is a federal law that sets standards for private employer-sponsored health and retirement plans. ERISA preempts state laws and regulations related to employee benefits, which can impact the regulation of health insurance.

Essential Health Benefits

- Related Terms: Affordable Care Act, Minimum coverage
- Essential health benefits are a set of ten categories of services that health insurance plans must cover under the Affordable Care Act. These benefits include preventive care, prescription drugs, and maternity care, among others.

F

Fee-for-Service
- Related Terms: Payment model, Reimbursement
- Fee-for-service is a payment model in which healthcare providers are paid for each service they deliver to a patient. This model has been criticized for incentivizing overutilization of services and driving up healthcare costs.

Formularies
- Related Terms: Drug formulary, Pharmacy benefits
- Formularies are lists of prescription medications that are covered by health insurance plans. Formularies may require patients to try lower-cost medications before more expensive drugs are covered, a process known as step therapy.

G

Gatekeeper
- Related Terms: Managed care, Primary care physician
- A gatekeeper is a healthcare provider, typically a primary care physician, who controls access to specialists and other healthcare services within a managed care plan. Gatekeepers help coordinate care and reduce unnecessary referrals.

Global Budget
- Related Terms: Capitation, Healthcare costs
- A global budget is a fixed amount of money allocated to a healthcare organization to cover all costs associated with providing care to a specific population of patients. Global budgets can help control costs but may also limit access to care.

H

Health Information Exchange (HIE)
- Related Terms: Interoperability, Electronic health record
- Health information exchange is the electronic sharing of patient information between healthcare providers, such as hospitals, clinics, and pharmacies. HIE can improve care coordination and reduce duplication of tests and treatments.

Health Insurance Marketplace
- Related Terms: Affordable Care Act, Exchange
- The health insurance marketplace is a platform where individuals and small businesses can compare and purchase health insurance plans. Marketplaces were established under the Affordable Care Act to increase access to coverage.

Health Maintenance Organization (HMO)
- Related Terms: Managed care, Provider network
- An HMO is a type of managed care organization that requires patients to see healthcare providers within a specific network. HMOs typically require patients to select a primary care physician who coordinates their care.

I

Inflation Factor
- Related Terms: Healthcare costs, Cost-of-living adjustment
- The inflation factor is a measure of how much prices for goods and services in the healthcare sector are expected to increase over time. The inflation factor is used to adjust payment rates for healthcare services.

Interoperability
- Related Terms: Health information exchange, Electronic health record
- Interoperability is the ability of different healthcare systems and software to exchange and use patient information seamlessly. Interoperability is essential for improving care coordination and patient outcomes.

J

Joint Commission
- Related Terms: Accreditation, Quality standards
- The Joint Commission is an independent organization that accredits and certifies healthcare organizations based on established quality and safety standards. Joint Commission accreditation is a recognized marker of quality in healthcare.

K

Key Performance Indicators (KPIs)
- Related Terms: Quality metrics, Performance measurement
- Key performance indicators are specific metrics used to evaluate the performance of healthcare organizations or providers. KPIs can include measures of quality, safety, efficiency, and patient satisfaction.

L

Licensure

- Related Terms: Credentialing, Regulation
- Licensure is the process by which healthcare professionals are granted permission to practice in a specific role or specialty. Licensure requirements vary by state and typically include education, training, and examination.

M

Medicaid
- Related Terms: Government insurance, Low-income populations
- Medicaid is a joint federal and state program that provides health insurance to low-income individuals and families. Medicaid covers a wide range of services, including hospital care, physician visits, and prescription drugs.

Medicare
- Related Terms: Government insurance, Older adults
- Medicare is a federal health insurance program for individuals aged 65 and older, as well as younger people with disabilities. Medicare is divided into several parts that cover hospital care, medical services, and prescription drugs.

N

Network Adequacy
- Related Terms: Provider network, Access to care
- Network adequacy refers to the sufficiency of healthcare providers within an insurance plan's network to meet the needs of its members. Regulators may set standards for network adequacy to ensure that patients have access to care.

O

Outcomes-based Payment
- Related Terms: Value-based care, Reimbursement
- Outcomes-based payment is a payment model that ties reimbursement for healthcare services to the outcomes achieved for patients. Providers may receive bonuses for meeting quality targets or penalties for poor performance.

P

Patient-Centered Medical Home (PCMH)
- Related Terms: Care coordination, Primary care
- A patient-centered medical home is a model of primary care that focuses on team-based care, coordination of services, and patient engagement. PCMHs aim to improve quality, access, and efficiency of

care.

Pay-for-Performance
- Related Terms: Incentive payments, Quality metrics
- Pay-for-performance is a reimbursement model that rewards healthcare providers for achieving certain quality or performance targets. Providers may receive bonuses or penalties based on their performance.

Population Health Management
- Related Terms: Public health, Chronic disease management
- Population health management is an approach to healthcare that focuses on improving the health outcomes of a specific population of patients. This may involve preventive care, chronic disease management, and addressing social determinants of health.

Preauthorization
- Related Terms: Prior authorization, Utilization management
- Preauthorization is the process by which a healthcare provider obtains approval from an insurance plan before delivering certain services or procedures. Preauthorization helps ensure that care is medically necessary and appropriate.

Q

Quality Improvement
- Related Terms: Continuous improvement, Patient safety
- Quality improvement is a systematic approach to assessing and improving the quality of care delivered by healthcare providers. Quality improvement initiatives may focus on patient outcomes, safety, and efficiency.

Quality Measures
- Related Terms: Performance metrics, Quality reporting
- Quality measures are specific indicators used to assess the quality of care provided by healthcare organizations or providers. Measures may include clinical outcomes, patient experience, and adherence to best practices.

R

Reimbursement
- Related Terms: Payment model, Fee-for-service
- Reimbursement is the process by which healthcare providers are compensated for the services they deliver to patients. Reimbursement rates can vary based on the type of service, payer, and payment model.

Regulation
- Related Terms: Government oversight, Compliance

- Regulation refers to the rules and guidelines established by governments or regulatory bodies to govern the healthcare industry. Regulations may cover areas such as licensure, accreditation, patient safety, and reimbursement.

S

Scope of Practice
- Related Terms: Licensure, Credentialing
- Scope of practice refers to the specific duties and responsibilities that healthcare providers are authorized to perform based on their education, training, and licensure. Scope of practice may vary by state and specialty.

Single-Payer System
- Related Terms: Universal healthcare, Government-funded
- A single-payer system is a healthcare financing model in which a single government entity pays for all healthcare services on behalf of the entire population. Single-payer systems are designed to achieve universal coverage and control costs.

Stakeholder
- Related Terms: Healthcare system, Collaboration
- A stakeholder is an individual or group with a vested interest in the healthcare industry. Stakeholders in healthcare may include patients, providers, insurers, regulators, policymakers, and advocacy groups.

T

Telemedicine
- Related Terms: Telehealth, Remote monitoring
- Telemedicine is the use of technology to deliver healthcare services remotely, such as through video consultations, mobile apps, or remote monitoring devices. Telemedicine can improve access to care, particularly in rural or underserved areas.

U

Utilization Review
- Related Terms: Quality assurance, Cost containment
- Utilization review is the process by which insurance plans evaluate the medical necessity and appropriateness of healthcare services provided to patients. Utilization review aims to ensure that care is delivered efficiently and effectively.

V

Value-Based Care

- Related Terms: Population health management, Pay-for-performance
- Value-based care is a healthcare delivery model that focuses on improving patient outcomes while controlling costs. Providers are incentivized to deliver high-quality, efficient care rather than simply providing more services.

W

Wellness Program
- Related Terms: Preventive care, Employee health
- A wellness program is a health promotion initiative designed to improve the overall well-being of individuals by encouraging healthy behaviors and lifestyles. Wellness programs may include activities such as fitness challenges, smoking cessation programs, and stress management workshops.

X

XML (Extensible Markup Language)
- Related Terms: Health information exchange, Data interoperability
- XML is a markup language used to encode and structure data in a format that is easily readable by computers. XML is commonly used in healthcare for exchanging clinical information between different systems and applications.

Y

Yield Management
- Related Terms: Capacity optimization, Revenue cycle management
- Yield management is a pricing strategy used in healthcare to optimize revenue by adjusting prices based on demand and capacity. Yield management can help healthcare organizations maximize revenue while ensuring access to care.

Z

Zero-Based Budgeting
- Related Terms: Financial planning, Cost containment
- Zero-based budgeting is a budgeting approach in which all expenses must be justified from scratch for each budgeting period. This method requires organizations to evaluate the necessity and value of every expense, which can help identify cost-saving opportunities.