<table>
<thead>
<tr>
<th>AHA</th>
<th>American Hospital Association – a national organization representing and serving all types of hospitals, health care networks, and their patients and communities.</th>
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<tr>
<td>AHCPR</td>
<td>Agency for Health Care Policy &amp; Research Healthcare Cost and Utilization Project (HCUP) – AHCPR, as part of the U.S. Department of Health and Human Services, is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. The Healthcare Cost and Utilization Project Quality Indicators (HCUP QI) were developed specifically to meet the short-term needs for information on health care quality, using standardized, user-friendly methods and existing sources of data.</td>
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<td>BRFSS</td>
<td>Behavioral Risk Factor Surveillance System- In the early 1980s, scientific research clearly showed that personal health behaviors played a major role in premature morbidity and mortality. In 1984, the Centers for Disease Control and Prevention (CDC) established the Behavioral Risk Factor Surveillance System to collect data on actual behaviors that would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs. The CDC developed a standard core questionnaire for states to use to provide data that could be compared across states. The data are collected through a telephone survey.</td>
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CAH  Critical Access Hospital – created by the Medicare Rural Hospital Flexibility Program in 1997, a CAH is an acute care facility that provides outpatient, emergency, and limited inpatient services, and is recognized as a new provider type eligible for Medicare reimbursement. Rural not-for-profit or public hospitals are eligible to convert to CAHs, which may contain up to 15 acute care beds and treat patients for up to 96 hours. A CAH that participates in the swing bed program may maintain up to 25 beds, provided that no more than 15 of the beds are used for acute care at any one time. CAHs and at least one full service hospital may be organized into rural health networks and maintain agreements for patient referral and transfer, the development and use of communications systems, and the provision of transportation services. CAHs are reimbursed by HCFA on a reasonable cost basis for inpatient and outpatient services provided to Medicare beneficiaries.

CAHPS  Consumer Assessment of Health Plans Survey - an easy-to-use kit of survey and report tools that provides reliable and valid information to help consumers and purchasers assess and choose among health plans. The kit contains a set of questionnaires to ask consumers about their experience with their health plans, sample formats for reporting results to consumers, and a handbook to help implement the surveys and produce the reports.

CHIP  Children’s Health Insurance Program – signed into law on April 9, 1998, this program provides health insurance to children age five to 19, whose household incomes do not exceed 150% of the federal poverty level.

CHRIS  Consolidated Health-Related Information System - a system to be developed by the WVHCA to house public and private sector databases in a single location.

CNA  Certified Nursing Assistant

COPD  Chronic Obstructive Pulmonary Disease – disease process that causes decreased ability of the lungs to perform their function of ventilation. Diseases that cause this are chronic bronchitis, pulmonary emphysema, chronic asthma, and chronic bronchiolitis.
DHHR  Department of Health and Human Resources – a state agency whose mission is to promote and provide appropriate health and human services for the people of West Virginia in order to improve their quality of life.

DSD  Division of Shortage Designation (see HPSA) – using data furnished by the West Virginia Division of Recruitment, the federal Division of Shortage Designation designates Health Professional Shortage Areas in the state.

EMS  Emergency Medical Services – the West Virginia Emergency Medical Services System is patterned after the Federal Emergency Medical Services Systems Act of 1973, which provides guidelines and funding for development of regional EMS systems.

EMT  Emergency Medical Technician – an individual trained in techniques of administering emergency care in a variety of situations, but especially to accident victims.

EPA  Environmental Protection Agency – the mission of the U.S. Environmental Protection Agency is to protect human health and to safeguard the natural environment – air, water, and land.

EPIDS  Eastern Panhandle Integrated Delivery System – a regional integrated health information system serving nine counties in eastern West Virginia.

FAACT  Foundation for Accountability – a not-for-profit organization, the Foundation for Accountability believes that America’s ability to create a more responsive health care system depends on informed, empowered consumers who help shape the system, hold it accountable for quality, and act as partners in improving health.
FY  Fiscal Year – the 12-month period that an agency uses for fiscal and statistical reporting purposes. For example, Fiscal Year 1996 can refer to any 12-month period where the reporting period ends in 1996.

GIS  Geographical Information System – an information system that processes spatial data.

GWUDI  Ground Water Under the Direct Influence Program – using on-site data and technical evaluations, this federal program determines whether or not a public water system using a ground water source (well) is influenced by surface water. If so, the system must meet more rigorous regulatory requirements.

HCFA  Health Care Financing Administration – the federal agency responsible for administering Medicare and overseeing states’ administration of Medicaid.

HEDIS  Health Employer Data and Information Set – a core set of performance measures to assist employers and other health purchasers in understanding the value of health care purchases and evaluating health plan performance.

HMO  Health Maintenance Organization – an entity that provides, offers, or arranges for coverage of designated health services needed by plan members for a fixed, prepaid premium. Under the federal HMO Act, an entity must have three characteristics to call itself an HMO: (1) an organized system for providing health care or otherwise assuring health care delivery in a geographic area, (2) an agreed-upon set of basic and supplemental health maintenance and treatment services, and (3) a voluntarily enrolled group of people.

HPSA  Health Professional Shortage Area – the federal Division of Shortage Designation (DSD), Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services, designates an area as a Health Professional Shortage Area. The designation is usually a geographic area consisting of a county or a subcounty area and is based on the ratio of primary care physicians to the population. The Division of Recruitment compiles the information and forwards it to the DSD.
ICD-9-CM  International Classification of Diseases, 9th Edition, Clinical Modification – a listing of diagnoses and identifying codes used by physicians for reporting diagnoses of health plan enrollees. The coding and terminology provide a uniform language that can accurately designate primary and secondary diagnoses and provide for reliable, consistent communication on claim forms.

LPN  Licensed Practical Nurse – a person who has met all the requirements for licensure as a practical nurse and who engages in practical nursing.

LTC  Long Term Care – a set of health care, personal care, and social services required by persons who have lost, or never acquired, some degree of functional capacity (e.g., the chronically ill, aged, disabled, or retarded) in an institution or at home, on a long term basis. The term is often used more narrowly to refer only to long term institutional care such as that provided in nursing homes, homes for the retarded, and mental hospitals.

MSA  Metropolitan Statistical Area – the current standards provide that each newly qualifying MSA must include at least one city with 50,000 or more inhabitants or a Census Bureau – defined urbanized area (of at least 50,000 inhabitants) and a total metropolitan population of at least 100,000 (75,000 in New England).

MUA  Medically Underserved Area – an area where there is a population group experiencing a shortage of personal health services.

NCHS  National Center for Health Statistics – the primary federal organization responsible for the collection, analysis, and dissemination of health statistics.

OCHRS  Office of Community and Rural Health Services – establishes a public health system that is designed to assure a health care delivery system that has resources and qualified public health professionals to provide a continuum of care including comprehensive primary care, coordinated emergency medical services, local public health departments, and integrated hospital services with a special emphasis on providing improved access to primary and preventive health services for the uninsured.
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<td>OEHP</td>
<td>Office of Epidemiology and Health Promotion – assesses and monitors the health status of the population, promotes a healthy and productive life for West Virginians, and strives to reduce the incidence of preventable disease and death.</td>
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<tr>
<td>OHFLAC</td>
<td>Office of Health Facility Licensure and Certification – provides quality programs that promote a healthy, safe and productive life for disabled and elderly West Virginians through enforcement of state rules and federal regulations.</td>
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<td>PAAS</td>
<td>Physician Assured Access System – a primary care case management program (PCCM) that was developed under a 1915(b) waiver granted in 1992. PAAS is a fee-for-service program that pays physicians a small monthly fee per member to serve as a “case manager” for the enrollee. The participating provider serves a “gatekeeper” function by authorizing the access of enrollees to certain costly services. More than a third of West Virginia’s Medicaid recipients are enrolled in PAAS.</td>
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<td>PCC</td>
<td>Primary Care Center – a not-for-profit organization that provides services to all state residents, regardless of their ability to pay. PCCs are expected to meet all the requirements for federally qualified health centers, including being community owned and operated.</td>
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<td>PEIA</td>
<td>Public Employees Insurance Agency - the agency that administers health, life, and optional benefit programs to eligible state employees, their dependents, retirees, and others eligible to participate in the plan, covers services that promote healthier lives, and assures the ethical and cost-conscious expenditures of public funds.</td>
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<td>PWSS</td>
<td>Public Water Supply System – a system that provides piped water for human consumption to at least 15 service connections or regularly serves 25 people 60 or more days a year.</td>
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RHEP  Rural Health Education Partnerships – the mission of the West Virginia Rural Health Education Partnerships is to achieve greater retention of West Virginia -- trained health sciences graduates in underserved, rural West Virginia communities by creating partnerships of community, higher education, health care providers, and governmental bodies. There are eleven rural health training networks in remote areas of the state, each of which has a lead agency and is associated with a consortium of health care, education, and social service facilities located in adjoining counties. Another 12 hospitals and 86 health care facilities and social services agencies participate as consortium members of the 11 lead agencies. Each consortium has a site coordinator and a learning resource center linked electronically to the state’s three health science centers. The University System Board of Trustees now requires health service students enrolled in system-supported schools to complete three months of rural rotations before receiving their degrees.

RHFP  Rural Health Flexibility Program – Section 4201 of the Balanced Budget Act of 1997 (Public Law 105-33) sets forth the rules for the Medicare Rural Hospital Flexibility Program. Any state may establish a rural hospital flexibility program if it submits assurances that the state has developed or is in the process of developing a rural health care plan that provides for the creation of one or more rural health networks, promotes regionalization of rural health services in the state, and improves access to hospitals and other services for rural residents.

RHN  Rural Health Network – rural health alliances or networks with the potential to improve the health of a defined population through the ability of the network to link data systems and improve communication, recruit health personnel, address the needs of special populations, and improve access through proactive outreach and the development of programs that overcome logistical barriers.

RHSP  Rural Health Systems Program – established in March 1996, and administered by the Health Care Authority and the Bureau of Public Health Office of Community and Rural Health Services, to assist financially vulnerable health care facilities located in underserved areas in collaborating with other facilities to provide cost-effective health care services.

SHAG  State Health Plan Advisory Group – a 22-member group used to identify the strategic issues to be developed for the State Health Plan and to advise the Health Care Authority in the development and implementation of the State Health Plan.
STD  Sexually Transmitted Disease – disease acquired as a result of sexual contact with an infected individual. A more inclusive term than venereal disease, includes conditions such as syphilis, gonorrhea, lymphogranuloma venereum, chancroid, granuloma inguinale, and other conditions such as trichomoniasis, genital candidiasis, genital herpes, genital warts, and nonspecific urethritis, due to chlamydiae.

SVRHN  Southern Virginia Rural Health Network – a regional integrated health information system that serves three counties in southern West Virginia.

SWAP  Source Water Assessment and Protection Program – a state agency that assesses, preserves, and protects the state’s source waters that are used to supply water for the state’s public drinking water supply systems and to provide a long term availability of an abundant supply of safe water in sufficient quantity for present and future citizens of West Virginia.

SWTR  Surface Water Treatment Rule – specifies maximum containment level goals for Giardia lamblia, viruses, and Legionella and promulgates filtration and disinfection requirements for public water systems using surface-water or ground-water sources under the direct influence of surface water.

TIA  Transient Ischemic Attack – a temporary interference with blood supply to the brain. After the attack no evidence of residual brain damage or neurological damage remains.

WHPP  Wellhead Protection Program – a state program to establish a zone of protection around each water supply well to prevent unwanted contaminants and pollutants from entry. The zones, or wellhead protection areas, are established using complex technical procedures. Once the areas are delineated, they are used by local authorities and governments to establish wellhead protection programs for their water systems.

WVBPH  West Virginia Bureau for Public Health – a state agency within DHHR that administers and coordinates health services for the citizens of the state, some of which may be mandated by state and/or federal law. The overall mission of the bureau is to attain and maintain a healthier society.
WVHCA West Virginia Health Care Authority – a state agency that strives to constrain health care cost, assure reasonable access to health care services, and prevent the unnecessary duplication of health care services through rate setting, certificate of need, and state health planning. The authority also jointly administers the Rural Health Systems Program (RHSP). The authority is charged with the responsibility of becoming the state’s central repository for health care information.