

January 2019

## Acronyms: Starting the Year on the Same Page (STYOTSP)

Acronyms have taken center stage in social media postings. LOL, OMG and BRB are commonly used in our texts and other informal messages. In our more formal writings, we still follow the long-standing rule to write out the full name of an acronym the first time we use it in a piece. This practice has become increasingly important as the number of acronyms has increased so substantially over the past years. This is especially true in Payment and Practice Management. In fact, one of the most common acronyms we use even includes an *embedded* acronym: the Medicare Access and CHIP Reauthorization Act (MACRA) where CHIP is the Childrens' Health Insurance Program.

Acronyms do serve a purpose. They allow us to communicate more quickly and efficiently. They may even provide some insight into the level of expertise someone has in a given topic. For instance, how much confidence do you have in the privacy or security advice you get from someone who makes consistent references to the Health Insurance Portability and Accountability Act as "HIPPA" rather than "HIPAA"?

However, have acronyms become so over-used that they impede communication? Consider these examples (*a key to the meaning for each is at the end of this article*):

- The CF is part of the MPFS along with RVUs for work, PE and PLI.
- PI used to be ACI and before that it was MU.
- Are you a MIPS EC or are you in an APM?
- The MBI has replaced the HICN.
- MACRA created the QPP.
- Required elements on an 837P claim include DOS, POS, DX, and NPI.
- Should I use a QCDR or a QR or my EHR to report my MIPS activities?
- How does CMS use HCCs?
- The NCCI includes PTPs and MUEs.
- Have you confirmed information on file in PECOS and the NPPES?
- HARP accounts will replace EIDM accounts for QPP related issues.

Acronym use has become so prevalent that the Centers for Medicare & Medicaid Services (CMS)<sup>1</sup> provides a [look up tool](#) for acronyms that are commonly used in Medicare. You may find this a handy aid in keeping up with all the changes we face and to make sure everyone is in synch with what an acronym stands for - especially when there can be multiple meanings. For example, what first comes to mind when you see "AA"? Is it anesthesiologist assistant or anesthesia care personally performed by an anesthesiologist?

The start of a new year is a good time to make sure that our communications are working as intended!

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<sup>1</sup> BTW, why is there only one "M" in "CMS"?

ACI	Advancing Care Information
APM	Alternative Payment Model
CF	Conversion Factor
DOS	Date of Service
DX	Diagnosis
EC	Eligible Clinician
EHR	Electronic Health Record
EIDM	Enterprise Identity Management
HARP	HCQIS <sup>2</sup> Access Roles and Profile
HCC	Hierarchical Condition Category
HCQIS	Health Care Quality Information System
HICN	Health Insurance Claim Number
MBI	Medicare Beneficiary Identifier
MIPS	Merit-based Incentive Payment System
MPFS	Medicare Physician Fee Schedule
MU	Meaningful Use
MUE	Medically Unlikely Edit
NCCI	National Correct Coding Initiative
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
PE	Practice Expense
PECOS	Provider Enrollment, Chain, and Ownership System
PI	Promoting Interoperability
PLI	Professional Liability Insurance
POS	Place of Service
PTP	Procedure to Procedure
QCDR	Qualified Clinical Data Registry
QPP	Quality Payment Program
QR	Qualified Registry
RVU	Relative Value Unit

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<sup>2</sup> Another embedded acronym