

QUESTION: There are so many acronyms relating to health care reform. Do you have a list of common health care reform acronyms and what they stand for?

ANSWER: Some of the health care reform acronyms are new, while others have been around for years. Here's a list of some key acronyms, along with a brief description of what they stand for:

- ACA – The “Affordable Care Act” is sometimes used as a shorthand name for PPACA (see below).
- CER Fees – Fees to support “clinical effectiveness research”—also referred to as PCOR Fees (see below).
- CCIIO – The “Center for Consumer Information and Insurance Oversight” is a division of HHS responsible for implementing many health care reform provisions.
- CLA – “Culturally and Linguistically Appropriate,” which is a language-related requirement applicable under health care reform to certain notices and disclosures (e.g., appeals notices and summary of benefits and coverage).
- FLSA – The federal “Fair Labor Standards Act,” which was amended by PPACA to incorporate certain health care reform provisions.
- HCR – A shorthand for “health care reform.”
- HHS – The United States Department of “Health and Human Services.”
- IRO – An “independent review organization” is an entity that performs independent external reviews of adverse benefit determinations under state or federal external review procedures.
- MLR – “Medical loss ratio,” which refers to the claims costs and amounts expended on health care quality improvement as a percentage of total premiums (excluding taxes, fees, and certain adjustments).
- OTC – “Over the counter,” which refers to a drug or medicine that is sold lawfully without a prescription.
- PCE – A “preexisting condition exclusion” is a plan provision imposing an exclusion on benefits relating to a preexisting condition.
- PCOR Fees – Fees for “patient-centered outcomes research,” which are required to be paid under health care reform by certain insurers and self-insured group health plans to support research on the clinical effectiveness of medical treatments, procedures, and drugs.
- PHSA – The federal “Public Health Service Act,” which was amended to include many health care reform provisions. The PHSA applies directly to insurers and governmental plans; amendments were also made to the Code and ERISA to apply the health care reform provisions more broadly to employer-sponsored plans (including self-insured plans).
- PPACA – The federal “Patient Protection and Affordable Care Act,” which was enacted on March 23, 2010 and is the primary health care reform law.(Obamacare)
- QHP – A “qualified health plan” is an Exchange-certified health plan that provides an essential health benefits package and is offered by a licensed health insurer.
- SBC – The “summary of benefits and coverage,” which is a standardized summary of the benefits and coverage under a health plan that must be distributed to plan participants and beneficiaries.
- SHOP Exchange – The “Small Business Health Options Program” is a program that each Exchange must create to assist eligible small employers in enrolling their employees in qualified health plans offered in the small group market.