



ABC™	Achievable Benchmark of Care	CPR	Customary, Prevailing, and Reasonable	HRSA	Health Resources and Services Administration	PCMH	Patient-centered Medical Home
ACA	Affordable Care Act	CPS	Composite Performance Score	IA	Improvement Activities	PCORI	Patient-centered Outcomes Research Institute
ACI	Advancing Care Information	CPT	Current Procedural Terminology	IHS	Indian Health Service	PFPMs	Physician-Focused Payment Models
ACO	Accountable Care Organization	CQM	Clinical Quality Measure	IPAB	Independent Payment Advisory Board	PFS	Physician Fee Schedule
APM	Alternative Payment Model	CY	Calendar Year	IT	Information Technology	PHS	Public Health Service
APRN	Advanced Practice Registered Nurse	DPP	Diabetes Prevention Program	LDO	Large Dialysis Organization	PPS	Prospective Payment System
ASPE	Office of the Assistant Secretary for Planning and Evaluation	eCQM	Electronic Clinical Quality Measures	MAC	Medicare Administrative Contractor	PQRS	Physician Quality Reporting System
AUC	Appropriate Use Criteria	ED	Emergency Department	MACRA	Medicare Access and CHIP Reauthorization Act of 2015	PTAC	Physician-Focused Payment Model Technical Advisory Committee
BPCI	Bundled Payments for Care Improvement	EHR	Electronic Health Record	MedPAC	Medicare Payment Advisory Commission	QCDR	Qualified Clinical Data Registry
CAH	Critical Access Hospital	EP	Eligible Professional	MEI	Medicare Economic Index	QDC	Quality Data Codes
CAHPS	Consumer Assessment of Healthcare Providers and Systems	ESCO	ESRD Seamless Care Organization	MIPAA	Medicare Improvements for Patients and Providers Act of 2008	QIO	Quality Improvement Organization
CBSA	Non-Core Based Statistical Area	ESRD	End-Stage Renal Disease	MIPS	Merit-based Incentive Payment System	QP	Qualifying APM Participant
CDA	Clinical Document Architecture	FFS	Fee-for-Service	MLR	Minimum Loss Rate	QPP	Quality Payment Program
CDS	Clinical Decision Support	FR	Federal Register	MPFS	Medicare Physician Fee Schedule	QRDA	Quality Reporting Document Architecture
CEC	Comprehensive ESRD Care Model	FQHC	Federally Qualified Health Center	MSPB	Medicare Spending per Beneficiary	QRUR	Quality and Resource Use Reports
CEHRT	Certified EHR technology	GAO	Government Accountability Office	MSR	Minimum Savings Rate	RAC	Recovery Audit Contractor
CFR	Code of Federal Regulations	GPCI	Geographic Practice Cost Index	MSSP	Medicare Shared Savings Program	RBRVS	Resource-Based Relative Value Scale
CHIP	Children's Health Insurance Program	HAC	Hospital Acquired Condition	MU	Meaningful Use	RFI	Request for Information
CJR	Comprehensive Care for Joint Replacement	HCAHPS	Hospice Consumer Assessment of Healthcare Providers and Systems	MUA	Medically Underserved Area	RHC	Rural Health Clinic
CMMI	Center for Medicare and Medicaid Innovation (CMS Innovation Center)	HHS	Department of Health and Human Services	NCQA	National Committee for Quality Assurance	RIA	Regulatory Impact Analysis
CMS	Centers for Medicare and Medicaid Services	HIE	Health Information Exchange	NPI	National Provider Identifier	RVU	Relative Value Unit
COI	Collection of Information	HIPAA	Health Insurance Portability and Accountability Act of 1996	NQF	National Quality Forum	SGR	Sustainable Growth Rate
CPC+	Comprehensive Primary Care Plus	HITECH	Health Information Technology for Economic and Clinical Health	OCM	Oncology Care Model	sQRUR	Supplemental Quality and Resource Use Report
CPIA	Clinical Practice Improvement Activity	HOPD	Hospital Outpatient Department	OIG	Office of the Inspector General	TCPI	Transforming Clinical Practice Initiative
CPOE	Computerized Provider Order Entry	HPSA	Health Professional Shortage Area	ONC	Office of the National Coordinator for Health Information Technology	TIN	Tax Identification Number
				PECOS	Medicare Provider Enrollment, Chain, and Ownership System	TPCC	Total per Capita Cost
						VBM	Value-Based Payment Modifier
						VPS	Volume Performance Standard