



NeighborWorks Health Partnership Stakeholders Map & Glossary

UPDATED 2021

NeighborWorks[®]
AMERICA



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Executive Summary

Within the last decade, momentum has been building for the sectors of affordable housing and community development and health to partner. Across the United States, NeighborWorks network organizations have been partnering with organizations in the health sector to develop affordable housing, implement health programming, and collaborate across sectors. To support the NeighborWorks network as nonprofits continue to build and strengthen relationships with health partners in their communities, NeighborWorks America, in partnership with NeighborWorks network organizations, Health Management Associates and the Build Healthy Places Network (BHPN), a program of the Public Health Institute, created one new and revised an existing resource to support partnership-building at the intersection of health, housing and community development.

The first resource, the Health Partnership Stakeholder Map, was initially developed during the 2020 NeighborWorks Health Partnership Learning Community (HPLC). The HPLC created this map to help other network and non-network organizations understand the different types of stakeholders who can be key partners in advancing work at the intersection of health, housing and community development. The map shares the different types of stakeholder groups and organizations that may help support health partnership work.

The second resource, the NeighborWorks Health Partnership Glossary, was originally created in 2014 to help the NeighborWorks network learn more about the different terms utilized by the health field. This glossary has been updated and expanded to include more terms beyond the health field, incorporating terms used by the housing and community development field. This glossary can be used as a standalone piece or with the Health Partnership Stakeholder Map.

Both of these resources can be used by both community development and housing organizations and health partners as a way to build an understanding of each other's work and role in creating healthy communities.



Health Partnership Stakeholders Map At the Intersection of Health, Housing, and Community Development

The Health Partnership Stakeholder Map provides a list of stakeholders who can be key partners to advance work at the intersection of health, housing, and community development. To learn more about these stakeholders, check out NeighborWorks' companion piece: **Health Partnership Glossary**.

The Health Partnership Stakeholder Map was created in partnership with Health Management Associates, Build Healthy Places Network, a project of the Public Health Institute, and the 2020 NeighborWorks Health Partnership Learning Community.

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Community Development & Housing



Affordable Housing Providers
Community Action Agencies
Community Development Corporations
Community Development and Housing Departments (city and county)
Community Development Financial Institutions (CDFIs)

Continuum of Care/Homeless Service Providers
Providers Authorities
Planning Departments (city, county and state)

Health Providers



Hospitals
Health Systems
Dental Clinics
Accountable Care Organizations (ACOs)
Behavioral Health, Community Health Workers (CHWs)
Prevention & Early Intervention
Federally Qualified Health Centers (FQHCs)

Free and Charitable Clinics
Medical Providers
Provider Networks
Rural Health Clinics
Social Services
State Mental Health Authorities

Health Payers



Employee-Sponsored Health Plans
Hospital Community Benefits
Hospital Districts
Fee-for-Service Health Plans
Medicaid

Medicare
Commercial Health Insurance
Special Needs Plans
States

Public Health



American Public Health Association (APHA)
Association of State and Territorial Health Officials (ASTHO)
Public Health Departments (state and local)

National Association of County and City Health Officials (NACCHO)

Federal Administration



Health:

Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)
Center for Medicare and Medicaid Innovation (CMMI)
Health and Human Service (HHS)
National Committee for Quality Assurance (NCQA)
Healthcare Effectiveness Data and Information Set (HEDIS)

Health Resources & Services Administration (HRSA)
Children's Health Insurance Program (CHIP)
Housing and Community Development:
Environmental Protection Agency (EPA)
Federal Home Loan Bank
Federal Housing Finance Agency (FHFA)
Federal Reserve Bank
Housing and Urban Development (HUD)

Stakeholder Definition Key

Health Providers: This sector provides a range of critical healthcare services in communities.

Community Development & Housing: This sector often supports the production, preservation, ownership and rehabilitation of affordable housing, have deep understanding of community needs. Practitioners often play a key role as a cross-sector convener to address a range of community needs.

Health Payers: This sector establishes payment rates for healthcare services and provides coverage to individuals for healthcare services.

Public Health: This sector supports communities and practitioners in creating healthier communities.

Federal Administration: The federal government has agencies that support healthcare, housing, and community development fields with research, funding, accreditation, and evaluation.



The Health Partnership Glossary was originally created in 2014 to help the NeighborWorks network understand and learn more about terms utilized by the health field.

In 2020, the Health Partnership Glossary was updated to include additional terms and definitions used by the Housing and Community Development sector. The Health Partnership Glossary is available to anyone who is interested in learning about and advancing work at the intersection of health, housing and community development.

Credit

The Health Partnership Glossary was updated in partnership with Health Management Associates, the Build Healthy Places Network, a project of the Public Health Institute, and the 2020 NeighborWorks Health Partnership Learning Community.

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A

Accountable Care Organization (ACO)

A group of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated, high-quality care for Medicare patients. This health care delivery model has been implemented as part of the Affordable Care Act. The ACO model generally focuses on creating payment and delivery reforms that tie Medicare provider reimbursements to quality metrics, reductions in the total cost of care, and patient satisfaction. The goal of an ACO is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds both in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program. **Source:** [Build Healthy Places Network, a project of the Public Health Institute](#)

Activities of Daily Living (ADL)

Sometimes referred to as ADLs, Activities of Daily Living include the key activities that we as human beings do as part of our normal day. These include such things as dressing, bathing, eating, walking, cooking and house cleaning.

Acute Care

Acute care is short-term and episodic, frequently provided in the hospital.

Adult Day Services

Also referred to as respite services, adult day services can be an enriching option for people living with family caregivers. These are often located within a senior housing community. Adult day services often provide supportive services, meal preparation, enriching activities and more throughout the day. At the end of the day, the person returns to his or her home.

NEW Affordable Housing Providers

Affordable housing providers are increasingly focusing on supporting residents as they build assets, improve incomes, and get jobs with career ladders that will help them move out of poverty. Affordable housing providers can offer resident services and property management services (through staff, partners, and contractors) to help low-income residents. Resident services are typically offered on-site and address needs in health, education, employment, and safety. They can engage on an individual level (for example, case management or coaching) or with groups of residents with similar needs or interests. Although housing providers typically offer core services on-site, they often help residents with unique needs through referrals to specialized programs that offer services elsewhere. **Source:** [Housing and Urban Development](#)

NEW Agency for Healthcare Research and Quality (AHRQ)

The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to working within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used. **Source:** [Agency for Healthcare Research and Quality \(AHRQ\)](#)

Aging in Place

Sometimes also called “aging in community,” this refers to living at home rather than a nursing home.

NEW American Public Health Association (APHA)

The American Public Health Association (APHA) champions the health of all people and all communities by strengthening the public health profession, advocating for public health issues and policies, and works to influence federal policy. **Source:** [American Public Health Association](#)

Area Median Income (AMI)

100% of the gross median household income for a specific Metropolitan Statistical Area, county or non-metropolitan area established annually by HUD.

Assisted Living Housing

Housing services designed to provide a variety of on-site supportive services. Assisted living typically includes such things as meals, laundry, bathing and dressing assistance and/or medication management. This might appeal to someone who wants independence, but also appreciates knowing that supportive services are available. It also allows residents to be part of a larger community.

Assessment

Determination of a person's care needs, based on an evaluation of the person's physical and psychological condition and ability to perform activities of daily living.

NEW Association of State and Territorial Health Officials (ASTHO)

The Association of State and Territorial Health Officials (ASTHO) is the national nonprofit organization representing public health agencies in the United States, the U.S. territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. **Source:** [Association of State and Territorial Health Officials \(ASTHO\)](#)

NEW Avoidable Costs

Avoiding using the highest costs of care, such as a hospital, instead of using primary care, behavioral health, etc.

NEW Behavioral Health

Behavioral health means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. Specialists in behavioral health provide counseling and direction to people dealing with challenges like addiction, physical limitations and mental illness. The profession includes psychologists, psychiatrists, mental health counselors, behavioral therapists, licensed social workers and other healthcare providers. **Source:** [MentalHealth.gov](https://www.mentalhealth.gov)

B

Bundled Payments

A payment methodology where a health care provider agrees to manage a defined group of services for a specified price. Already common within hospital payments as a Diagnosis-Related Group (DRG), current bundle payment initiatives are looking to expand services to additional hospital services and post-acute for an episode of care as a means of driving improved clinical integration and transitions management.

C

Capitation (cap)

A payment approach that defines a specific payment for a specific population for a specific period of time. This payment method is often used in terms of managing the average total cost of care for a defined population for a month, which is commonly referred to as per member per month (PMPM). This payment model is designed to encourage organizations to manage the cost of patient care by following best practices, eliminating duplication of services, and boosting efficiency.

NEW Care Coordination

Deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient. **Source:** [Agency for Healthcare Research and Quality \(AHRQ\)](https://www.aahrq.gov)

Care Manager

Also sometimes called a case manager, this is a professional who plans, locates, monitors and coordinates appropriate social and medical services. This is called care management. Care managers are sometimes assigned by a state, or a person can purchase private care-management services.

Case Mix

A method used in some states to determine patients' needs for health care resources within a nursing home. The assessment is based in part on functional ability to perform activities of daily living (ADLs), medical and psychiatric diagnosis.

NEW Case Management

Case management is a vital part of the health care delivery system. It's a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet comprehensive medical, behavioral and social needs of patients and their families while promoting quality, cost-effective outcomes. Providers can be accredited in case management. **Source:** [National Committee for Quality Assurance \(NCQA\)](#)

Centers for Disease Control and Prevention (CDC)

The federal agency charged with tracking and investigating public health trends and funding the U.S. public health system. The stated mission of the CDC is "To promote health and quality of life by preventing and controlling disease, injury, and disability." **Source:** [Centers for Disease Control and Prevention \(CDC\)](#)

Centers for Medicare & Medicaid Innovation (CMMI)

Also known as the CMS Innovation Center, CMMI is a division within CMS that was established by the Patient Protection and Affordable Care Act (PPACA) and is tasked with developing and testing innovative care and payment models designed to improve the quality of care and reduce costs. **Source:** [Centers for Medical and Medicaid Innovation \(CMMI\)](#)

Centers for Medicare & Medicaid Services (CMS)

CMS is the agency under the U.S. Department of Health and Human Services that finances and administers Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and the Clinical Laboratory Improvement Amendments (CLIA). **Source:** [Centers for Medicare & Medicaid Services \(CMS\)](#)

NEW Children's Health Insurance Program

The Children's Health Insurance Program – formerly known as the State Children's Health Insurance Program – is a program administered by the United States Department of Health and Human Services that provides matching funds to states for health insurance to families with children. The program was designed to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid. **Source:** [Children's Health Insurance Program](#)

Chronic Condition

A disease or illness that lasts over a long period of time and typically cannot be cured.

Chronic Care Management

The coordination of both health care and supportive services to improve the health status of patients with chronic conditions, such as diabetes and asthma. These programs focus on evidence-based interventions and rely on patient education to improve patients' self-management skills. The goals of these programs are to improve the quality of health care provided to these patients and to reduce costs.

NEW Commercial Health Insurance

Private companies or nongovernmental organizations issue commercial health insurance. Most commercial insurance providers are for-profit companies, although some operate as nonprofit organizations. Policyholders' monthly premiums fund commercial policies. Their premiums and coverage amounts are designed to create a profit for the insurance company. Employer-provided group health insurance policies are commercial, as are individual policies people can buy if they do not receive employer or government insurance benefits. In addition to federal regulations, each state has its own regulations governing insurance company requirements. This means that commercial health insurance providers vary by state. Some providers only work in certain states, and the policies offered by national companies tend to vary by state to conform to each state's requirements. **Source:** [Medical Billing & Coding Certification](#)

Community Action Agency

Community Action Agencies (CAA) are local private and public nonprofit organizations that carry out the Community Action Program (CAP), which was founded by the 1964 Economic Opportunity Act. CAAs are intended to promote self-sufficiency, and they depend heavily on volunteer work, especially from the low-income community. The Community Services Block Grant (CSBG) is the agencies' core federal funding. Agencies also operate a variety of grants that come from federal, state and local sources. These grants vary widely among agencies, although most CAAs operate Head Start programs, which focus on early child development. Other programs frequently administered by Community Action Agencies include Low-Income Home Energy Assistance (LIHEAP) utility grants and Weatherization Assistance Program (WAP) funded through the U.S. Department of Energy (DOE). **Source:** [Community Action Partnership](#)

UPDATED Community Benefits Departments

Tax-exempt hospitals are required to collaborate with public health agencies and other local organizations to identify health needs and develop strategies to improve health in the communities they serve. These departments improve access to services, enhance the health of the community, advance medical knowledge, and reduce government burden. Many community benefits departments manage their hospital systems' community health needs assessments, provide grants to local organizations who are working to advance health improvement, or manage programs within hospital systems such as free or low-cost medical care. **Source:** [Community Benefit Connect](#)

Community Development Block Grant (CDBG)

Federal funding to help entitled metropolitan cities and urban counties meet their housing and community development needs. The program provides annual grants on a formula basis to carry out a wide range of community development activities directed toward neighborhood revitalization, economic development, and improved community facilities and services for low- and moderate- income people.

Community Development Corporation (CDC)

Entrepreneurial institution combining public and private resources to aid in the development of socio-economically disadvantaged areas. **Source:** [National Alliance of Community Economic Development Associations](#)

NEW Community Development Financial Institution (CDFI)

Community Development Financial Institutions are private financial institutions dedicated to delivering responsible, affordable lending to help low-income, low-wealth and other disadvantaged people and communities join the economic mainstream. CDFIs include both for-profit and nonprofit institutions like community development banks, credit unions, loan funds, and venture capital funds. These institutions invest in communities by financing small businesses, microenterprises, nonprofit organizations, and commercial real estate and affordable housing. CDFIs also serve as intermediaries that help commercial banks invest in low-income communities to meet their Community Reinvestment Act (CRA) requirements. **Source:** [Build Healthy Places Network, a project of the Public Health Institute](#)

NEW Community Development and Housing Departments

(City, county, and state): Housing and community development departments often lead the development of housing and community development programs to serve low- and moderate- income households, homeless individuals and disabled individuals. Often, these departments administer the Community Development Block Grants, among other programs. **Source:** [California Department of Housing and Community Development](#)

Community Health Needs Assessment (CHNA)

Community Health Needs Assessments help hospitals and other organizations to better understand the needs and assets of their communities, in collaboration with local residents and stakeholders.

NEW Community Health Workers

A community health worker (CHW) is a frontline public health worker who is a trusted member or has a particularly good understanding of the community served. A CHW serves as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery. **Source:** [Centers for Disease Control and Prevention \(CDC\)](#)

NEW Comprehensive Diabetes Care

A series of tests that monitor A1c levels/high blood glucose are an indicator of the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications **Source:** [National Committee for Quality Assurance \(NCQA\)](#)

NEW Connections to Primary Care Physicians

Connecting people to a primary care provider, especially after discharge from a hospital, is a generally good practice and important to their care. Studies have shown that this improves care coordination between providers and even reduces readmissions.

Congregate Housing

Also sometimes called assisted living, this is housing where people can live independently on their own, usually in one building, and share common areas, social activities and amenities, and eat most meals in a communal dining area.

NEW Consumer Assessment of Healthcare Providers and Systems

The purpose of AHRQ's Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is to advance our scientific understanding of patient experience with health care. Source: [Agency for Healthcare Research and Quality \(AHRQ\)](#)

Continuum of Care/Homeless Service Providers

A range of clinical services provided to an individual or group, which may reflect treatment provided during a single inpatient hospitalization, or care for multiple conditions over a lifetime. The continuum provides a basis for analyzing long-term quality, cost, and utilization across all facilities from primary care and ER to post-acute and home health, ideally with shared medical records for HUD-funded homelessness assistance programs, the local or regional entity that coordinates the submission of requests for federal funds

Contract Rent

The monthly rent agreed to between a tenant and landlord.

Coordinated Care

A care model approach that emphasizes a patient-centered, team-based strategy for delivering coordinated health care services.

Continuing Care Retirement Communities (CCRCs)

A CCRC is housing that provides everything from independent living to assisted living to nursing care. CCRCs, sometimes also called life care communities, typically require a significant down payment in addition to monthly service fees. However, in return, the person knows he or she will have access to nursing care in the CCRC if needed.

D

NEW Disease Management

There are several clinical indicators that are used to measure quality of care and disease management, including screenings, flu shots, blood pressure, and mental health (depression, for example) and substance issues. Source: [National Council for Behavioral Health](#)

Demand

The total number of households in a defined market area that would potentially move into proposed new or renovated housing units. These households must be of the appropriate age, income, tenure, and size for a specific proposed development. Components of demand vary and can include household growth, turnover, those living in substandard conditions, rent over-burdened households, and demolished housing units. Demand is project specific.

NEW Dental Clinics

A clinic can be situated in a dentistry school, hospital, private health center (run by one or numerous owners) or even the U.S. Army or veterans home. In all of these settings, the dental clinic emphasizes patient education to prevent disease and provide treatment options for the same procedures that are warranted in a general practice. An average clinic is staffed by dentists, dental assistants and dental hygienists who provide services such as exams, cleaning, X-rays, fillings and other necessary dental care. **Source:** [Colgate](#)

Discharge Planner

A health care professional who helps a patient with health care arrangements following their stay.

NEW Domestic Violence Programs

These programs provide a range of services, including shelters, counseling services, and legal and economic advocacy at low cost. They also provide an important referral destination for medical professionals who lack the time or resources to address the multifaceted issues that victims of domestic violence face and for victims who do not want to disclose abuse to police or medical professionals.

NEW Dual diagnosis, co-morbidity, co-occurring diagnosis

Combination of any intersectionality of physical and behavioral health issues. **Source:** [Medicaid and CHIP Payment and Access Commission](#)

UPDATED Dual Eligible

Dually eligible beneficiaries are people enrolled in both Medicare and Medicaid who are eligible by virtue of their age or disability and low incomes. Medicare is the primary payer for acute and post-acute care services. Medicaid wraps around Medicare by providing assistance with Medicare premiums and cost sharing and by covering some services that Medicare does not cover, such as long-term services and supports (LTSS). **Source:** [Medicaid and CHIP Payment and Access Commission](#)

E

Electronic Health Record / Electronic Medical Record (EHR / EMR)

An electronic record of patient health information that may be stored on a computer or in the cloud, and can be retrieved by anyone who has access to the system.

Emergency Response Systems

Electronic monitors on a person or in a home that provide automatic response to medical or other emergencies.

Employer-Sponsored Health Plans

Employer-sponsored health insurance is a health policy selected and purchased by your employer and offered to eligible employees and their dependents. These are also called group plans. Your employer will typically share the cost of your premium with you. **Source:** [Medical Mutual](#)

NEW Environmental Protection Agency (EPA)

The Environmental Protection Agency (EPA) works to ensure that Americans have clean air, land and water through: national efforts to reduce environmental risks, based on the best available scientific information; federal laws protecting human health and the environment, administered and enforced fairly, effectively and as Congress intended; environmental stewardship; providing accurate information to communities to manage human health and environmental risks; addressing contaminated lands and toxic sites; and reviewing the safety of chemicals in the marketplace. **Source:** [Environmental Protection Agency](#)

Evidence-Based Medicine (EBM)

Aims to apply the best available evidence gained from the scientific method to clinical decision making. It seeks to assess the strength of evidence of the risks and benefits of treatments (including lack of treatment) and diagnostic tests. EBM is identified through published best practices, clinical standards, and claims data to help clinicians learn whether or not any treatment will do better than harm.

Extremely Low Income

Person or household with income below 30% of Area Median Income adjusted for household size.

F

Fair Market Rent (FMR)

Estimates established by HUD of the gross rents (contract rent plus tenant-paid utilities) needed to obtain modest rental units in acceptable condition in a specific county or Metropolitan Statistical Area. HUD generally sets FMR so that 40% of the rental units have rents below it. In rental markets with a shortage of lower priced rental units, HUD may approve the use of FMRs that are as high as the 50th percentile of rents.

NEW Fall Risk Management (FRM) Survey

The two components of the Fall Risk Management Survey measure different facets of fall risk management. The FRM looks at Medicare beneficiaries 65 and older with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who report discussing falls or problems with balance or walking with the practitioner. And managing fall risk for Medicare beneficiaries 65 and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who report receiving fall risk intervention from the practitioner. **Source:** [National Committee for Quality Assurance \(NCQA\)](#)

NEW Federal Home Loan (FHL) Bank System

The Federal Home Loan Bank System was created by the Federal Home Loan Bank Act as a government-sponsored enterprise to support mortgage lending and related community investment. It is composed of 11 regional Federal Home Loan Banks, about 6,800 member financial institutions, and the FHL System's fiscal agent, the Office of Finance. Each Federal Home Loan Bank is a separate, government-chartered, member-owned corporation. **Source:** [Federal Home Loan Bank System](#)

NEW Federal Housing Finance Agency (FHFA)

The Federal Housing Finance Agency (FHFA) was established by the Housing and Economic Recovery Act of 2008 (HERA) and is responsible for the effective supervision, regulation, and housing mission oversight of Fannie Mae, Freddie Mac (the Enterprises), Common Securitization Solutions(CSS), LLC, and the Federal Home Loan Bank System, which includes the 11 Federal Home Loan Banks (FHLBanks) and the Office of Finance. Since 2008, FHFA has also served as conservator of Fannie Mae and Freddie Mac. **Source:** [Federal Housing Finance Agency](#)

NEW Federal Reserve Bank

The Federal Reserve System, often referred to as Federal Reserve or simply “the Fed,” is the central bank of the United States. It was created by the Congress to provide the nation with a safer, more flexible, and more stable monetary and financial system. **Source:** [Federal Reserve Board](#)

NEW Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. FQHCs may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing. **Source:** [Health Resources and Services Administration](#)

NEW Fee for Service Health Plans

A method in which doctors and other health care providers are paid for each service performed. Examples of services include tests and office visits. **Source:** [Healthcare.gov](https://www.healthcare.gov)

Fee-for-Service (FFS) Reimbursement

Currently the most prevalent health care payment system, it provides physicians and other health care providers with a payment on a per-unit or per-service basis. FFS tends to incentivize the treatment of conditions rather than the whole spectrum of a person's health and wellness.

NEW Follow Up Care After Hospitalization

This measure identifies the percentage of members who received follow-up within seven days and 30 days of discharge. **Source:** [National Committee for Quality Assurance \(NCQA\)](https://www.nccqa.com)

NEW Free and Charitable Clinics

Formerly known as Association of Free Clinics and now expanded to deliver social services and care coordination. Charitable health network provides grants to address social determinants of health and tracking social services. **Source:** [The National Association of Free and Charitable Clinics](https://www.freeandcharitableclinics.org)

G

Geriatrics

A specialty area in medicine that focuses on providing health care for seniors and the treatment es associated with the aging process. Geriatricians typically are physicians accredited in geriatric medicine.

H

NEW Health and Human Services (HHS)

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. HHS has 11 operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies. These divisions administer a wide variety of health and human services and conduct life-saving research for the nation, protecting and serving all Americans. **Source:** [US Department of Health and Human Services](https://www.hhs.gov)

NEW Health Resources & Services Administration (HRSA)

The Health Resources & Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

Healthcare Cloud

A digital health care ecosystem in which health care stakeholders (doctors, pharmacies, labs, payers, and patients) can collaborate and exchange information in real time for faster, more effective health care. Because the cloud is accessed through the web, it can be used for remote collaboration.

NEW Healthcare Effectiveness Data and Information Set (HEDIS)

The Healthcare Effectiveness Data and Information Set is one of healthcare's most widely used performance improvement tools. It includes 90 measures across six domains (Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Risk Adjusted Utilization, Health Plan Descriptive Information, Measures Collected Using Electronic Clinical Data Systems). **Source:** [National Committee for Quality Assurance \(NCQA\)](#)

Health Data Analytics

The process of aggregating and analyzing patient statistics to identify key trends and variability in the health and care of a given population. This may be used by providers to define and drive best practice standards or by insurance payers to establish payment rates and determine actuarial projections.

UPDATED Health Equity

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Health Information Exchange (HIE)

The mobilization of health care information electronically across organizations within a region, community, or hospital system. HIE provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged.

Health Maintenance Organization (HMO)

A type of health insurance plan that frequently limits coverage to care from physicians who work for or contract with the HMO. Except in an emergency, it usually won't cover out-of-network care. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Health Plan

Health maintenance organization, preferred provider organization, insured plan, self-funded plan, insurance company, or other entity that covers health care services. This term may also be used to refer to a benefits plan.

NEW Health Systems

Health systems include all the activities whose primary purpose is to promote, restore and/or maintain health, including the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health.

Home and Community Based Services (HCBS)

Services provided to people in their homes by various types of providers. HCBS may include services such as case management, home delivered meals and other supportive services.

Hope VI

Federal program aimed at revitalizing severely distressed public housing by providing competitive grants to public housing authorities. Hope VI has been used extensively in the transformation of public housing to create mixed-income affordable housing.

Hospice

Hospice or palliative care is provided to enhance the life of a dying person. It can be held in a person's home or nursing home. Hospice care emphasizes comfort measures and counseling to provide social, spiritual and physical support to the person and his or her family.

NEW Hospitals

A hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment.

NEW Hospital Districts

Hospital districts may vary by state. In Texas, a hospital district is authorized by the State, Health and Safety Code to structure the managerial and oversight authority of a physician group as it deems necessary to carry out the functions of or provide services to the District.

Housing Choice Voucher (Section 8 Program)

Federal rent-subsidy program under Section 8 of the U.S. Housing Act, which issues rental vouchers to eligible households to use for the housing of their choice. The voucher payment subsidizes the difference between the gross rent and tenant's contribution of 30% of adjusted income, or 10% of gross income, whichever is greater. In cases where 30% of the tenant's income is less than the utility allowance, the tenant will receive an assistance payment. In other cases, the tenant is responsible for paying his share of the rent each month.

NEW Housing Authorities

Although housing authorities have a strong relationship with local, state, and federal governments, they are actually independent agencies. Chartered under state law, a housing authority is an autonomous, not-for-profit public corporation. This organizational structure allows housing authorities to work in conjunction with local governments and agencies to develop long-term housing strategies for communities. Though independently run, housing authorities are required to follow federal regulations. In addition, housing authorities receive a subsidy from the U.S. Department of Housing and Urban Development (HUD). Source: [Housing and Urban Development](#)

NEW Housing and Urban Development (HUD)

The Department of Housing and Urban Development is the federal agency responsible for national policy and programs that address America's housing needs, that improve and develop the nation's communities, and enforce fair housing laws. HUD's business is helping create a decent home and suitable living environment for all Americans, and it has given America's communities a strong national voice at the Cabinet level. HUD plays a major role in supporting homeownership by underwriting homeownership for lower- and moderate-income families through its mortgage insurance programs. Source: [Housing and Urban Development](#)

HUD Section 8

Federal program that provides project-based rental assistance. HUD contracts directly with the owner for the payment of the difference between the contract rent and a specified percentage of the tenant's adjusted income.

HUD Section 202

Federal program that provides direct capital assistance (grant, for example) and operating or rental assistance to finance housing designed for occupancy by elderly households who have incomes not exceeding 50% of Area Median Income. The program is limited to housing owned by 501c3 nonprofit organizations or by limited partnerships where the sole general partners is a 501c3 nonprofit organization. Units receive HUD project-based rental assistance that enables tenants to occupy units at rents based on 30% of tenant income.

Income Limits

Maximum household income by county of Metropolitan Statistical Area, adjusted for household size and expressed as a percentage of the Area Median Income for the purpose of establishing an upper limit for eligibility for a specific housing program. Income limits for federal, state, and local rental housing program typically are established at 30%, 50%, 60% or 80% of AMI. HUD publishes income limits annually for households with one through eight people.

Integrated Provider Organization (IPO)

A corporate umbrella for the management of a diversified health care delivery system. The system may include one or more hospitals, a large group practice, and other health care operations. Physicians practice as employees of the organization or in a closely affiliated physician group.

L

Long-Term Care

The broad spectrum of medical and support services provided to persons who have a chronic illness or condition, and who are expected to need care services over a prolonged period of time.

Low Income

Person or household with gross household income below 60% or 80% of the Area Median Income adjusted for household size. Some programs use 60% AMI, while others use 80% AMI in their definition of income-eligible households.

Low-Income Housing Tax Credit

A program to generate equity for investment in affordable rental housing authorized pursuant to Section 42 of the Internal Revenue Code, as amended. The program requires a certain percentage of units built be restricted for occupancy to households earning 60% or less of Area Median Income; the rents on these units be restricted accordingly.

M

NEW Managed Care Organization (MCO)

Managed Care Organizations (MCO) are healthcare providers whose goal it is to provide appropriate, cost-effective medical treatment. Two types of these providers are the health maintenance organization (HMO) and the preferred provider organization (PPO). **Source:** [International Risk Management Institute](#)

Medicaid

A joint federal and state program that helps low-income individuals or families pay for the costs associated with long-term medical and custodial care, provided they qualify. Although largely funded by the federal government, Medicaid is run by the state where coverage may vary. **Source:** [The Medicaid and CHIP Payment and Access Commission](#)

Medical Providers

Under federal regulations, a “medical provider” is defined as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nursemidwife, or a clinical social worker who is authorized to practice by the state and performing within the scope of their practice as defined by state law, or a Christian Science practitioner. A health care provider also is any provider from whom the University or the employee’s group health plan will accept medical certification to substantiate a claim for benefits. **Source:** [University of California at Berkeley](#)

Medicare

A federally administered system of health insurance available to persons aged 65 and over. It pays for some rehabilitation services, but otherwise does not pay for long-term care. It has four parts A, B, C and D. **Source:** [Kaiser Family Foundation](#)

Medicare Part A

Hospital insurance that helps pay for inpatient care in a hospital or nursing home (limited time rehab care following a hospital stay only), some home health care and hospice care.

Medicare Part B

This helps pay for doctors' services and many other medical services and supplies that are not covered by hospital insurance. It does not pay for long-term care.

NEW Medicare Advantage/Part C

Part C refers to the Medicare Advantage program, through which beneficiaries can enroll in a private health plan, such as a health maintenance organization (HMO) or preferred provider organization (PPO), and receive all Medicare-covered Part A and Part B benefits and typically also Part D benefits. **Source:** [Kaiser Family Foundation](#)

Medicare Part D

Prescription drug coverage that helps pay for medications doctors prescribe for treatment.

Memory Care

Specially designed supportive housing for people living with the challenges of Alzheimer's or dementia.

NEW Medication Reconciliation

Medication reconciliation refers to the process of avoiding unintended inconsistencies across transitions in care by reviewing the patient's complete medication regimen at the time of hospital admission, transfer, and discharge and comparing it with the regimen being considered for the new setting of care. **Source:** [Agency for Healthcare Research and Quality \(AHRQ\)](#)

Moderate Income

Person or household with gross household income between 80% and 120% of Area Median Income adjusted for household size.

N

Nursing Home

Sometimes called a skilled nursing facility or care center, this is a licensed, hospital-like setting that provides 24-hour nursing and other health-related, services to people who require continued care.

NEW National Association of County and City Health Officials (NACCHO)

NACCHO's mission is to improve the health of communities by strengthening and advocating for local health departments. NACCHO is the only organization dedicated to serving every local health department in the nation. NACCHO serves 3,000 local health departments and is the leader in providing cutting-edge, skill-building, professional resources and programs, seeking health equity, and supporting effective local public health practice and systems. **Source:** [National Association of County and City Health Officials \(NACCHO\)](#)

NEW National Committee for Quality Assurance (NCQA)

The National Committee for Quality Assurance (NCQA) exists to improve the quality of health care. NCQA studies how well health plans and doctors provide scientifically recommended care, and identifies organizations that are run in ways that make care better. **Source:** [National Committee for Quality Assurance \(NCQA\)](#)

NEW National Institutes of Health (NIH)

The National Institutes of Health's mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. **Source:** [National Institutes of Health](#)

Nurse, Licensed Practical (LPN)

A graduate of a state-approved practical nursing education program, who has passed a state examination and been licensed to provide nursing care under the supervision of a registered nurse or physician. An LPN administers medications and treatments.

Nurse, Registered (RN)

Nurses who have received a two-year associate degree, three-year hospital diploma, or four-year degree and passed a state-administered exam. RNs have completed more formal training than LPNs and have greater responsibility.

O

Occupational Therapist

Occupational therapists evaluate, treat, and consult with individuals whose abilities to cope with the are threatened or impaired by physical illness or injury.

P

Ombudsman

An ombudsman is a consumer advocate. The Ombudsman Program is a government/ community- supported program that advocates for the rights of all people who use long-term care services.

Palliative Care

Also often referred to as hospice care, these are pain management services to provide comfort to those with life-threatening illness.

Patient-Centered Medical Home (PCMH)

An approach to providing comprehensive primary care for patients by facilitating partnerships between patients and their primary care provider (PCPs). It is designed to encourage the PCP to coordinate, but not necessarily directly provide, all aspects of a patient's care, including emergency room and post-discharge care.

Per Member Per Month (PMPM)

The average cost for a defined membership for a defined set of services over the course of a month. A full risk-bearing organization may be paid by insurers on a PMPM basis.

Permanent Supportive Housing

An affordable housing model most often designed for persons with disabilities who may have been homeless; it offers individualized support services based on a resident's goals, including support for successful tenancy to prevent a return to homelessness.

Population Health

The health of a defined population which includes not only the amount of services they receive, but the general well-being of that group.

NEW Planning Department

(City and county): Planning departments work to build consensus on how communities grow in the short-term and long-term. Planning departments often lead a variety of land planning functions, some examples include: long-range planning including comprehensive plans, review and approve future building plans, and review alignment of project plans to comprehensive plans. **Source:** [California Department of Housing and Community Development](#)

Post-Acute Care

Care provided after a hospital stay in a rehabilitation center or nursing home.

Preventative Care

Health care that emphasizes the early detection and treatment of diseases. The focus on prevention is intended to keep people healthier for longer, thus reducing health care costs over the long term.

NEW Preventable Emergency Department Utilization

Visits to the emergency department are costly and some are preventable. They can indicate poor care management, inadequate access to care, or poor patient choice. Measures include emergency department visits with principle diagnosis related to mental health, alcohol, or substance abuse; emergency department visits for asthma; and emergency department visits for dental conditions. Source: [Agency for Healthcare Research and Quality \(AHRQ\)](#)

NEW Prevention and Early Intervention

Prevention and Early Intervention (PEI) services embrace a preventative approach that engages individuals before the development of mental illness, as well as providing services to intervene early to reduce negative mental health symptoms so as to reduce prolonged suffering. Source: [Youth.gov](#)

Primary Care Physician (PCP)

A physician, the majority of whose practice is devoted to internal medicine, family/general practice and pediatrics. An obstetrician/gynecologist sometimes is considered a primary care physician, depending on coverage.

Private Pay

A term often used to describe those who pay for their own services or care or whose services or care is paid for by their family or another private third party, such as an insurance company. The term is used to distinguish from those whose services and care are paid for by governmental programs (Medicaid, Medicare, and Veterans Administration).

Project-Based Rent Assistance

Financing from a federal, state, or local program allocated to a property or specific number of units in the property. It is available to each income-eligible tenant of the property or an assisted unit.

NEW Provider Networks

A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to its members. These providers are called “network providers” or “in-network providers.” A provider that hasn’t contracted with the plan is called an “out-of-network provider.” Source: [Health Insurance Marketplace](#)

NEW Public Health

Public Health is a field within the health sector that helps prevent disease and promotes the health of whole populations through educational programs, policies and regulations, services, and research. Public health does not include providing medical or health care services. **Source:** [Build Healthy Places Network, a project of the Public Health Institute](#)

NEW Public Health Departments

(State and local): Governmental public health departments are responsible for creating and maintaining conditions that keep people healthy. At the local level, the governmental public health presence, or “local health department,” can take many forms. Furthermore, each community has a unique “public health system” comprising individuals and public and private entities that are engaged in activities that affect the public’s health. **Source:** [National Association of County and City Health Officials \(NACCHO\)](#)

Q

NEW Quality

The Institute of Medicine defines health care quality as the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. **Source:** [Agency for Healthcare Research and Quality \(AHRQ\)](#)

NEW Quality of Life

The standard of health, comfort, and happiness experienced by an individual or group. Often Quality of Life is a self-reported measure found on health surveys.

R

NEW Readmissions

Readmissions following hospitalization are a common outcome measure. Readmission is costly (and often preventable). Readmission rates can be looked at by conditions, (such as pneumonia or heart failure) or by procedure (such as hip surgery). A 30 day readmission, for example means people who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge. **Source:** [Centers for Medicare and Medicaid Services](#)

Referral

The recommendation by a physician and/or health plan for a patient to receive care from another physician or organization.

Rehabilitation

Therapy treatments and recuperation. Rehabilitation can also include speech therapy and/ or occupational rehabilitation, which helps individuals regain the skills they need to manage activities of daily living and/or work.

Respite Care

Scheduled short-term nursing care provided on a temporary basis to an individual who needs this level of care but who is normally cared for through home and community-based services. It provides relief for caregivers while providing proper care for the individual.

Risk Analysis

The process of evaluating expected medical care costs for a prospective group against what revenue anization would bring in on their account.

Risk Sharing

A reimbursement method where a provider shares in the financial risk of managing the patient's care. An example of risk sharing is capitation. In an Accountable Care Organization, the provider takes greater accountability for managing the amount of expenses for a given population.

NEW Rural Health Clinics

Rural Health Clinics (RHCs) were established by the Rural Health Clinic Service Act of 1977 that addressed an inadequate supply of physicians serving Medicare beneficiaries in rural areas and increased the use of nurse practitioners (NPs), physician assistants (PAs), and certified nurse- midwives (CNMs) in these areas. Medicare pays RHCs an all-inclusive rate (AIR) for medically necessary, face-to-face primary health services and qualified preventive health services furnished by an RHC practitioner. RHC practitioners are physicians, NPs, PAs, CNMs, clinical psychologists (CPs), and clinical social workers (CSWs). **Source:** [Centers for Medicare and Medicaid Services](#)

S

NEW Screenings

Screening, in medicine, is a strategy used to look for as-yet-unrecognized conditions or risk markers. People screened may not exhibit any signs or symptoms of a disease, or they might exhibit only one or two symptoms, which by themselves do not indicate a definitive diagnosis. Screening can be done for breast cancer, colorectal cancers, autism, and other medical conditions, as well as, to screen for child development. **Source:** [National Committee for Quality Assurance \(NCQA\)](#)

Self-Funding, Self-Insurance

A health care program in which the employer assumes direct financial responsibility for the costs of enrollees' medical claims. Employer-sponsored, self-insured plans typically contract with a third- party administrator or insurer to provide administrative services for the plan. Accountable Care Organizations can be self-insured. In some cases, organizations taking steps to becoming an ACO will measure their own employee population before moving to broader community.

Senior Housing

Housing for seniors that includes independent living, assisted living and/or memory care. Supportive services are provided via a contract between the customer and service provider.

Service Enriched Housing

Residents in service enriched housing have access to a variety of supportive services, primarily through referral by a Resident Services Coordinator.

Skilled Nursing Facility (SNF)

Sometimes also called a nursing home or care center, it provides 24- hour nursing care for chronically-ill or short-term rehabilitative residents.

NEW Social Services

Social service agencies deliver direct services to individuals and families. These services can be provided in public agencies at the federal, state and local level or in private, non-profit settings. Social services, also referred to as human services, can include services oriented toward the prevention, improvement, or resolution of health, mental health, social, or environment problems that affect individuals, families, specific groups, or communities. Social service agencies promote the health and well-being of individuals by helping them to become more self-sufficient; strengthening family relationships; and restoring individuals, families, groups, or communities to successful social functioning. **Source:** [National Association of Social Workers](#)

Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (for example social, economic, and physical) in these various environments and settings (such as school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

NEW Social Isolation

Social isolation, defined as a social determinant of health, is objective and can be quantifiable, for example the quality of a person’s social network and accessibility to resources. Isolation can be based on geographical isolation, associated with lack of physical access to community and health services. However, it can also be experienced as social isolation, caused by limited social support and community engagement or social disconnection due to cultural and language barriers. **Source:** [Build Healthy Places Network, a project of the Public Health Institute](#)

NEW Special Needs Plan

A Special Needs Plan (SNP) is a Medicare Advantage (MA) coordinated care plan (CCP) specifically designed to provide targeted care and limit enrollment to special needs individuals. A special needs individual could be any one of the following: An institutionalized individual, a dual eligible, or an individual with a severe or disabling chronic condition, as specified by CMS. **Source:** [Centers for Medicare and Medicaid Services](#)

NEW State Mental Health Authority

State mental health authority in the case of any state in which there is a single state agency, other than the state health authority, charged with responsibility for administering the mental health program of the state, it means such other state agency. **Source:** [US Legal.com](#)

NEW States (as payers)

Every state pays for half of Medicaid and is a payer of healthcare services.

Stop-Loss Insurance

Insurance coverage taken out by a health plan, self-funded employer, or Accountable Care Organization to provide protection from losses resulting from claims greater than a specific dollar amount per covered person per year (calendar year or illness-to-illness).

Sub-Acute Care

A level of care designed for the individual who has had an acute health care event (episodic) and needs nursing or rehabilitation but does not need the intensive diagnostic or invasive procedures of a hospital.

Subsidy

Monthly income received by a tenant or by an owner on behalf of a tenant to pay the difference between the apartment's contract rent and amount paid by the tenant toward rent.

NEW Support And Services at Home (SASH) Model

The SASH Program is designed to provide personalized coordinated care to help adult participants stay safely at home regardless of their age or residential setting. SASH (Support And Services at Home) is part of the Blueprint for Health, Vermont's statewide health care reform initiative.

T

NEW The Joint Commission

The mission of The Joint Commission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. Its vision is that all people always experience the safest, highest quality, best-value health care across all settings. Source: [The Joint Commission](#)

Triple Aim or Three-Part Aim

The Centers for Medicare & Medicaid Services and The Institute for Healthcare Improvement (IHI) devised goals for improving the health care system. The three critical objectives include: 1) improve the health of the population; 2) enhance the patient experience of care (including quality, access, and reliability); and 3) reduce, or at least control, the per capita cost of care.

U

Utilization

The extent that the members of a covered group use a program or obtain a particular service, or category of procedures, over a given period of time. Usually expressed as the number of services used per year or per 100 or 1,000 people eligible for the service.

V

Very Low-Income

Person or household whose gross household income does not exceed 50% of Area Median Income adjusted household size.

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