

Are You Ready?
What's Next?

2013

2014

2018

PPACA acronym list

ACA: The Affordable Care Act. Used to refer to the final, amended version of the health care reform legislation.

CHIP: The Children's Health Insurance Program. Program that provides health insurance to low-income children, and in some states, pregnant women who do not qualify for Medicaid but cannot afford to purchase private health insurance.

DOL: United States Department of Labor.

EBSA: Employee Benefits Security Administration. A division of the DOL responsible for compliance assistance regarding benefit plans.

EPO Plan: An exclusive provider organization plan. A managed care plan that only covers services in the plan's network of doctors, specialists or hospitals (except in an emergency).

ERRP: The Early Retiree Reinsurance Program. A temporary program created under health care reform to provide coverage to early retirees.

FPL: Federal poverty level. A measure of income level issued annually by HHS and used to determine eligibility for certain programs and benefits.

FLSA: The Federal Fair Labor Standards Act. Amended by PPACA to incorporate health care reform-specific provisions.

FSA: Flexible spending account.

HCR: Health care reform.

HDHP: High deductible health plan.

HHS: United States Department of Health and Human Services.

HMO: Health maintenance organization. A type of health insurance plan that typically limits coverage to care from medical providers who work for or contract with the HMO.

HRA: Health reimbursement arrangement or account.

HSA: Health savings account.

MLR: Medical loss ratio. Refers to the claims costs and amounts expended on health care quality improvement as a percent of total premiums. This ratio excludes taxes, fees, risk adjustments, risk corridors and reinsurance.

OOP: Out-of-pocket limit. The maximum amount you have to pay for covered services in a plan year.

PCE: Pre-existing condition exclusion. A plan provision imposing an exclusion of benefits due to a pre-existing condition.

PPACA: The Patient Protection and Affordable Care Act. Enacted on March 23, 2010, as the primary health care reform law.

PPO: Preferred provider organization. A type of health plan that contracts with medical providers (doctors, hospitals) to create a network of participating providers. You pay less when using providers in the plan's network, but can use providers outside the network for an additional cost.

QHP: Qualified health plan. A certified health plan that provides an essential health benefits package. Offered by a licensed health insurer.