Glossary of Terms

Behavioral Health
According to CMS, behavioral health “includes your emotional, psychological, and social well-being.” Behavioral health conditions include mental and substance use disorders. Mental disorders involve “changes in thinking, mood, and/or behavior that may occur often, or less often” while substance use disorders “occur when the use of alcohol and/or drugs (like opioids or tobacco) causes health problems or a disability. A person may not keep up with work, school, or home tasks”.

Chronic Conditions
According to the Centers for Disease Control and Prevention (CDC), chronic conditions are “conditions that last one year or more, and require ongoing medical attention or limit activities of daily living or both”. Chronic diseases include: cancer, asthma, heart disease, diabetes, arthritis, and many other ailments.

Critical Access Hospital
Critical Access Hospitals refer to a “Medicare rural, limited-services, participating hospital” that meet the following the criteria:
1.) Currently a Medicare-participating hospital
2.) Hospital that stopped operation after November 29, 1989
3.) Health clinic or center (according to the state definition) that operated as a hospital before downsizing to a health clinic or center.

Medicare Part A Skilled Nursing Facility
According to Medicare.gov, “...skilled care is nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel.” There are certain requirements Medicare patients must meet in order to qualify for skilled nursing facility coverage.

Dental Services
According to the CDC, dental hygiene refers to “the practice of keeping the mouth, teeth, and gums clean and healthy to prevent disease. Dental hygiene and oral health are often taken for granted but are essential parts of our everyday lives.”

Nominal Charge
According to the Health Resources and Services Administration, when an FQHC elects to establish a nominal charge, the “nominal charge must be a fixed fee that does not reflect the true value of the service(s) provided and is considered nominal from the perspective of the patient.” This charge must ensure that patients are not impeded in accessing services due to an inability to pay.

Safety Net Practices
According to the Institute of Medicine, safety-net practices are defined as, those providers that organize and deliver a significant level of health care and other needed services to uninsured, Medicaid, and other vulnerable patients.

Preventive Services
According to healthcare.gov, preventive services are defined as, routine health care that includes screening, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.