

# Patient Protection and Affordable Care Act

## The 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.