



# Appendix A

## *Glossary*

**Active Physician**

A full-time or part-time health care provider possessing a degree in medicine (MD) or osteopathy (DO), practicing primarily in Nebraska. SOURCE: *Nebraska Health Work Force Reports: Physicians 1996, Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section.*

**Active Primary Care Physician**

A full-time physician, licensed and practicing primarily in Nebraska, who specializes in Family Practice, General Practice, Obstetrics and Gynecology, General Internal Medicine, or General Pediatrics. SOURCE: *Nebraska Health Work Force Reports: Physicians 1996, Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section.*

**Active Psychiatrist**

Active physicians who have declared their primary specialty as psychiatry or child/adolescent psychiatry. Psychiatrists are authorized to diagnose and treat mental illness. SOURCE: *Nebraska Health Work Force Reports: Physicians 1996, Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section.*

**Acute Care Hospital**

A hospital, with an organized medical staff, that provides inpatient care, including medical, nursing, surgical, anesthesia, laboratory, diagnostic radiology, pharmacy, and dietary services. Such services may be provided through a contract or agreement. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section, October 1997.*

**Acquired Immunodeficiency Syndrome (AIDS)**

A disease that compromises the body's immune system, is characterized by opportunistic infections, and is caused by the human immunodeficiency virus (HIV). As HIV progresses, the human body's ability to fight infection weakens, eventually leading to death. While no current treatments will prevent death among those with AIDS, some current treatments may extend life expectancy. See HIV. SOURCE: *Nebraska Health and Human Services System, HIV/AIDS Morbidity/Mortality Report, January 1999.*

**Age-Adjusted Rate**

Rate used to eliminate the bias of age in the makeup of the populations being compared, thereby providing a much more reliable rate for comparison purposes. Age adjustment by the direct method requires use of a

standard age distribution. For Databook purposes, population by United State Census is used.

**ALOS**

See Average Length of Stay.

**Ambulatory Surgical Center (ASC)**

A facility (a) where surgical services are provided to persons not requiring hospitalization who are admitted to and discharged from such facility within the same working day and are not permitted to stay overnight at such facility, (b) which meets all applicable requirements for licensure as a health clinic under the Health Care Facility Licensure Act, and (c) which has qualified for a written agreement with the Centers for Medicare & Medicaid Services of the United States Department of Health and Human Services or its successor to participate in Medicare as an ambulatory surgical center as defined in 42 C.F.R. 416 et seq. or which receives other third-party reimbursement for such services. These do not include an office or clinic used solely by a practitioner or group of practitioners in the practice of medicine, dentistry, or podiatry. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

**Area**

See Health Service Area.

**Assisted Living Facility**

A facility where shelter, food, and care are provided for remuneration for a period of more than twenty-four consecutive hours to four or more persons residing at such facility who require or request such services due to age, illness, or physical disability. SOURCE: *Nebraska Health and Human Services System, Regulation and Licensure, Credentialing Division, January 2001.*

**Available Census Days**

A measure of health resource availability. The total number of days a quantity of a resource, such as hospital beds, is available for use during a specified period. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section, October 1999.*

**Average Charge**

A charge that is calculated by dividing the sum of patient charges by the number of patients within a DRG category. SOURCE: *DRG-specific charge data from the Nebraska Hospital Association, 1999 to 2001.*

**Average Length of Stay in Days (ALOS)**

The average number of days spent in a hospital by an inpatient. ALOS is calculated by dividing the sum of inpatient days by the number of patients within the DRG category. Inpatient days are calculated by subtracting day of admission from day of discharge and adding 1. Therefore, persons entering and leaving a hospital on the same day have a length of stay of one. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section, 1999.*

**Bed Capacity**

The total number of adult and pediatric beds which can be set up in a hospital for use by patients. The term excludes beds intended for ancillary usage such as emergency room beds, labor beds, recovery room beds, or stretchers, and excludes bassinets for newborn infants. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, February 2001.*

**Behavioral Health Care Hospital**

A hospital that provides behavioral health services on an inpatient or outpatient basis to persons who have a mental disease, disorder, or disability. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

**Behavioral Risk Factor Surveillance System**

Data collected annually by the state and federal government regarding self-reported responses to questions about an individual's health status, knowledge, and behavior. A measure of quality-of-life that is used to evaluate the need for health services, measure the impact of health interventions, and determine how persons perceive their own health. SOURCE: <http://www.cdc.gov/brfss/about.htm>.

**CAH**

See Critical Access Hospital.

**Capacity**

See Bed Capacity.

**Centers for the Developmentally Disabled**

A facility where shelter, food, care, advice, counseling, diagnosis, treatment, or related services are provided for a period of more than twenty-four consecutive hours to four or more persons residing at such facility who have developmental disabilities. SOURCE:

*Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

**Centers for Medicare & Medicaid Services (CMS)**

Formerly HCFA. CMS is a federal agency within the U.S. Department of Health and Human Services that administers the Medicare and Medicaid programs—two national health care programs. Medicare is a health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease. Medicaid is available to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. Medicaid is a state administered program and each state sets its own guidelines regarding eligibility and services. Along with the Health Resources and Services Administration, CMS runs the State Children's Health Insurance Program (SCHIP), a program that offers health insurance for children up to age 19 who are not already insured. SCHIP is jointly financed by the federal and state governments and is administered by the states. SOURCE: *CMS, 2005.*

**Certified Marriage and Family Therapist**

A practicing marriage and family therapist must have completed master's or doctoral degree in the field of marriage and family therapy or in a program related to that field (such as social work, psychology, sociology, human services, human development, family relations, or counseling). A Marriage and Family Therapist must hold a Mental Health Practitioner License to provide counseling and psychotherapy services to clients. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, 1999.*

**Certified Master Social Worker**

There are two main functions of the MSW. The first is the preparation and evaluation of psychosocial assessments. The second is the development, implementation, monitoring and evaluation of social work service plans with the goal of assisting individuals and/or groups with adjustment to crisis, transition, psychosocial dysfunction, disability, or impairment, and enhancing capacity for personal and social functioning. A Certified MSW is not required to be licensed as a mental health practitioner unless he/she provides psychotherapy services to clients. A person who holds a Master Social Worker Certificate and a Mental Health Practitioner License may use the title Licensed Clinical Social Worker. SOURCE: *Nebraska Health and Human Services System, Regulation and Licensure, 1999.*

**Certified Professional Counselor**

A person who has completed a master's degree from a state approved educational program, and possess required hours of experience in professional counseling. A Certified Professional Counselor must hold Mental Health Practitioner Certification to provide counseling and psychotherapy services. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, 1999.*

**CHAMPUS**

See Military Insurance.

**Charges**

The dollar amount of hospital bills. SOURCE: *DRG Guidebook, 2000.*

**Chiropractor**

A professional whose objective is to contribute to health through the correction of vertebral subluxation (spinal balance). The practice of chiropractic is defined as being one or a combination of the following, without the use of drugs or surgery: (a) the diagnosis and analysis of the living human body for the purpose of detecting ailments, disorders, and disease by the use of diagnostic X-ray, physical and clinical examination, and routine procedures including urine analysis; or (b) the science and art of treating human ailments, disorders, and disease by locating and removing any interference with the transmission and expression of nerve energy in the human body by chiropractic adjustment and other therapies. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, 1999.*

**CMS**

See Centers for Medicare & Medicaid Services.

**Commercial Payers**

All private payers (insurance companies), including self-funded employer insurance plans, managed care plans, and federally insured persons enrolled in managed care plans.

**Community Health Center (CHC) Program**

The CHC Program is a Federal grant program funded under Section 330 of the Public Health Service Act to provide for primary and preventive health care services in medically-underserved areas throughout the U.S. and its territories. SOURCE: U.S. Department of Health and Human Services, Bureau of Primary Care, 2003.

**Consumer Price Index (CPI)**

A measure of the price of goods and services. By adjusting costs associated with the purchase of

particular groups of goods and services to overall spending patterns, the CPI allows standardized, inflation-adjusted comparisons of cost increases in various sectors of the economy. See also Medical Care Price Index. SOURCE: *Bureau of Labor Statistics. More information about the CPI and the MCPI can be obtained at <http://stats.bls.gov>.*

**CPI**

See Consumer Price Index (CPI), and Medical Care Price Index (MCPI).

**CPS**

See Current Population Survey.

**Critical Access Hospital**

A facility (a) with up to fifteen acute care inpatient beds where care or treatment is provided on an outpatient basis or on an inpatient basis to persons for an average period of not more than 96 hours and emergency services are provided on a 24-hour basis and (b) which has formal agreements with at least one hospital and other appropriate providers for services such as patient referral and transfer, communications systems, provision of emergency and non-emergency transportation, and backup medical and emergency services. Under Medicare's Rural Hospital Flexibility Program, a certified critical access hospital can be reimbursed based on the actual costs incurred for providing care to Medicare beneficiaries (as opposed to prospective payments under the DRG system). SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

**Current Population Survey (CPS)**

The source for government employment and unemployment statistics. The purpose of the March CPS is to collect information regarding employment, income, and annual demographic information about the United States. March CPS data are used in the 2005 Databook to present information about the insurance status of Nebraskans between 1992 and 2004. SOURCE: *U.S. Census Bureau, 2005.*

**Dental Health Professional Shortage Area**

See Health Professional Shortage Area (HPSA).

**Developmental Disability**

A severe chronic disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial

functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the above criteria described above if the individual, without services and supports, has a high probability of meeting those criteria later in life. SOURCE: *Developmental Disabilities Assistance and Bill of Rights Act of 2000*. PL 106-402 § 102, para (8) (A) and (8) (B).

### **Diagnosis Related Group (DRG)**

Patient classification system that relates demographic, diagnostic, and therapeutic characteristics of patients to length of inpatient stay and amount of resources consumed. It provides a framework for specifying hospital case mix and identifies classifications of illnesses and injuries for which payment is made under prospective pricing programs. SOURCE: <http://www.tricare.osd.mil/imtr/glossary.html#toc>.

### **Discharge**

A situation in which the patient leaves an acute care (prospective payment) hospital after receiving complete acute care treatment. SOURCE: *Nebraska Association of Hospitals and Health Systems, 2000*.

### **DRG**

See Diagnosis Related Group.

### **Ethnicity**

See Race and Ethnicity.

### **Federally Qualified Health Center (FQHC)**

Facilities or programs more commonly known as Community Health Centers, Migrant Health Centers, and Health Care for the Homeless Programs. An entity may qualify as an FQHC in any of the following ways: (1) The entity is receiving a grant under §330, of the Public Health Service (PHS) Act. The Health Resources and Services Administration (HRSA) within HHS recommends, and the Secretary determines that, the facility meets the requirements for receiving a grant under §330 of the PHS Act. Any entity seeking to qualify under this section should contact HRSA for consideration. HRSA is responsible for determining

whether an applicant meets eligibility requirements. (2) The entity is receiving funding from such a grant under a contract with the recipient of a grant and meets the requirements to receive a grant under §330 of the PHS Act. (3) The entity is determined by the Secretary to meet the requirements for receiving such a grant (look-alike) based on the recommendation of HRSA within PHS. (4) The entity was treated by the Secretary as a federally funded health center (FFHC) for purposes of Part B Medicare as of January 1, 1990. (5) The entity is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act as of October 1, 1991. SOURCE: *Centers for Medicare and Medicaid Services, 2003*.

### **HCEA**

See Health Care Financing Administration.

### **Health Care Financing Administration**

As of July 1, 2001, known as the Centers for Medicare & Medicaid Services. See Centers for Medicare & Medicaid Services.

### **Health Maintenance Organization (HMO)**

An HMO is an entity that offers prepaid, comprehensive health coverage for both hospital and physician services with specific health care providers using a fixed structure or capitated rates. HMO enrollment includes enrollees in both traditional HMOs and HMO point-of-service (POS) plans through: group/commercial plans, Medicare, Medicaid, the Federal Employees Health Benefits Program, direct pay plans and unidentified HMO products. SOURCE: *Henry J. Kaiser Family Foundation, 2005*.

### **Health Planning Regions (HPRs)**

See Health Service Areas.

### **Health Professional Shortage Area (HPSA)**

Any of the following, which the Secretary of the U. S. Department of Health and Human Services (DHHS) determines has a shortage of health professional(s): (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility. DHHS is required to annually review, revise, and publish a list of HPSAs. Entities with HPSA designations are eligible for assignment of National Health Service Corps personnel to provide health services within their scope. In addition, several federal training and reimbursement programs are available to HPSA areas, facilities or

populations. In determining HPSA status, DHHS considers the recommendations of the Governor of each State and the extent to which individuals cannot obtain services because of a lack of physicians, mental health practitioners, or dental services. SOURCE: *Data about primary care, mental, and dental health professional shortage areas in Nebraska were obtained from the Bureau of Primary Health Care via the Internet at <http://www.bphc.hrsa.dhhs.gov/databases/hpsa/hpsa.cfm>, from the Federal Register, Volume 65, No.180, August 2003, and from the Office of Rural Health at the Nebraska Health and Human Services System. State-designated shortage areas (Table 2.3) were obtained from the Office of Rural Health at the Nebraska Health and Human Services System, 2003.*

### **Health Service Areas (HSAs)**

Historically, the Nebraska Health and Human Services System (NHHSS) has collected and aggregated health services data at the county and Health Service Area (HSA) level. Until recently, there have been six HSAs. In January 2002, NHHSS reduced the number of HSAs from six to three by combining the Western and Southwest Service Areas, the Central and Northern Service Areas, and the Eastern and Southeast Service Areas (see <http://www.hhs.state.ne.us/profile1102/service.htm>). For continuity of data for research and tracking purposes, this Databook has maintained the data in the historic six HSAs, referred to now as Health Planning Regions (HPRs).

### **Hispanic**

See Race and Ethnicity.

### **HMO**

See Health Maintenance Organization.

### **Home Health Agency**

A person or any legal entity which provides skilled nursing care or a minimum of one other therapeutic service as defined by the department on a full-time, part-time, or intermittent basis to persons in a place of temporary or permanent residence used as the person's home. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

### **Hospital**

A facility where diagnosis, treatment, medical care, obstetrical care, nursing care, or related services are provided on an outpatient or inpatient basis for a period of more than 24 consecutive hours to persons who have an illness, injury, or deformity or to aged or infirm persons requiring or receiving convalescent care.

Hospital includes a facility or distinct part of a facility which provides space for a general acute hospital, a rehabilitation hospital, a long-term care hospital, a critical access hospital, or a psychiatric or mental hospital. It does not include a health care practitioner facility in which persons do not receive care or treatment for a period of more than 24 consecutive hours. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

### **Hospital Discharge Rate**

The proportion of inpatient hospital discharges to a population within clearly specified geographic boundaries. Discharge rates are reported per 1,000 population within the state, health planning regions, or metropolitan county status designations. See Population. SOURCES: *Nebraska Hospital Association, 2001, and U.S. Census Bureau, Census 1990 and 2000, Population Estimates for Counties by Age and Sex, 2001.*

### **Hospitalization**

See Inpatient Hospital Stay.

### **Human Immunodeficiency Virus (HIV)**

The virus that causes AIDS. This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Most of these people will develop AIDS as a result of their HIV infection. Persons infected with HIV may show no apparent illness prior to AIDS as a late manifestation. Progression of the infection varies, and the median time between infection with HIV and the development of AIDS among adults is 10 years. See AIDS. SOURCE: *Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention.*

### **Indian Health Service (IHS)**

Providing for the health care of American Indians and Alaska Natives. The objectives of IHS are to deliver the highest quality health services possible, assist tribes and Native corporations to develop their capacity to staff and manage health programs, and act as the federal advocate in health related matters. SOURCE: *U.S. Department of Health and Human Services, Indian Health Service, September 2003.*

### **Infant Death Rate**

Rate calculated by dividing the number of infant deaths during a calendar year by the number of live births

reported in the same year. It is expressed as the number of infant deaths per 1,000 live births. A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as heartbeat, umbilical cord pulsation, or definite movement of voluntary muscles, whether the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born.

SOURCE: *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, December 2004.*

### **International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)**

A coding system for classifying diseases and operations to facilitate collection of uniform and comparable health information. SOURCE: <http://www.tricare.osd.mil/imtr/glossary.html#toc>.

### **Injury**

Physical damage to an individual that occurs over a short period of time as a result of acute exposure to one of the forms of physical energy in the environment or exposure to chemical agents or the acute lack of oxygen. SOURCE: *State Injury Mortality Data, CDC.*

### **Inpatient Hospital Stay**

Occurs when a patient is admitted to an acute care hospital for at least 24 hours and subsequently released. Each event constitutes a separate discharge or stay. A patient may experience multiple discharges or hospital stays within any set time.

### **Inpatient Surgery Visit**

A hospitalization for a surgical procedure which usually requires an overnight stay by the patient.

### **Advanced Practice Registered Nurse (APRN)**

A Registered Nurse who has completed the course work, passed the required exams, and developed the skills to enable him or her to practice nursing in an expanded capacity. Collaborating with a physician, the Nurse Practitioner provides additional knowledge and skills in the physical and psychosocial assessment and management of health in specialized populations. The scope of practice includes health promotion, health supervision, illness prevention and diagnosis, and treatment and management of common health problems and chronic conditions. The Nurse Practitioner is able to prescribe drugs on a limited basis under the supervision of a physician. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1997.*

### **Licensed Beds**

See Bed Capacity.

### **Licensed Certified Nurse Midwives (CNM)**

A Registered Nurse who has completed an approved Certified Nurse Midwifery education program and has passed a nationally recognized nurse midwifery examination. Under practice agreements, the Nurse Midwife works closely with physicians and other health professionals to deliver health care within the scope of midwifery. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999.*

### **Licensed Mental Health Practitioner**

The Licensed Mental Health Practitioner is certified to engage in a mental health practice, or to offer or render mental health practice services, per Nebraska statute. The Licensed Mental Health Practitioner has (a) received a master's degree or higher that consists of course work and training which was primarily therapeutic mental health in content and included a practicum or internship and was from an approved educational program and (b) completed the requirements of supervised direct client contact and mental health practice under the supervision of a qualified physician, a Licensed Psychologist, or a Licensed Mental Health Practitioner. A person who is licensed as a Mental Health Practitioner may also be certified as a Master Social Worker, as a Professional Counselor, or as a Marriage and Family Therapist. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999.*

### **Licensed Practical Nurse (LPN)**

A person who is specifically prepared in the techniques of nursing, who is a graduate of an accredited school of practical nursing, whose qualifications have been examined by a state board of nursing, and who has been legally authorized to practice as a licensed practical nurse (LPN). SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999.*

### **Licensed Practical Nurse-Certified (LPN-C)**

A licensed practical nurse who has taken additional education and passed an examination to obtain certification in an advanced role permitting them to provide limited services in intravenous therapy and nasogastric tube therapy.

### **Licensed Psychologist**

A person who possesses a doctoral degree from a program of graduate study in professional psychology

from an institution of higher education. The degree is obtained from a program of graduate study in psychology that meets the standards of accreditation adopted by the American Psychological Association. A Licensed Psychologist is authorized by Nebraska to diagnose mental illness, practicing within the regulations outlined by Nebraska statute. Any psychological practice that involves the diagnosis and treatment of major mental and emotional disorders by a person holding a special license shall be done under the supervision of a licensed psychologist as specified in state regulations. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999.*

### **Lifetime and Interval Risks of Being Diagnosed with Cancer**

The probability of being diagnosed with cancer is computed by applying cross-sectional age-specific 1998-2000 incidence and mortality rates from the SEER areas to a hypothetical cohort of individuals. This hypothetical cohort, consisting of an arbitrarily specified number of live births (e.g., 10,000,000), is considered at risk for two mutually exclusive events: (a) developing the specified cancer; and (b) death due to other causes without the specified cancer. Thus a standard multiple decrement life table is derived (with five-year age intervals up to age 94 and a 95+ interval) using these two types of events. In each age interval we start with the number alive and free of the specified cancer at the beginning of the interval, and subtract out the number who develop the specified cancer and the number who die of other causes among the cancer free. The lifetime risk of being diagnosed with the specified cancer is derived by summing all cancer cases from age 0 through 95+ and dividing by 10,000,000. This calculation does not assume an individual lives to any particular age, rather it is the sum over all age intervals of the probability of living to the beginning of each age interval times the probability of developing cancer in that interval. The probability of developing cancer during any time period (e.g., within 10 years of turning 50 years of age) is calculated by adding up all the cancers in the life table over the specified age range and dividing by the number of individuals alive and free of the specified cancer at the beginning of the period. SOURCE: *National Cancer Institute, SEER Cancer Statistics Review, 1975-2000, 2003.*

### **Lifetime Risk of Dying from Cancer**

The lifetime risk of dying from a specified cancer is derived using a standard multiple decrement life table where a person is exposed to the risk of dying from the specified cancer and all other causes based on mortality data from the SEER registry areas. Although

the lifetime risk of dying from cancer could have been derived for the entire U.S., these estimates were based only on data from SEER areas to allow comparison with the risk of diagnosis estimates. SOURCE: *National Cancer Institute, SEER Cancer Statistics Review, 1975-2000, 2003.*

### **Long-term Care Facility**

Either a hospital or nursing home facility which meets the minimum staffing requirements and facilities standards required to provide long-term care. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section, 1999.*

### **Long-term Care Utilization**

See Occupancy Rate.

### **Long-term Care Hospital**

A hospital or any distinct part of a hospital that provides the care and services of an intermediate care facility, a nursing facility, or a skilled nursing facility. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

### **Long-term Care Capacity**

See Capacity.

### **Long-term Care Bed**

See Long-term Care Hospital.

### **Low Birth Weight (LBW) Rate**

Weight at birth of less than 2500 grams, regardless of gestational age. LBW rate is calculated by dividing the number of LBW births in a population in a year by the midyear resident population. It is expressed as the number of LBW births per 1,000 live births. A live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as heartbeat, umbilical cord pulsation, or definite movement of voluntary muscles, whether the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born. SOURCE: *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, December 2004.*

### **Managed Care**

See Health Maintenance Organization.

**MCPI**

See Medical Care Price Index (MCPI) and Consumer Price Index.

**Median Household Income**

The Databook reports median household income at the state and county levels. For county and state level presentations, median income is the amount which divides the income distribution into two equal groups, half with incomes above the median and half with incomes below the median. A household includes the related family members and all the unrelated persons, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated persons sharing a housing unit as partners, is also counted as a household. The count of households excludes group quarters. SOURCE: *U.S. Census Bureau, State and County Income and Poverty Estimates-1999*. See [http://www.census.gov/hhes/www/saife/stcty/c99\\_31.htm](http://www.census.gov/hhes/www/saife/stcty/c99_31.htm)

**Median Money Income (Households)**

Household income, before taxes and excluding capital gains as of March of the following year. Income in current dollars means that no adjustment is made to the figures for equalized comparison to the current year. See also Median Household Income. SOURCE: *U.S. Census Bureau, State and County Income and Poverty Estimates-2002*. See <http://www.census.gov/prod/2002pubs/p60-218.pdf>

**Medicaid**

Medicaid is a federal/state partnership that was authorized in 1965. The federal government pays approximately 60% of the cost of Medicaid, and the state of Nebraska pays about 40%. The Centers for Medicare and Medicaid Services (CMS) is the federal agency that is responsible for this program and it sets minimum requirements. States who choose to be in Medicaid must cover the mandatory population. There are also mandatory services and optional services. States are given the liberty to select the optional populations and the optional services they will cover. The programs under Medicaid include: a chronic and long-term care program for low income seniors and persons with disabilities; a supplement to Medicare for this same population; an insurance-like program for low income pregnant women, children and some parents; and a funding source for safety net hospitals and community health centers that serve a disproportionately high share of uninsured persons. SOURCE: *Nebraska Health and Human Services, 2005*.

**Medical Care Price Index**

Similar to the Consumer Price Index (CPI). The Medical Care Price Index (MCPI) is a measure of the growth of all goods and services associated with the provision of health care. Both the MCI and the CPI adjust for changes in the population and per capita income to allow for calculation of increases in the quantity of medical and other services purchased per person, and the measure of the growth of all goods and services. See also Consumer Price Index. SOURCE: *More information about the CPI and the MCPI can be obtained at <http://stats.bls.gov>*.

**Medically Underserved Area**

A medically underserved area may be either a rural or urban area in which residents may frequently encounter difficulty obtaining medical care due to the lack of health care providers, facilities and/or services. A designation as a medically underserved area/population (MUA/P) designation, is a prerequisite to grant awards to plan, develop, and operate a community health center. SOURCE: *Data about Nebraska Medically Underserved Areas were obtained from the Office of Rural Health at Nebraska Health and Human Services System. Federal designated mental and dental health professional shortage area data were obtained from the Federal Register, Vol. 65, No. 180, and from the Bureau of Primary Health Care (BPHC), August 2003. More information about medically underserved areas can be found at <http://www.bphc.hrsa.dhhs.gov/databases/hpsa/hpsa.cfm>*.

**Medicare**

A federal insurance program for people 65 and older, people with permanent kidney failure (end stage renal disease[ESRD] ) and certain other disabled people under 65. The Medicare program is administered by the Centers for Medicare & Medicaid Services (formerly known as the Health Care Financing Administration). The Social Security Administration provides information about the program and administers enrollment. Medicare has: Part A Hospital Insurance, Part B Medical Insurance, and as of January 1, 2006, Prescription Drug Coverage. SOURCE: *Centers for Medicare and Medicaid Services, 2005*.

**Medicare Certified Rural Health Clinic**

See Rural Health Clinic.

**Medicare Managed Care**

See Health Maintenance Organization.

**Medicare Part A**

See Part A Medicare Health Insurance.

**Medicare Part B**

See Part B Medicare Supplemental Insurance.

**Mental Health Centers**

A facility where shelter, food, counseling, diagnosis, treatment, care, or related services are provided for a period of more than 24 consecutive hours to persons residing at such facility who have a mental disease, disorder, or disability. SOURCE: *The Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, January 2001.*

**Mental Health Professional**

Professionals licensed as one of the following: Psychiatrist, Licensed Psychologist, Licensed Certified Master of Social Work, Licensed Certified Professional Counselor, Licensed Mental Health Practitioners, or Licensed Marriage and Family Therapist. SOURCE: *Data about psychiatrists are from the University of Nebraska Medical Center, July 30, 2003. Data about the other types of mental health professionals are from the Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, July 30, 2003.*

**Mental Health Professional Shortage Area**

See Health Professional Shortage Area (HPSA).

**Metropolitan**

Metropolitan area boundaries and names are those defined by the Federal Office of Management and Budget on June 30, 1993 and June 6, 2003. For further information about metropolitan, non-metropolitan, and micropolitan areas, see p. 1.

**Mental Health Professional Shortage Area (MHPSA)**

See Health Professional Shortage Areas.

**Micropolitan**

For further information about metropolitan, non-metropolitan, and micropolitan areas, see p. 1.

**Migrant Health Centers (MHCs)**

MHCs enhance delivery of care through partnerships with State and local health departments, area Health Education Centers, hospitals, specialty and social services providers, and medial residency programs. SOURCE: *U.S. Department of Health and Human Services, Bureau of Primary Care, 2003.*

**Military Insurance**

Includes CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)/Tricare, CHAMPVA (Civilian Health and Medical Program of the Department

of Veterans Affairs), Veterans, and other military health care. SOURCE: *Current Population Survey (CPS), U.S. Census Bureau, 2005.*

**Minority**

This term refers to the total population which falls into the following categories: Hispanics of any race, Black, American Indian or Alaska Native, Native Hawaiian and Other Pacific Islander, those identified as other race, and those identified with multiple races. See Race and Ethnicity.

**Non-metropolitan**

All areas outside of the federally recognized metropolitan areas. See Metropolitan.

**Nursing Facility**

Any institution, facility, place, or building or a distinct part of any of the aforementioned that is primarily devoted to providing to inpatients nursing care and related services for patients who require Medicare or nursing care, or rehabilitation of injured, disabled, or sick persons. SOURCE: *The Nebraska Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, 1998.*

**Nurse Midwife**

The independent management of care of essentially normal newborns and women, antepartum, intrapartum, postpartum, and/or gynecologically, occurring within a health care system that provides for medical consultation, collaborative management, or referral, and in accordance with standards for nurse midwifery practice as defined by the ACNM. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999.*

**Nurse Practitioner**

A registered nurse who is prepared through a formal organized education program to determine, start, or alter defined regimens of medical and/or nursing treatment provided to a patient, either on a routine or occasional basis, in the specialties of obstetrics/gynecology, pediatrics, primary care, family practice, and mental health/psychiatric care. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1997.*

**Nursing Professional**

A health professional licensed as one of the following: Registered Nurse, Licensed Practical Nurse, Licensed Advanced Registered Nurse Practitioner, or Licensed Certified Nurse Midwife. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999.*

**Obligated Funds**

Obligated funds are set aside specifically to be disbursed for designated purposes. Obligation generally precedes the actual disbursement of funds. It is possible, therefore, that obligation amounts reported may be disbursed subsequent to the actual year.

SOURCE: *U.S. Department of Health and Human Services, Financial Assistance by Geographic Area: Region VII, Fiscal year 1996, October 1, 1995-September 30, 1996.*

**Occupancy Rate**

A measure of hospital utilization. In this report, occupancy rates apply to hospitals and long-term care facilities. Occupancy rate is the ratio of resource units used to the resource units available within a specified period of time. SOURCE: *Nebraska Health and Human Services System, Regulation and Licensure, Data Management Section, 1999.*

**Occupational Therapist**

An individual qualified by graduation from an accredited school of occupational therapy with either a baccalaureate or masters degree who has passed a national certification examination given by the American Occupational Therapy Association. The Occupational Therapist evaluates patients' performance capabilities and deficits and plans/implements therapy services in prevention, health maintenance, remediation, daily life tasks, and vocational adjustments health care programs. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999.*

**Outpatient Surgery Visit**

A surgical procedure conducted by a hospital that does not require an overnight stay by the patient. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section, 1999.*

**Part A Medicare Health Insurance**

Part A helps pay for care in hospitals as an inpatient, critical access hospitals, skilled nursing facilities, hospice care, and some home health care. Most people get Part A automatically when they turn age 65. People do not have to pay a monthly payment or a premium for Part A if they or a spouse paid Medicare taxes while they were working. If they or a spouse did not pay Medicare taxes while working and they are 65 or older, it may still be possible to buy Part A. A person can get Part A at age 65 without having to pay premiums if: they are already receiving retirement benefits from Social Security or the Railroad Retirement Board; they are eligible to receive Social Security or Railroad

benefits but have not yet filed for them; or the person or their spouse had Medicare-covered government employment. A person can get Part A under the age of 65 without having to pay premiums if: they have received Social Security or Railroad Retirement Board disability benefit for 24 months; or they are a kidney dialysis or kidney transplant patient. See also Medicare. SOURCE: *See <http://www.medicare.gov>, Medicare Eligibility Tool, 2004.*

**Part B Medicare Supplemental Insurance**

Part B helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, such as the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. The Part B premium for 2006 is \$88.50 and this amount may change January 1, 2007. In some cases the premium may be higher for a person who did not choose Part B when first becoming eligible at age 65. The cost of Part B may go up 10% for each 12-month period that the person did not sign up for it, except in special cases. SOURCE: *See <http://www.medicare.gov>, Medicare Eligibility Tool, 2004.*

**Payer Type**

Nebraska Hospital Discharge forms allow recording up to two sources of payment for charges incurred during a hospitalization. The payer type analyses presented in Chapter 6 examine the primary payer responsible for charges incurred during a hospitalization that are recorded on the discharge form. There are four payer types referred to in this report: commercial, Medicare, Medicaid, and self-pay. Commercial payers are all private payers (insurance companies) and include indemnity self-funded employer insurance plans and managed care plans. See Health Maintenance Organization. Medicare and Medicaid are the two major federal payers identified on hospital discharge forms, minus managed care patients. For example, when Medicare and/or Medicaid patients are enrolled in managed care programs, their discharges are typically reported in the commercial payer group. Self-pay refers to patients who pay for all, some, or none of the total charges for a hospitalization. This category may include charity and other hospitalizations where the hospital expects little or no reimbursement for services rendered. Often, these types of discharges are not recorded and therefore are not included in the numbers reported in the 2001 Databook. Because of this, it should be noted that discharges for this category of patients are under-reported. Currently, the extent to which this under-reporting occurs cannot be

determined. SOURCE: *Nebraska Hospital Association, 2001*.

### **Percent Change Over Time**

The calculation for percent change over time is  $(A-B)/A*100$ , where A = the most recent indicator measurement and B = the base year for comparison.

### **Personal Health Care Expenditures (PHCE)**

All purchased services and products that are associated with personal health care such as hospital, physician, dental services, nursing home care, drugs, and medical supplies. PHCE exclude related health expenditures for construction, program administration, government, public health activities, and research. SOURCES: Levit, L. R., Lazenby, H. C., Cowan, C. A., Won, D. K., Stiller, J. M., Sivarajan, L., et al. (1995). State health expenditure accounts: Building blocks for state health spending analysis. *Health Care Financing Review, 17*(1), 201-254; and Martin, A. B., Whittle, L. S., & Levit, K. R. (2001). Trends in state health care expenditures and funding: 1980-1998. *Health Care Financing Review, 22*(4), 111-140.

### **Physical Therapist**

An individual qualified by graduation from an accredited school of physical therapy with either a baccalaureate or masters degree and licensed by a state licensing board to practice physical therapy. The Physical Therapist evaluates patients with respect to neuromusculoskeletal complaints and plans/supervises programs for physical rehabilitation of patients with medical/surgical conditions who may have been referred by either physicians or dentists. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1999*.

### **Physician**

See Active Physician.

### **Physician Assistant**

Person who provides health care services customarily performed by a physician under responsible supervision of that qualified licensed physician or a backup physician and who has successfully completed an accredited education program for physicians' assistants and/or who has been certified, licensed, or registered by a recognized agency or commission. SOURCE: *Nebraska Health and Human Services System, Professional and Occupational Licensure Division, 1997. Chapter 2 data from the University of Nebraska Medical Center, Health Professions Tracking Center, July 2003*.

### **Physician to Population Ratio**

The proportion of active physicians available to a population within clearly specified geographic boundaries. Physician availability is reported per 1,000 population within the state, health planning areas, or metropolitan county status designations. See Population. SOURCE: *Nebraska Health Workforce Reports, 1990 and 1996; and Population Estimates Branch, Population Division, U.S. Census Bureau, census 2004 data for state of Nebraska*. See <http://www.census.gov/popest/counties/files/CO-EST2004-ALLDATA.csv>, August 11, 2005.

### **Population**

All population data are from the U.S. Bureau of the Census. The population information from decennial census years 1980, 1990, and 2000 represent actual counts of the Nebraska population. The decennial census is the most accurate data available as the characteristics of all persons and households are theoretically included in the counts. Data are derived from basic questions asked of the entire population. An additional set of questions is asked of a sample of the total population. This sample portion contains questions about social, economic, and housing characteristics.

### **Population Projections**

Population projections are estimates of future population change based on assumptions about future births, deaths, international migration, and state-to-state migration. The Census Bureau produces biannual population projections for the nation and for each state. The projection data presented in this report are based on the assumption that past and current trends will continue. SOURCE: *U.S. Census Bureau. Projection data can be accessed at <http://www.census.gov/population/www/projections/stproj.html>*.

### **Poverty Status**

Poverty thresholds are evaluated each year and increased by the same percentage as the annual Consumer Price Index. For further information on how poverty thresholds were developed and subsequent changes in them, see Gordon M. Fisher, *The Development and History of the Poverty Thresholds*, Social Security Bulletin, Vol. 55 No. 4, Winter 1992, pp. 3-14.

### **Primary Care Health Professional Shortage Area**

See Health Professional Shortage Area (HPSA).

**Private Plan Insurance**

Private health insurance is coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company. Employment-based health insurance is coverage offered through one's own employment or a relative's; it may be offered by an employer or by a union. Direct-purchase health insurance is coverage through a plan purchased by an individual from a private company.

SOURCE: *U.S. Census Bureau, Housing and Household Economic Statistics Division, 2005.*

**Procedure**

See ICD-9-CM.

**Race and Ethnicity**

In October of 1997, the Federal Office of Management and Budget (OMB) revised the definition of race and ethnicity as applied to the collection of federal demographic data (see [http://www.whitehouse.gov/omb/inforeg/re\\_guidance2000update.pdf](http://www.whitehouse.gov/omb/inforeg/re_guidance2000update.pdf)). The impact of this change is seen in the 2000 Census, whose data figures prominently in this edition of the Databook. For the purposes of race, the OMB established five major categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White. The major change in race categories in the 2000 Census was the separation of Native Hawaiians and Pacific Islanders from the Asian category. In addition to the five major race categories, respondents in the 2000 Census were given the opportunity to choose Multiple Races as their race category. Most of the data in this Databook are for the five major race categories only.

According to the revised OMB standards, race is considered a separate concept from ethnicity. Wherever possible the OMB has directed that separate questions should be asked on the concept of both race and ethnicity. In the 1997 directive, the OMB provided for the collection of data concerning the fastest growing ethnicity in the United States, Hispanic or Latino. OMB defines Hispanic or Latino as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. For question design purposes the OMB has stated that "Spanish Origin" may be used in place of "Hispanic or Latino." The Census Bureau defines ethnicity (or origin) as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before the arrival of the person or the person's parents or ancestors in the United States. People who identify their origin as Spanish, Hispanic,

or Latino may be of any race (<http://census.gov/Press-Release/www/2001/raceqandas.html>).

**Registered Nurse**

A person responsible for assessing health conditions, establishing nursing diagnoses, and developing, implementing and evaluating patient care plans. The Registered Nurse may participate in teaching and administration of health and nursing practices; administration, management and supervision of the practice of nursing; and collaboration with other health professionals in the management of health care.

SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section, 1999.*

**Residential Care Facility**

See Assisted Living Facility.

**Rural Health Clinic**

A clinic that is located in a rural area designated a shortage area. These clinics do not include those that are primarily engaged in rehabilitation care or treatment of mental diseases. Sites may qualify for Rural Health Clinic certification if they have any one of three types of designations and if the designation has been updated in the past three years: (H) Federally designated Health Professional Shortage Area (Shortage of Primary Medical Care Workforce), (M) Federally designated Medically Underserved Area (Shortage of Personal Health Services), or (G) Governor-designated shortage area for Rural Health Clinic certification only. SOURCE: *Health and Human Services System, Regulation and Licensure, December 1999.*

**Self-pay**

Hospitalization charges are the responsibility of the patient who receives services. In this Databook, we are reporting the characteristics of Nebraska hospitalizations which were billed as "self-pay," meaning that the patient was indicated on the discharge form (the UB-912 claim form) as being responsible for the hospitalization charges. Up to three payers can be recorded on the discharge form as being responsible for the charges incurred during a hospital stay. All discharges that have indicated self-pay as the primary payer are considered self-pay for these analyses. SOURCE: *Nebraska Center for Rural Health Research, Nebraska Health Data Reporter, 2(3), June 1999.*

**State Designated Health Professional Shortage Areas**

See Health Professional Shortage Areas.

**Supervising Physician**

See Physician Assistant

**Substance Abuse Treatment Center**

Any institution, facility, place, or building, not licensed as a hospital, including any private dwelling, which is used to provide residential care, treatment, services, maintenance, accommodation, or board in a group setting primarily or exclusively for individuals who are substance abusers. Substance abuse treatment centers include those settings which provide programs/ services on an outpatient basis to individuals who are substance abusers, but not services that can be rendered only by physicians or within the confines of a hospital setting. SOURCE: *Health and Human Services System, Department of Regulation and Licensure, Credentialing Division, 1998.*

**Substate Area**

Substate areas are referred to whenever summary level data are presented about Nebraska Health Planning Regions as well as by metropolitan county status. See Metropolitan and Health Planning Region.

**Sudden Infant Death Syndrome (SIDS)**

The diagnosis given for the sudden death of an infant under one year of age that remains unexplained after a complete investigation, which includes an autopsy, examination of the death scene, and review of the symptoms or illnesses the infant had prior to dying and any other pertinent medical history. SOURCE: *U.S. Department of Health and Human Services, National Institutes of Health, National Institute for Child Health and Human Development, May 2004.*

**Swing Bed**

Hospital beds licensed to provide either acute inpatient care or extended care in order to prepare patients for transfer to home or to a nursing home. Depending upon the services provided, extended care may be skilled and billed to Medicare or unskilled and paid for privately. SOURCE: *Nebraska Health and Human Services System, Department of Regulation and Licensure, Data Management Section, 1999.*

**Transplantation**

The transfer of cells, tissues, or organs from one area of the body to another or from one organism to another. SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Transplantation, Allogeneic (Allograft)**

Transplantation between genetically different members of the same species. Donors and recipients may or may

not be related to each other. SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Transplantation, Autologous**

Transplantation of an organism's own cells or tissues to repair or replace damaged tissue. SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Transplantation, Heterologous**

Transplantation between animals of different species, i.e., xenogeneic transplantation. SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Transplantation, Heterotopic**

Transplantation of one type of tissue to a recipient site that normally consists of a different type of tissue. The tissue may be from the same species (autologous), from organisms of the same species (homologous), or from different species (heterologous). SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Transplantation, Homologous**

Transplantation between individuals of the same species who are genetically different. SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Transplantation, Isogeneic**

Transplantation between genetically identical individuals of the same species such as identical twins. SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Transplantation, Xenogeneic (Xenograft)**

Transplantation between animals of different species such as the transplantation of animal organs into humans i.e., heterologous transplantation. SOURCE: *Organ Donation, 2000. See <http://www.organdonor.gov>. On-line Medical Dictionary, 2005. See <http://cancerweb.ncl.ac.uk/omd/>.*

**Uninsured**

The proportion uninsured refers to persons who experienced at least one period of uninsurance during the year previous to the survey year. See Current Population Survey. SOURCE: *Current Population Survey, U.S. Census Bureau, 2005.*

**Utilization**

See Occupancy Rate.

