

APPENDIX I

APPENDIX I DEFINITIONS

For purposes of the Request for Applications (RFA) and Agreement, the definitions set forth below will apply:

Affiliate. An individual, corporation, partnership, joint venture, trust, unincorporated organization or association, or other similar organization ("Person"), controlling, controlled by or under common control of a PH-MCO or its parent(s), whether such control be direct or indirect. Without limitation, all officers, or persons, holding five percent (5%) or more of the outstanding ownership interests of a PH-MCO or its parent(s), directors or subsidiaries of the PH-MCO or parent(s) are Affiliates. For purposes of this definition, "control" means the possession, directly or indirectly, of the power (whether or not exercised) to direct or cause the direction of the management or policies of a Person, whether through the ownership of voting securities, other ownership interests, or by contract or otherwise including but not limited to the power to elect a majority of the directors of a corporation or trustees of a trust.

Behavioral Health Managed Care Organization (BH-MCO). An entity operated by county government or licensed by the Commonwealth as a risk-bearing Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO), which manages the purchase and provision of behavioral health services under an Agreement with the Department.

Behavioral Health Services. Mental health and/or drug and alcohol services which are provided by the BH-MCO.

Business Day. A business day includes Monday through Friday except for those days recognized as Federal Holidays or Pennsylvania state holidays.

Children in Substitute Care. Children who have been adjudicated dependent or delinquent and who are in the legal custody of a public agency or under the jurisdiction of the juvenile court and are living outside their homes, in any of the following settings: shelter homes, foster homes, group homes, supervised independent living and Residential Treatment Facilities for Children.

Children's Health Insurance Program (CHIP). The program authorized by Title XXI of the Federal Social Security Act, 42 U.S.C.A. 2101 et seq., and regulations promulgated thereunder, which provides Free- and Low-Cost or Full-Cost health care services in accordance with Act 2006-136

Complaint. Any issue brought to the attention of the selected Applicant by an MA Consumer, guardian, advocate or agency for the purpose of assistance or resolution. A Complaint does not include a decision by the Department regarding coverage or medical need of a service.

County Assistance Offices (CAOs)/District Offices. The county offices of the Department that administer all the benefit programs, including Medical Assistance (“MA”), at the local level. Department staff in these offices perform necessary functions such as determining and maintaining MA Consumer eligibility.

Cultural Competency. The ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of service delivery to diverse populations.

Daily 834 Eligibility File. An electronic file in a HIPAA compliant 834 format using data from CIS/eCIS that is transmitted to the Enrollment Assistance Broker and the MCOs on state business days.

Disenrollment. The process by which a Member’s ability to receive services from a PH-MCO or CHIP MCO is ended.

Dually Eligible. Eligible to receive services through both Medicare and Medicaid.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Items and services that must be made available to persons under the age of 21 upon a determination of medical necessity and required by federal law at 42 U.S.C. §1396d(r).

Electronic Client Information System (eCIS). The Department's database of MA Consumers. The database contains demographic and eligibility information for all MA Consumers. CHIP enrollment information may be included at a later date.

Enrollee. An MA or CHIP Consumer who is currently enrolled in an MCO.

Enrollment Assistance Program. The program that provides assistance to MA Consumers and will provide assistance to CHIP Consumers with the selection of an MCO and PCP and in obtaining information regarding HealthChoices Physical and Behavioral Health Services, CHIP Services, and Community HealthChoices long-term services and supports and service Providers.

Enrollment Specialist. The individual responsible to assist MA and CHIP Consumers with selecting an MCO and PCP, as well as providing information regarding physical and behavioral health services and service providers under the HealthChoices and CHIP Programs.

Health Care Provider. A licensed hospital or health care facility, medical equipment supplier or person who is licensed, certified or otherwise regulated to provide health care services under the laws of the Commonwealth or state(s) in which the entity or person provides services, including a physician, podiatrist, optometrist, psychologist, physical therapist, certified registered nurse practitioner, registered nurse, clinical nurse specialist,

certified registered nurse anesthetist, certified nurse midwife, physician's assistant, chiropractor, dentist, dental hygienist, public health dental hygiene practitioner, pharmacist or an individual accredited or certified to provide behavioral health services.

HealthChoices. The name of Pennsylvania's 1915(b) waiver program to provide mandatory managed health care to MA Consumers.

HealthChoices Zone. A multiple-county area in which the HealthChoices Program has been implemented to provide mandatory managed care to MA Consumers in Pennsylvania.

Limited English Proficiency. The condition of an MA or CHIP Consumer who does not speak English as a primary language and who has a limited ability to read, write, speak or understand English, and may be eligible to receive language assistance.

Managed Care Organization (MCO). An entity that has, or is seeking to qualify for, a comprehensive risk contract under this part, and that is: (1) Federally qualified HMO that meets the advance directives requirements of 42 C.F.R. § 489 Subpart I; or (2) Any public or private entity that meets the advance directives requirements and is determined by the Secretary to also meet the following conditions: (i) Makes the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity and (ii) Meets the solvency standards of 42 C.F.R. § 438.116.

Medical Assistance (MA). The Medical Assistance Program authorized by Title XIX of the federal Social Security Act, 42 U.S.C. §§1396 et seq., and regulations promulgated thereunder, and 62 P.S. §§ 441.1 et seq. and regulations at 55 Pa. Code Chapters 1101 et seq.

Medical Assistance Transportation Program (MATP). A non-emergency medical transportation service provided to eligible persons who need to make trips to and from a MA reimbursable service for the purpose of receiving treatment, medical evaluation, or purchasing prescription drugs or medical equipment.

Network. All contracted or employed Providers in the MCO who are providing covered services to Members

Network Provider. Any provider, group of providers, or entity that has a network provider agreement with a PH-MCO or CHIP MCO or a Subcontractor, and receives Medicaid or CHIP funding directly or indirectly to order, refer or render covered services as a result of the state's contract with a PH-MCO or CHIP MCO. A network provider is not a Subcontractor by virtue of the network provider agreement.

Physical Health Managed Care Organization (PH-MCO). A risk bearing entity which has an agreement with the Department to manage the purchase and provision of Physical Health Services under the HealthChoices Program.

Physical Health Services. Those medical and other related services, provided to Members, for which the PH-MCO or CHIP MCO has assumed coverage responsibility under its Agreement with the Department

Prepaid Ambulatory Health Plan (PAHP). An entity that: (1) Provides services to enrollees under contract with the Department, and on the basis of Capitation payments, or other payment arrangements that do not use State plan payment rates; (2) Does not provide or arrange for, and is not otherwise responsible for the provision of any inpatient hospital or institutional services for its enrollees; and (3) Does not have a comprehensive risk contract.

Prepaid Inpatient Health Plan (PIHP). An entity that: (1) Provides services to enrollees under contract with the Department, and on the basis of Capitation payment, or other payment arrangements that do not use State Plan payment rates; (2) Provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; and (3) Does not have a comprehensive risk contract.

Primary Care Practitioner (“PCP”). A specific physician, physician group or a CRNP operating under the scope of his or her licensure, and who is responsible for supervising, prescribing, and providing primary care services; locating, coordinating and monitoring other medical care and rehabilitative services and maintaining continuity of care on behalf of a recipient.

Provider. An individual or entity that is engaged in the delivery of medical or professional services, or ordering or referring for those services, and is legally authorized to do so by the Commonwealth or State in which it delivers the services, including a licensed hospital or healthcare facility, medical equipment supplier, or person who is licensed, certified, or otherwise regulated to provide healthcare services under the laws of the Commonwealth or states in which the entity or person provides services, including a physician, podiatrist, optometrist, psychologist, physical therapist, CRNP, RN, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, physician’s assistant, chiropractor, dentist, dental hygienist, pharmacist, and an individual accredited or certified to provide behavioral health services.

Special Needs. The circumstances for which an MA Consumer will be classified as having a special need will be based upon a non-categorical or generic definition of Special Needs. This definition includes but is not limited to key attributes of ongoing physical, developmental, emotional or behavioral conditions or life circumstance which may serve as a barrier to the Consumer’s access to care or services. Examples of Consumers with Special Needs will include but not be limited to: Children with Special Health Care Needs including those requiring skilled or unskilled home shift care, Children in Substitute Care, those with LEP, or special communication needs due to sensory deficits those with Physical and/or Intellectual/ Developmental Disabilities, those with HIV/AIDS, those with significant behavioral challenges, or Consumers requiring transportation assistance.

Special Needs Unit. A special dedicated unit within the PH-MCO's organizational structure established to deal with issues related to recipients with Special Needs. The selected Applicant must designate Enrollment Center staff to assist in the enrollment of special needs populations.

Subcontractor. An individual or entity that has a contract with the selected Applicant, including Small Diverse Businesses and Veterans Business Enterprises that relates directly or indirectly to the performance of the selected Applicant's obligation under its Agreement with the Department.

Zone. The grouping of counties as designated by the Department.