



## DEFINITION OF TERMS

**Advance Directive** - Written instructions relating to the provision of health care when an adult is incapacitated, such as a Living Will, a Durable Power of Attorney for Medical Care, Declaration for Mental Health Treatment, or Do Not Resuscitate Order.

**Acute Inpatient Care** - Care provided to persons sufficiently ill or disabled who require constant availability of medical supervision by an attending physician or other medical staff, constant availability of licensed nursing personnel, or availability of other diagnostic or therapeutic services and equipment available only in a hospital setting to ensure proper medical management by the physician.

**Ambulatory Care** - Health services provided on an outpatient basis.

**Ambulatory Surgical Facility** - A facility, licensed by the state, that is equipped and operated mainly to provide for outpatient surgeries and obstetrical deliveries.

**Ancillary Services** - Services other than room, board, medical and nursing services that are provided to patients in the course of care. They include such services as laboratory, radiology, pharmacy, and physical therapy services.

**Appeal** - A member's request for reconsideration of a determination for authorization of a service or the denial of a claim.

**Authorization** - Molina Healthcare's approval of a prior authorization request from a provider for a designated service before the service is rendered. Also referred to as preauthorization or prior authorization.

**Average Length of Stay (ALOS)** - Measure of hospital utilization calculated by dividing total patient days incurred by the number of admissions/discharges during the period.

**Capitation** - A prospective payment based on a certain rate per person paid on a monthly basis for a specific range of health care service.

**Case Management** - Activities performed on behalf of members to better their health including, but not limited to, assessment of the member's health condition and development and implementation of a treatment plan.

**Children with Special Health Care Needs** - Any child (birth to 18 years of age) with a health or developmental problem which will require more than the usual pediatric health care, as specified in the federal guidelines under Title V of the Social Security Act.

**Clinical Laboratory Improvement Amendments (CLIA)** - United States federal regulatory standards that apply to all clinical laboratory testing, except clinical trials and basic research.

**Claim** - A request for payment for the provision of covered services.

**Claim Reconsideration Request Form** - The form by which providers are able to request a review of a claim.

**The Centers for Medicare and Medicaid Services (CMS)** - The federal agency responsible for administering Medicare, Medicaid, Children's Health Insurance Program (CHIP), Health Insurance Portability and Accountability Act (HIPAA), Clinical Laboratory Improvement Amendments (CLIA), and several other health-related programs.

**Coordination of Benefits (COB)** - The process of determining which health plan or insurance policy will pay first and/or determining the payment obligations of each health plan, medical insurance policy, or third party resource when two or more health plans, insurance policies or third party resources cover the same benefits for a Medicaid consumer.

**Covered Services** - Medically necessary services included in the coverage certificate. Covered services or benefits change periodically as mandated by federal and/or state legislation.

**Current Procedural Terminology (CPT) Codes** - American Medical Association (AMA)-approved standard coding for billing of procedural services performed.

**Credentialing** - The verification of applicable licenses, certifications and experience to assure that provider status be extended only to professional, competent providers who continuously meet the qualifications, standards, and requirements established by Molina Healthcare.

**Drug Enforcement Administration (DEA)** – The federal agency responsible for enforcing laws and regulations governing narcotics and controlled substances.

**Delivery System** - The organization or mechanism by which health care is delivered to a patient. Examples include, but are not limited to, hospitals, physicians' offices and home health care agencies.

**Discharge Planning** - The process of planning for continuing care following treatment in an acute care facility, and the assistance in the planning, scheduling and arranging for that care.

**Durable Medical Equipment (DME)** - Equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, and is appropriate for use in the home. Examples include hospital beds, wheelchairs, and ventilators.

**Electronic Data Interchange (EDI)** - The transmission of data between organizations by electronic means.

**Eligible Individual** - Medicaid consumer who is a legal resident of a managed care service area and is in one of the categories specified in Molina Healthcare's provider agreement with ODJFS.

**Emergency Care** - The provision of medically necessary services required for the immediate attention to evaluate or stabilize a medical emergency.

**Emergency Services** - Covered inpatient services, outpatient services, or medical transportation that is provided by a qualified provider and is needed to evaluate, treat, or stabilize an emergency medical condition. Providers of emergency services include physicians or other health care professionals or health care facilities not under employment or under contractual arrangement with Molina Healthcare.

**Early, Periodic Screening Diagnosis and Treatment Program (EPSDT)** - A program of comprehensive preventive health services available to Medicaid consumers from birth through twenty years of age. The program is designed to maintain health by providing early intervention to discover and treat health problems. Also known as Healthchek.

**External Quality Review Organization (EQRO)** - Organization contracted to review quality and cost.

**Family Planning Services** - Services to prevent or delay pregnancy.

**Federally Qualified Health Center (FQHC)** - Health centers approved by the government for a program to give low cost health care. Medicare pays for some health services in FQHCs that are not usually covered, like preventive care. FQHCs include community health centers, tribal health clinics, migrant health services, and health centers for the homeless.

**Fee-for-Service (FFS)** - A method of reimbursement where services are paid separately.

**Fraud** - Intentional deception or misrepresentation made by an individual or entity with the knowledge that the deception could result in some unauthorized benefit to the individual, the entity, or some other person. This includes any act that constitutes fraud under applicable federal or state law. Member fraud means the altering of information or documents in order to receive unauthorized benefits or to knowingly permit others to use the member's identification card to obtain services or supplies.

**Grievance** - An expression of dissatisfaction with any aspect of Molina Healthcare or a contracted provider's operation, provision of health care services, activities, or behaviors.

**Healthchek** - A program of comprehensive preventive health services available to Medicaid consumers from birth through twenty years of age. The program is designed to maintain health by providing early intervention to discover and treat health problems. Also known as EPSDT services.

**Hospital** - An institution located at a single site which is engaged primarily in providing to inpatients, by or under the supervision of an organized medical staff of physicians licensed under Chapter 4731. of the Revised Code, diagnostic services and therapeutic services for medical diagnosis and treatment or rehabilitation of injured, disabled, or sick persons. "Hospital" does not mean an institution which is operated by the United States government or the Ohio Department of Mental Health.

**Hospital Services** - Services (inpatient and outpatient) that are generally and customarily provided by hospitals.

**Healthcare Effectiveness Data and Information Set (HEDIS®)** – The set of standardized measures developed by the National Committee for Quality Assurance (NCQA). HEDIS is used for quality improvement activities, health management systems, provider profiling efforts, as an element of NCQA accreditation, and as a basis of consumer report cards for managed care organizations.

**Independent Practice Association (IPA)** - A legal entity, the members of which are independent physicians who contract with the IPA for the purpose of having the IPA contract with one or more health plans.

**Inpatient facility** – An acute or general hospital, rehabilitation facility, or nursing or Intermediate Care Facility for the Mentally Retarded (ICF-MR).

**Intermediate Care Facility for the Mentally Retarded (ICF-MR)** - A long-term care facility, or part of a facility, for the mentally retarded/developmentally disabled which is certified by the Ohio Department of Health as being in compliance with the ICF-MR standards and Medicaid conditions of participation.

**Limited-English Proficiency (LEP)** – A person’s inability to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language.

**Limited-reading proficiency (LRP)** – A person’s inability to read effectively.

**Managed Care Plan (MCP)** - A health insuring corporation licensed in the state of Ohio or an alternative qualified entity which enters into a provider agreement with ODJFS in the comprehensive managed health care program.

**Medicaid** - The state and federally funded program that provides medical benefits to groups of low-income people who meet certain established guidelines.

**Medical Emergency** - Circumstances which a reasonably prudent person would regard as the unexpected onset of sudden or acute illness or injury requiring immediate medical care such that the member’s life or health would have been jeopardized had the care been delayed.

**Medical Management** - The process of evaluating and determining the coverage for and the appropriateness of medical care services, as well as providing any needed assistance to clinician or patient in cooperation with other parties, to ensure appropriate use of resources. Includes prior authorization, concurrent review, retrospective review, discharge planning and case management.

**Medical Record** - A confidential written document related to the provision of physical, social, and mental health services to a member.

**Medically-Necessary Services** - Services necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort.

**Medicare** - Federally funded health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with permanent kidney failure.

**Member** - A Medicaid consumer who has selected membership with Molina Healthcare or has been assigned to Molina Healthcare for the purpose of receiving health care services.

**Medicaid Fraud Control Unit (MFCU)** - The state or federal governmental agency charged with the investigation and prosecution of fraud and related offenses within Medicaid.

**Nursing Facility (NF)** - A long-term care facility (excluding intermediate care facilities for the mentally retarded/developmentally disabled), or part of a facility, certified by the Ohio Department of Health, as being in compliance with the nursing facility standards and Medicaid conditions of participation.

**Ohio Administration Code (OAC)** - Codified rules of the State of Ohio.

**The Ohio Department of Alcohol and Drug Addiction Services (ODADAS)** - State agency that provides leadership for alcohol and other drug addiction prevention and treatment services.

**The Ohio Department of Job and Family Services (ODJFS)** - State agency that administers the Medicaid program.

**ODJFS-approved entity** - An entity, other than the ODJFS, which is under contract with or designated by ODJFS to perform the functions set forth in rules in the Ohio Administrative Code.

**Oral Interpretation Services** - Services provided to consumers with limited reading proficiency to ensure that they receive information in a format and manner that is easily understood.

**Oral Translation Services** - Services provided to consumers with limited English proficiency to ensure that they receive information in their primary language.

**Program of All-Inclusive Care for the Elderly (PACE)** - A program that provides participants with all of their necessary health care, medical care, and ancillary services in acute, sub-acute, institutional, and community settings. Examples of PACE services are primary and specialty care, adult day services, personal care services, inpatient hospital stays, prescription drugs, occupational therapy, physical therapy, and nursing facility care.

**Participating Provider** - A provider contracted with Molina Healthcare to provide services to enrollees.

**Post-Stabilization Care Services** - Covered services related to an emergency medical condition that a treating physician views as medically necessary after an emergency medical condition has been stabilized in order to maintain the stabilized condition, or to improve or resolve the member's condition.

**Protected Health Information (PHI)** - Any information about health status, provision of health care, or payment for health care that can be linked to a specific individual.

**Provider** – A physician or other health care professional or health care facility under employment or contractual arrangement with Molina Healthcare for the purpose of providing covered services to members.

**Provider Agreement** - The formal agreement between ODJFS and Molina Healthcare for the provision of services to Medicaid consumers.

**Provider Group** - A partnership, association, corporation, or other group of providers.

**Provider Panel** - Molina Healthcare's contracted providers.

**Preventive Care** - Health care emphasizing prevention, early detection, and early treatment of conditions, generally including routine physical examination, immunization, and well care.

**Primary Care Provider (PCP)** - A participating provider who has the responsibility for supervising, coordinating, and providing primary health care to members, initiating referrals for specialist care, and maintaining the continuity of member care. PCPs include, but are not limited to, Pediatricians, Family Practitioners, General Practitioners, Internists, Physician Assistants (under the supervision of a physician), or Certified Nurse Practitioners (CNP), as designated by Molina Healthcare.

**Qualified Family Planning Provider (QFPP)** - A public or nonprofit health care provider that complies with federal Title X guidelines/standards and receives Title X funding or family planning funding from the Ohio Department of Health.

**Quality Indicators** - Measurable variables relating to specified clinical or health services which are reviewed over a period of time to monitor the process or outcome of care delivered in a specified area.

**Quality Improvement Program (QIP)** - A formal set of activities to assure the quality of clinical and non-clinical services provided. QIPs include quality assessment and corrective actions taken to remedy any deficiencies identified through the assessment process.

**Remittance Advice (RA)** - Written explanation of processed claims.

**Referral** - The practice of sending a patient to another provider for services or consultation that the referring provider is not prepared and/or qualified to provide.

**Rural Health Clinic (RHC)** - A clinic located in a rural, medically underserved area.

**Self Referral** - When a Molina Healthcare member can access services without prior approval from Molina Healthcare or a primary care provider.

**Service Area** - The geographic area where Molina Healthcare is contracted with ODJFS to provide managed care services to the Medicaid population.

**Specialist** - A licensed provider who practices a specialty field.

**Sub-Contract** - A written contract between Molina Healthcare and a third party, or between the third party and a fourth party, or between any subsequent parties, to perform a specific part of the obligations specified under Molina Healthcare's provider agreement with ODJFS.

**Termination** - The process by which an individual's Medicaid coverage and/or managed care membership is ended. Terminations may be automatic, member-initiated, or plan-initiated.

**Tertiary Care** - Typically administered at highly specialized medical centers for care usually requiring high-level intensive, diagnostic, and treatment capabilities for adults and/or children.

**Third Party Administrator (TPA)** - Any entity utilized to manage or administer a portion of services in fulfillment of the provider agreement with ODJFS.

**Third Party Liability (TPL)** - The payment obligations of the third party payer for health care services rendered to a member when the member also has third party benefits.

**Third Party Payer** - The individual, entity, or program responsible for adjudicating and paying claims for third party benefits rendered to an eligible member.

**Title V** - Title V of the Social Security Act is the Maternal and Child Health Services Block Grant which provides for health and welfare services to mothers and children.

**Title XIX** - Title of the Social Security Act administered by CMS that provides federal grants to the states for medical assistance programs.

**Tort Action** - A civil action for damages for injury, death, or loss to person or property, other than a civil action for damages for breach of a contract or another agreement between persons.