OPEN UNTIL 08/16/19

406, ATTACHMENT B - DEFINITIONS FOR AHCCCS MEMBERS PURSUANT TO 42 CFR 438.10 For consistency in the information provided to members, the Contractor is required to utilize the AHCCCS-developed definitions for managed care terminology [42 CFR 457.1207, 42 CFR 438.10(c)(i)].[1]
1. **Appeal**: To ask for review of a decision that denies or limits a service.
2. **Copayment**: Money a member is asked to pay for a covered health service, when the service is given.
3. **Durable Medical Equipment**: Equipment and supplies ordered by a health care provider for a medical reason for repeated use.
4. **Emergency Medical Condition**: An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would: • Put the person's health in danger; or • Put a pregnant woman's baby in danger; or • Cause serious damage to bodily functions; or • Cause serious damage to any body organ or body part.
5. **Emergency Medical Transportation: See EMERGENCY AMBULANCE SERVICES** **Emergency Ambulance Services**: **Transportation by an ambulance for an emergency condition.**
6. **Emergency Room Care**: Care you get in an emergency room.
7. **Emergency Services**: Services to treat an emergency condition.
8. **Excluded Services**: See EXCLUDED **Excluded**: Services that AHCCCS does not cover. Examples are services that are: • Above a limit, • Experimental, or • Not medically needed.
9. **Grievance**: A complaint that the member communicates to their health plan. . It does not include a complaint for a health plan's decision to deny or limit a request for services.
10. **Habilitation Services and Devices**: See HABILITATION **Habilitation**: Services that help a person get and keep skills and functioning for daily living.

[1] Added CHIP Reference

Effective Dates: 10/01/18, 10/01/19
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11. **Health Insurance**: Coverage of costs for health care services.
12. **HOME HEALTH CARE**: See HOME HEALTH SERVICES **HOME HEALTH SERVICES**: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.
13. **HOSPICE SERVICES**: Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.
14. **Hospital Outpatient Care**: Care in a hospital that usually does not require an overnight stay.
15. **Hospitalization**: Being admitted to or staying in a hospital.
16. **Medically Necessary**: A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.
17. **Network**: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.
18. **Non-Participating Provider**: See OUT OF NETWORK PROVIDER **Out of Network Provider**: A health care provider that has a provider agreement with AHCCCS but does not have a contract with your health plan. . You may be responsible for the cost of care for out-of-network providers.
19. **Participating Provider**: See IN-NETWORK PROVIDER **In-Network Provider**: A health care provider that has a contract with your health plan.
20. **Physician Services**: Health care services given by a licensed physician.

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21. **Plan**: See SERVICE PLAN **Service Plan**: A written description of covered health services, and other supports which may include: • Individual goals; • Family support services; • Care coordination; and • Plans to help the member better their quality of life.
22. **Preauthorization**: See PRIOR AUTHORIZATION **Prior Authorization**: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.
23. **Premium**: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.
24. **Prescription Drug Coverage**: Prescription drugs and medications paid for by your health plan.
25. **Prescription Drugs**: Medications ordered by a health care professional and given by a pharmacist.
26. **Primary Care Physician**: A doctor who is responsible for managing and treating the member's health.
27. **Primary Care Provider (PCP)**: A person who is responsible for the management of the member's health care. A PCP may be a: • Person licensed as an allopathic or osteopathic physician, or • Practitioner defined as a physician assistant licensed or • Certified nurse practitioner.
28. **Provider**: A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.
29. **Rehabilitation Services and Devices**: See REHABILITATION **Rehabilitation**: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.
30. **Skilled Nursing Care**: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

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31. **Specialist**: A doctor who practices a specific area of medicine or focuses on a group of patients.
32. **Urgent Care**: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

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