5101:3-26-01 **Managed health care programs: definitions.**

As used in Chapter 5101:3-26 of the Administrative Code:

(A) "Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes consumer practices that result in unnecessary cost to the medicaid program.

(B) "Advance directive" means written instructions such as a living will or durable power of attorney for health care relating to the provision of health care when an adult is incapacitated.

(C) "Assignment" means the process as described in rule 5101:3-26-02 of the Administrative Code by which the SSE, ODJFS, or other ODJFS-approved entity selects an MCP for eligible individuals in service areas where MCP selection is required.

(D) "Assistance group" means a group of consumers receiving benefits together under a specific category of assistance.

(E) "Automatic renewal" means the process by which an eligible individual automatically terminated from managed care membership has membership in the same MCP renewed without the individual having to contact the SSE or ODJFS.

(F) "Automatic termination" means the process as described in rule 5101:3-26-02.1 of the Administrative Code by which a member's managed care membership is terminated not at the request of the member or the MCP, but for reasons described in that rule.

(G) "CAP" means corrective action plan.

(H) "Case" means one or more assistance groups living in the same household.

(I) "Case management" means activities performed on behalf of members which include services described in paragraph (A)(8) of rule 5101:3-26-03.1 of the Administrative Code.

(J) "CCR" means the consumer contact record. The CCR contains demographic health-related information provided by an eligible individual, managed care member, or ODJFS that is utilized by the SSE to process membership transactions.

(K) "CDJFS" means a county department of job and family services.

(L) "C.F.R." means the Code of Federal Regulations, as amended, unless otherwise specified.

(M) "CLIA" means the clinical laboratory improvement amendments regulated by the centers for medicare and medicaid services under 42 C.F.R. 493, laboratory requirements.

(N) "CMS" means the centers for medicare and medicaid services.

(O) "COB (coordination of benefits)" means a procedure establishing the order in which health care entities pay their claims. For the purpose of this chapter, the MCP is the payer of last resort.

(P) "Covered services" means those medical services set forth in rule 5101:3-26-03 of the Administrative Code or a subset of those medical services.

(Q) "DBA" means doing business as, in accordance with ODI's designation.

(R) "DEA" means drug enforcement administration.

(S) "Eligible individual" means any medicaid consumer who is a legal resident of the managed care service area and is in one of the categories specified in the MCP's provider agreement with ODJFS.

(T) "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

(U) "Emergency services" means covered inpatient services, outpatient services, or medical transportation that are provided by a qualified provider and are needed to evaluate, treat, or stabilize an emergency medical condition as defined in paragraph (T) of this rule. As used in this chapter, providers of emergency services also include physicians or other health care professionals or health care facilities not under employment or under contractual arrangement with an MCP.

(V) "EQRO" means external quality review organization.

(W) "Family planning services" means those services and supplies provided in accordance with rule 5101:3-4-07 of the Administrative Code.

(X) "FQHC " means a federally qualified health center as defined in rule 5101:3-28-01 of the Administrative Code.

(Y) "Fraud" means any intentional deception or misrepresentation made by an individual or entity with the knowledge that the deception could result in some unauthorized benefit to himself, 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 fraudulently receive unauthorized benefits or to knowingly permit others to use the member's identification card to obtain services or supplies.

(Z) "Healthchek," otherwise known as the early and periodic screening, diagnosis, and treatment (EPSDT) program, is 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.

(AA) "HIC" means a "health insuring corporation" as defined in section 1751.01 of the Revised Code.

(BB) "Hospital" means 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.

(CC) "Hospital services" means those inpatient and outpatient services that are generally and customarily provided by hospitals.

(DD) "Inpatient facility" means an acute or general hospital, rehabilitation facility, or nursing or ICF-MR facility.

(EE) "Intermediate care facility for the mentally retarded (ICF-MR)" means a long-term care facility, or part of a facility, for the mentally retarded/developmentally disabled, currently certified by the Ohio department of health as being in compliance with the ICF-MR standards and medicaid conditions of participation.

(FF) "LEP" means limited-English proficiency.

(GG) "LRP" means limited-reading proficiency.

(HH) "MCP (managed care plan)," also referred to as plan, means a HIC licensed in the state of Ohio ~~or an alternative qualified entity~~ that enters into a provider agreement with ODJFS in the managed health care program pursuant to rule 5101:3-26-04 of the Administrative Code. For the purpose of this chapter, MCP does not include entities approved to operate as a PACE site, as defined in paragraph (ZZ) of this rule.

(II) "Medicaid" means medical assistance provided under a state plan approved under Title XIX of the Social Security Act.

(JJ) "Medically necessary" otherwise known as medical necessity, as used in this chapter is the same as defined in paragraph (A) of rule 5101:3-1-01 of the Administrative Code.

(KK) "Medicare" is the federally financed medical assistance program determined under Title XVIII of the Social Security Act.

(LL) "Member" means a medicaid consumer who has selected MCP membership or has been assigned to an MCP for the purpose of receiving health care services.

(MM) "MFCU (medicaid fraud control unit)" means a state or federal governmental agency charged with the investigation and prosecution of fraud and related offenses within medicaid.

(NN) "MR/DD" means mental retardation or developmental disabilities.

(OO) "Nursing facility (NF)" means any long-term care facility (excluding intermediate care facilities for the mentally retarded/developmentally disabled), or part of a facility, currently certified by the Ohio department of health as being in compliance with the nursing facility standards and medicaid conditions of participation.

(PP) "ODA" means the Ohio department of aging.

(QQ) "ODADAS" means the Ohio department of alcohol and drug addiction services.

(RR) "ODI" means the Ohio department of insurance.

(SS) "ODJFS" means the Ohio department of job and family services.

(TT) "ODJFS approval" means written approval by ODJFS and does not constitute approval by any other state or federal agency.

(UU) "ODJFS-approved entity" means any entity other than the CDJFS which is under contract with or designated by ODJFS to perform the functions set forth in rules 5101:3-26-02 and 5101:3-26-02.1 of the Administrative Code.

(VV) "ODMH" means the Ohio department of mental health.

(WW) "ODMR/DD" means the Ohio department of mental retardation and developmental disabilities.

(XX) "Oral interpretation services" means services provided to LRP consumers to ensure that they receive MCP information in a format and manner that is easily understood by those consumers.

(YY) "Oral translation services" means services provided to LEP consumers to ensure that they receive MCP information translated into the primary language of the consumer.

(ZZ) "PACE" means the program of all inclusive care for the elderly. The PACE program integrates the provision of acute and long-term care across settings for frail older adults who have been determined to require at least an intermediate level of care as defined in rule 5101:3-3-06 of the Administrative Code.

(AAA) "PCP (primary care physician)" is an individual physician (M.D. or D.O.) or certain physician group practice contracting with an MCP to provide services to members as specified in paragraph (B) of rule 5101:3-26-03.1 of the Administrative Code.

(BBB) "Post-stabilization care services" means 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 under the circumstances described in 42 C.F.R. 422.113 to improve or resolve the member's condition.

(CCC) "Premium" means the monthly payment amount per member to which the MCP is entitled as compensation for performing its obligations in accordance with Chapter 5101:3-26 of the Administrative Code and/or the provider agreement with ODJFS.

(DDD) "Protected health information (PHI)" is information received from or on behalf of ODJFS that meets the definition of PHI as defined by the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated by the United States department of health and human services, specifically 45 C.F.R. 164.501, and any amendments thereto.

(EEE) "Provider" means a hospital, health care facility, physician, dentist, pharmacist or otherwise licensed, certified or otherwise appropriate individual that is authorized to or may be entitled to reimbursement for health care services rendered to an MCP's member.

(FFF) "Provider agreement" means a formal agreement between ODJFS and an MCP pursuant to Chapter 119. of the Revised Code for the provision of medically necessary services to medicaid consumers who are enrolled in the MCP.

(GGG) "Provider panel" also referred to as "panel", means an MCP's providers as specified in paragraph (A)(3) of rule 5101:3-26-05 of the Administrative Code.

(HHH) "QAPI" means a quality assessment and performance improvement program as described in rule 5101:3-26-07.1 of the Administrative Code.

(III) "Qualified family planning provider (QFPP)" means any public or nonprofit health care provider that complies with federal Title X guidelines/standards, and receives either Title X funding or family planning funding from the Ohio department of health.

(JJJ) "Quality indicators" means measurable variables relating to a specified clinical or health services delivery area which are reviewed over a period of time to monitor the process or outcome of care delivered in that area.

(KKK) "Risk" or "underwriting risk" means the possibility that an MCP may incur a loss because the cost of providing services may exceed the payments made by ODJFS to the contractor for services covered under the provider agreement.

(LLL) "RHC" means a rural health clinic as defined in rule 5101:3-16-01 of the Administrative Code.

(MMM) "Selection services entity (SSE)" means an organization or individual under contract with or designated by ODJFS to provide managed care information and selection services to eligible individuals.

(NNN) "Self referral" is the process by which an MCP member may access certain services without the PCP's and/or MCP's prior approval.

(OOO) "Service area" is the geographic area specified in the MCP's provider agreement.

(PPP) "SFY (state fiscal year)" means the period July first through June thirtieth, corresponding to the state of Ohio's fiscal year.

(QQQ) "State cut-off" means the eighth state working day prior to the end of a calendar month.

(RRR) "Subcontract" means a written contract between an MCP 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 the provider agreement with ODJFS.

(SSS) "Termination" means the process by which an individual's managed care membership is terminated. Terminations may be automatic, member-initiated, or plan-initiated as described in rule 5101:3-26-02.1 of the Administrative Code.

(TTT) "Third party administrator (TPA)" means any entity utilized in accordance with the provisions of this chapter of the Administrative Code to manage or administer a portion of services in fulfillment of the provider agreement with ODJFS.

(UUU) "Third party payor" means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical services furnished under a state plan.

(VVV) "Tort action," otherwise known as subrogation, means the right of ODJFS to recover payment received from a third party payor who may be liable for the cost of medical services and care arising out of an injury, disease, or disability to the member.

(WWW) "United States" means the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.

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