

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. **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.
11. **Health Insurance:** Coverage of costs for health care services.

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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.

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.

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22. **Prior authorization:** 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.

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.