

Appendix B Glossary

Access

The extent to which a patient can obtain services (telephone access and scheduling an appointment) at the time they are needed.

Access90 Program

Access90 provides AllWays Health Partners members with a 90-day supply of certain maintenance medications when purchased through participating pharmacies.

Administratively Necessary Day

A day of acute inpatient hospitalization on which a member's care needs to be provided in a setting other than acute inpatient hospital and on which a member is clinically ready for discharge but for whom an appropriate setting is not available.

Advance Directives

Advance directives are documents signed by a competent person giving direction to health care providers about treatment choices in certain circumstances. There are two types of advance directives. A durable power of attorney for healthcare ("durable power") allows you to name a "patient advocate" to act for you and carry out your wishes. A living will allows you to state your wishes in writing, but does not name a patient advocate.

Adverse Determination

A determination by AllWays Health Partners or its designees, based upon a review of information provided, to deny, reduce, modify, or terminate an admission, continued inpatient stay, or the availability of any other health care services, for failure to meet the requirements for coverage based on medical necessity, appropriateness of health care setting and level of care, or effectiveness.

AllWays Health Partners Care Manager

An AllWays Health Partners-employed health care professional that communicates and collaborates with the member and the member's health care team in the delivery of coordinated and appropriate quality health care services under AllWays Health Partners' care management programs, applying standard protocols, policies and procedures.

AllWays Health Partners Nurse Partner

An AllWays Health Partners-employed registered nurse who is assigned to a high-volume inpatient facility to work collaboratively with primary care providers and AllWays Health Partners Nurse Case Managers to arrange for effective discharge planning for AllWays Health Partners members.

Ancillary Services

Additional services related to care, such as laboratory work, x-ray, and anesthesia.

Appeal

A formal request by a member or provider for reconsideration of a decision, either clinical or administrative with documentation supporting the request for re-consideration.

Authorization

The review and approval by clinicians of certain services for determination of whether the services are medically appropriate and can reasonably be expected to improve the member's condition or prevent future regression.

Authorization Number

A number issued to a provider signifying receipt of a request for services requiring prior-authorization. All requests are assigned an authorization identification number for tracking purposes independent of the approval status.

Availability

The extent to which an organization geographically distributes practitioners of the appropriate type and number to meet the needs of its membership.

Business Days

See "Working Days"

Care Management

A collaborative process of assessment, planning, facilitating, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes.*

*From Standards of Practice for Case Management, copyright by Case Management Society of America.

CDS

Controlled dangerous substance

Clean Claim

A claim that can be processed without obtaining more information from the provider of the service.

Clinical Reviewer

A health care professional who has the appropriate clinical expertise in treating the medical condition, performing the procedure or providing the treatment that is the subject of an adverse action or clinically related grievance and who was not involved in the matter being appealed or grieved.

Co-morbid Disorders

The simultaneous manifestation of a physical disorder and a behavioral health disorder, or two different physical disorders.

Continuing Services

AllWays Health Partners covered services that were previously authorized by AllWays Health Partners and are the subjects of an internal appeal involving a decision by AllWays Health Partners to terminate, suspend or reduce the previous authorization and which are provided by AllWays Health Partners, pending the resolution of the internal.

Coordination of Benefits (COB)

A process by which it is determined how medical, dental or other care services will be paid when a person is covered under more than one health plan.

Covered Services

Those medically necessary hospital, medical and other health care services to which a member is entitled under the terms of his or her AllWays Health Partners Subscriber Group Agreement.

Credentialing

A process to ensure that contracted providers meet a minimum level of quality as established by the health plan.

Cultural Competence

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

“Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups including, but not limited to, ASL using deaf, hard-of-hearing and deaf blind person.

“Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities, as

defined in the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

DEA

Drug Enforcement Administration

Durable Medical Equipment (DME)

Equipment which can stand repeated use, is primarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the home.

Early Intervention (EI) Services

A comprehensive program for children three years of age and younger whose developmental patterns are atypical or are at serious risk to become atypical through biological or environmental components. Early intervention services are family-centered and community-based in order to facilitate developmental progress.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Delivery of health care services to members under age 21.

Emergency Medical Condition

A medical condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- 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.

Emergency Services

Covered inpatient and outpatient services that are furnished to a member by a provider that is qualified to furnish such services under Title XIX of the Social Security Act, and are needed to evaluate or stabilize a member’s emergency medical condition.

E-prescribing

The transmission, using electronic media, of a prescription or prescription-related information, between a prescriber, dispenser, pharmacy benefit manager, or health plan, either directly or through an intermediary, including an e-prescribing network.

EPSDT (Early Periodic Screening, Diagnosis, and Treatment) Periodicity Schedule

Screening procedures arranged according to the intervals or age levels at which each procedure is to be provided.

Ethnicity

Identity with or membership in a particular racial, national, or cultural group and observance of that group's customs, beliefs, and language.

GIC (Group Insurance Commission)

An employer group that provides and administers health insurance and other benefits to the Commonwealth's employees and retirees, and their dependents and survivors.

Grievance

Any expression of dissatisfaction by a member or member's representative about any action or inaction by AllWays Health Partners. Possible subjects for grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee of AllWays Health Partners, or failure to respect the member's rights.

HealthCare Administrative Solutions, Inc. (HCAS)

A non-profit entity founded in 2007 with collaboration from several Massachusetts health plans to streamline the credentialing and re-credentialing processes.

Health Care Agent

A health care agent is a person a member has chosen in advance to make health care decisions in the event that the member becomes unable to do so.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Federal legislation enacted to improve the continuity of health insurance coverage in group and individual markets, combat waste, fraud, and abuse in health insurance and health-care delivery, simplify the administration of health insurance and protect the confidentiality and security of individually identifiable health information.

Health Maintenance Organization (HMO)

An entity that provides, offers, or arranges for coverage of health services which emphasize preventive care and consists of a network of physicians and other providers who deliver those services to plan members.

Healthcare Effectiveness Data and Information Set (HEDIS)

A set of standardized performance measures designed to provider purchasers and consumers with the information

they need to reliably compare the performance of managed care organizations.

Health Risk Assessment (HRA)

A tool that identifies and quantifies a member's physical and behavioral health status, and morbidity and mortality risk derived from the collection and review of demographic, physical and behavioral health, and lifestyle information. This tool should identify the communication method used by deaf, hard-of-hearing and deaf /blind members, and the need for ASL Interpreters or Communication Access Real Time Translation (CART) services.

Inquiry

Any oral or written question by a member to AllWays Health Partners regarding any aspect of AllWays Health Partners' operations that does not express dissatisfaction about AllWays Health Partners or its operations, processes, services, benefits, or providers.

Joint Commission on the Accreditation of Health Organizations (JCAHO)

A standards-setting and accrediting body in health care which evaluates and accredits approximately 17,000 US health care organizations and programs.

Living Will

A legal document that a person uses to make known his or her wishes regarding life prolonging medical treatments. It can also be referred to as an advance directive, health care directive, or a physician's directive.

Managed Care

A system of health care delivery that is provided and coordinated by a primary care provider. The goal is a system that delivers value by giving people access to quality, cost-effective health care.

Managed Care Organization (MCO)

Any entity that provides, or arranges for the provision of, covered services under a capitated payment arrangement, that is licensed and accredited by the Massachusetts Division of Insurance as a health maintenance organization, or is organized primarily for the purpose of providing health care services, makes the services it provides to its members as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other members within the area served by the entity.

Member

A person by whom or on whose behalf periodic payment has been made to and accepted by AllWays Health Partners and who is thereby entitled to receive covered

services, and who has chosen or been assigned a specific physician as his or her primary care provider.

Member Representative

Any individual that has been authorized by the member in writing to act on the member's behalf.

Members with Special Health Care Needs

Includes (1) adults with complex/chronic medical conditions requiring specialized health care services, including persons with physical, mental/substance use, and/or developmental disabilities, such as persons with cognitive, intellectual, mobility, psychiatric, and/or sensory disabilities described below, and including such persons who are homeless; and (2) children/adolescents who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type and amount beyond that required by children generally.

- **Cognitive Disability** – a condition that leads to disturbances in brain functions, such as memory, orientation, awareness, perception, reasoning, and judgement. Many conditions can cause cognitive disabilities, including but not limited to Alzheimer's disease, bipolar disorder, Parkinson disease, traumatic injury, stroke, depression, alcoholism, and chronic fatigue syndrome.
- **Intellectual Disability** – is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior that affect many everyday social and practical skills.
- **Mobility Disability** – an impairment or condition that limits or makes difficult the major life activity of moving a person's body or a portion of his or her body. "Mobility disability" includes, but is not limited to, orthopedic and neuro-motor disabilities and any other impairment or condition that limits an individual's ability to walk, maneuver around objects, ascend or descend steps or slopes, and/or operate controls. An individual with a mobility disability may use a wheelchair or other assistive device for mobility or may be semi-ambulatory.
- **Psychiatric Disability** – a mental disorder that is a health condition characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Examples include, but are not limited to, depression, bipolar disorder, anxiety disorder, schizophrenia, and addiction.
- **Sensory disability** – any condition that substantially affects hearing, speech, or vision

Minor

A child who is under the age of 18, considered the age of majority in Massachusetts.

National Committee on Quality Assurance (NCQA)

An entity that evaluates and accredits over half of the nation's health maintenance organizations on key clinical and administrative processes, preventive care measures, and member satisfaction.

National Practitioner Data Bank (NPDB)

An alert system intended to facilitate a comprehensive review of health care practitioners' professional credentials.

Non-Symptomatic Care

A member encounter with a provider that is not associated with any presenting medical signs. Examples include well-child visits and annual adult physical examinations.

Non-Urgent Symptomatic Care

A member encounter with a provider that is associated with presenting medical signs and symptoms, but that does not require urgent or immediate medical attention.

Notification

The process by which AllWays Health Partners is informed of the delivery of specific services. Notification is a requirement for reimbursement of specific services under AllWays Health Partners' Utilization Management program.

Optum Health

The behavioral health organization contracted by AllWays Health Partners to work in collaboration with the AllWays Health Partners Behavioral Health Department to administer AllWays Health Partners' Behavioral Health Program.

Organ Donation Card

A card which indicates a person's willingness to "help someone to live after death." The card functions like a personal consent form for organ donation, and indicates to both the relatives and medical personnel on his or her willingness to donate organs for transplantation. The presence of the card does not imply that aggressive life-saving measures will not be performed in case of emergency, it is taken into account only after the diagnosis of brain death has been made.

Participating Provider

Those participating provider groups, primary care providers, specialists, hospitals, or other providers who have entered into an agreement with AllWays Health Partners to provide covered services to members.

Patient Care Assessment Committee (PCAC)

Committee responsible for development and implementation of the Board approved quality work plan that articulates specific improvement goals, activities and outcomes in areas of clinical and service quality, utilization management, credentialing and peer review; provides direction for all quality improvement activities, including those that have been delegated.

The PCAC is also responsible for providing oversight and advisory input on policies or recommending changes in policies and procedures that impact clinical and service quality, including evaluating and approving new medical technologies. Additionally, the PCAC is accountable for peer review activities and credentialing of practitioners and for providing guidance for clinician profiling activities.

Patient Protection and Affordable Care Act (PPACA)

Also known as the federal health care reform bill, signed into law in 2010. This legislation makes sweeping changes to the U.S. health care system, to be implemented over the next several years.

Participating Provider Group (PPG)

An individual, organized partnership, professional corporation or other legal association or entity which practices the specialties of general internal medicine, general pediatrics, or family practice, having a contract with AllWays Health Partners to provide, arrange for, and coordinate the provision of covered services to its members, including the services of primary care providers.

Primary Care

The provision of coordinated, comprehensive medical services, on both a first-contact and a continuous basis, to a member. The provision of primary care incorporates an initial medical history intake, medical diagnosis and treatment, communication of information about illness prevention, health maintenance, and referral services.

Primary Care Provider (PCP)

An individual practitioner and those working at his or her direction, selected by or assigned to a member to provide and coordinate the provision of covered services to meet the member's health care needs and to initiate and coordinate specialty services when required.

Prior Authorization

The process of requesting services, including home health care, durable medical equipment, outpatient therapies, certain emergency services, and hospital admissions or other services which require clinical review by AllWays Health Partners.

Provider

A health care professional licensed by the Commonwealth of Massachusetts, including but not limited to physicians, mid-level clinicians, hospitals, durable medical equipment, home health care, home infusion therapy, and laboratory.

Provider Performance Incentive

A financial incentive program or reward between AllWays Health Partners or and its network provider(s) (Provider Performance Incentives) that is tied to either the contractor or network providers achieving a clearly defined goal that was previously agreed to by relevant parties.

Qualified Health Plan (QHP)

A health plan certified by the State Based Exchange (SBE) operated by the Massachusetts Commonwealth Health Insurance Connector Authority (“The Connector”).

Quality Improvement

A continuous process that identifies problems in health care delivery, tests solutions to those problems and constantly monitors the solutions for improvement.

Race

A group of persons related by common descent or heredity.

Rural Area

A geographic area where the population density is less than 1,000 persons per square mile.

School-Based Programs

Health care programs funded by the Department of Public Health and located at schools to facilitate better access to quality health care for children and adolescents.

Subscriber Group

A group of potential or actual members for which AllWays Health Partners has agreed with a payer through a Subscriber Group Agreement to provide a defined set of covered services for a specified premium and who are eligible to receive services as AllWays Health Partners members.

Suburban Area

A geographic area where the population density is between 1,000 and 3,000 persons per square mile.

Urban Area

A geographic area where the population density is greater than 3,000 persons per square mile.

Urgent Care

Acute but not life or limb-threatening symptoms that are sufficiently bothersome, or of recent onset (e.g., acute abdominal pain, fever >100F, dyspnea, serious orthopedic injuries, vomiting, and persistent diarrhea).

Working Days

Sometimes defined as business days, this term is used to define the number of working days in a statement. Note that AllWays Health Partners holidays affect the working/business days count.