

GLOSSARY

The following words and phrases in addition to definitions contained in the statute have the following meanings unless the context explicitly requires another meaning:

Action –

- Denial or limited authorization of a requested service, including the type or level of service;
- Reduction, suspension, or termination of a previously authorized service;
- Denial, in whole or in part, of payment for a service;
- Failure to provide a service in a timely manner as set forth in contract;
- Denial of a rural enrollee's request to obtain services outside the CMDP network.

Acute mental health services – Inpatient or outpatient health services provided to treat mental or emotional disorders, as necessary for crisis stabilization, evaluation, and determination of future service needs.

Arizona Department of Juvenile Corrections (ADJC) – The mission of the ADJC is to enhance public protection by changing delinquent thinking and behaviors of juvenile offenders committed to the Department.

Adjudicated child – A child adjudicated by the court as dependent, neglected, or delinquent residing in a licensed foster family home or child welfare agency.

Arizona Health Care Cost Containment System (AHCCCS) – (*pronounced “access”*) The state agency that manages Arizona's Medicaid Program.

Arizona Health Care Cost Containment System Administration (AHCCCSA) – The state agency which acts as the contracting and regulatory body for the state and for Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for state and federally funded health care programs.

Air ambulance – A helicopter or fixed wing aircraft licensed under the Arizona Department of Health Services and A.R.S. Title 36, Chapter 21.1 as amended, to be used in the event of an emergency to transport clients or eligible persons to obtain services.

Ambulance – Any motor vehicle licensed pursuant to the Arizona Department of Health Services and A.R.S. Title 36, Chapter 21.1 especially designed or constructed, equipped, and intended to be used, maintained, and operated for the transportation of persons requiring ambulance services.

Ambulatory care institution – A health care institution with inpatient beds licensed by the Arizona Department of Health Services providing limited hospital services on an outpatient basis including an outpatient surgical center and an outpatient treatment center.

Ancillary services – Special services and items furnished to an institutionalized eligible client, which are separately payable in addition to the daily room and board charge. It may also be categorized as those provided by medical personnel other than physicians.

Appeal – A request for review of an action.

Authorization – An approval given by the designated Departmental representative or representative of the fiscal intermediary to a specific medical/dental provider to render services or items to a specific eligible client. In general, CMDP Medical Services staff gives authorization.

Casualty insurance – Liability insurance coverage related to injury due to accidents or negligence.

Catastrophic coverage limitation – The financial limit, as determined by the Department, beyond which the contractor is not at risk to provide or make reimbursement of treatment of illness or injury to foster children which results from, or is greatly aggravated by, a catastrophic occurrence or disaster including, but not limited to, a natural disaster or an act of war, declared or undeclared, which occurs subsequent to being eligible for foster care.

Child in foster care – A child adjudicated by the court as dependent, neglected, or delinquent, or on whom the parent(s) have signed the necessary paperwork for voluntary foster care and who is residing in a licensed foster home or child welfare agency.

Child Safety Specialist (CSS) – A professional employed or contracted by the Department to provide social services to eligible children and families. A case manager's responsibilities include the establishment of a case plan, determination and arrangement of appropriate services, evaluation of progress, recommendations to the juvenile court and other agencies, and the termination of services.

Children's Rehabilitative Services (CRS) – A state agency that provides medical services to children meeting CRS eligibility requirements. Some CMDP members may be also eligible to receive CRS.

Claim – The invoice submitted by the medical/dental provider for reimbursement for covered services.

Clean claim – One that can be processed without obtaining additional information from the provider of the service or from a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

Claim dispute – A dispute involving a payment of a claim, denial of a claim, imposition of a sanction, or reinsurance.

Comprehensive Medical and Dental Program (CMDP) – The name for the health care program for children in out-of-home care authorized by legislation and administered by the Arizona Department of Child Safety (DCS).

Concurrent review – A utilization management function performed by registered nurses on each inpatient admission to acute care hospitals or extended care facilities. The concurrent review process determines the appropriateness of the hospital stay and level of care, and is based on standardized review criteria.

Contract – A written agreement entered into between a person, organization, or other entities and the Department to provide health care services to foster children.

Contractor – A person, organization, or entity agreeing through a direct (prime) contracting relationship with the Department to provide those goods and services specified by contract in conformance with the requirements of such contract.

Coordination of Benefits (COB) – The process of using other insurance plans (families health plan, automobile, or a third party) to pay for the child’s medical needs in full or in combination with CMDP.

Covered service – Necessary health services which are delivered to CMDP members at the direction of the member’s Primary Care Provider (PCP). Covered services for AHCCCS are listed in this manual.

Cultural competency – An awareness and appreciation of the customs, values, and beliefs (“culture”) and the ability to incorporate them into the assessment, treatment, and interaction with any individual.

Dentist – An individual licensed to practice dentistry and/or oral surgery by the appropriate regulatory board of the State of Arizona. The term shall include such an individual only when practicing within the scope of the license.

Diagnostic service – Those services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

Director – The Director of the Arizona Department of Child Safety (DCS).

Division of Children, Youth, and Families (DCYF) – The purpose of the Division of Children, Youth and Families, within the Arizona Department of Child Safety (DCS), is to provide opportunities and services to families so that children at risk can grow in safe, caring environments, and to advocate for children’s rights and needs.

Durable Medical Equipment (DME) – Durable items and appliances that can withstand repeated use, are designed primarily to serve a medical purpose, and are not generally useful to a person in the absence of a medical condition, illness, or injury. This definition includes, but is not limited to, such items as bedpans, hospital beds, wheelchairs, crutches, trapeze bars, and oxygen equipment.

Emergency ambulance service –

- Emergency transportation by a licensed ambulance company of persons requiring emergency medical services.
- Emergency medical services that are provided before, during, or after such transportation by a certified ambulance operator or attendant.

Emergency medical services – Services provided in a hospital emergency room after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in:

- Placing the patient’s health in serious jeopardy;
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency dental services –

- Those services necessary to control bleeding, relieve pain, and eliminate acute infections;
- Operative procedures that are required to prevent pulpal death and the imminent loss of teeth;
- Treatment of injuries to the teeth or supporting structures; and
- Reduction of maxillary and mandible fractures.

EPSDT services – Early and Periodic Screening, Diagnostic, and Treatment services for person under 21 years of age. The following meanings shall apply:

- *Early* – In the case of a child in out-of-home care, as early as possible in the child's life, or in other cases, as soon as a child is in out-of-home care.
- *Periodic* – At appropriate intervals established by the Department for screening to ensure that a condition, illness, or injury is not incipient or present.
- *Screening* – The use of quick, simple procedures carried out among large groups of people to sort out apparently well persons from those who may have a condition, illness, or injury, and the identification of those in need of more definitive study. For the purposes of the CMDP program, screening and diagnosis are not synonymous.
- *Diagnostic* – The determination of the nature or cause of a condition, illness, or injury through the combined use of health history, physical, developmental, and psychological examination, laboratory tests, and x-rays.
- *Treatment* – Any type of health care or services recognized under the State Plan submitted pursuant to Title XIX of the Social Security Act.

Eyeglasses – Frames with lenses prescribed by an optometrist, ophthalmologist, or other licensed medical practitioner to aid or significantly improve visual performance.

Facility – Any premise owned, leased, used, or operated, directly or indirectly, by or for a contractor and its affiliates for purposes related to a contract; or maintained by a provider to provide services on behalf of a contractor.

Family planning services – Family planning services are those services provided to aid eligible persons who voluntarily choose to delay or prevent pregnancy. Family planning services include covered medical, surgical, pharmacological, and laboratory benefits. Family planning services also include the provision of accurate information and counseling to allow eligible persons to make informed decisions about the specific family planning methods available. All CMDP members are entitled to family planning services.

Federal Food and Drug Administration (FDA) – The FDA's mission is to promote and protect public health by helping safe and effective products reach the market in a timely way, and by monitoring products for continued safety after they are in use. Their work is a blending of law and science aimed at protecting consumers.

Fee-for-service – A method of payment to registered providers on an amount-per-service basis, up to a maximum allowable AHCCCS fee.

Fee schedule – Allowable amounts established by the Arizona Department of Child Safety (DCS) for medical, dental, and psychological care for children in out-of-home care.

Foster care provider – A home or childcare agency such as a foster home, group home, or child welfare agency, which provides care and supervision for foster children.

Generic drug – The chemical or generic name, as determined by the United States Adopted Names Council (USANC) and accepted by the Federal Food and Drug Administration (FDA), of those drug products having the same active ingredients as prescribed brand name drugs.

Grievance – An expression of dissatisfaction about any matter other than an action. This can include, but is not limited to:

- The quality of care or services provided;
- Failure to respect members' rights; and
- Aspects of interpersonal relationships such as rudeness of a provider or an employee.

Hearing aid – Any wearable instrument or device designed for, or represented as, aiding or compensating for impaired or defective human hearing, and any parts, attachments, or accessories of such an instrument or device.

Hearing aid evaluation – The application and interpretation of a battery of tests by an otolaryngologist, otologist, other licensed medical practitioner, or audiologist to determine if amplification may be advantageous to an individual's hearing and what parameters of amplification are required to obtain a satisfactory result.

High-risk pregnancy – A pregnancy complicated by diabetes mellitus, hypertension, previous history of multiple stillborns, expected multiple birth, or a foster child under age 18 years.

Hospital – A health care institution that is licensed by the Department of Health Services pursuant to A.R.S. Title 36, Chapter 4, Article 2, as a hospital, and certified as a provider under Title XVIII of the Social Security Act, as amended, or is currently determined to meet the requirements of such certification.

Identification card (ID) – A card for each foster child issued by the Department to establish the identity of the child eligible for the covered services.

Inpatient – A person who has been admitted into a hospital, rehabilitation, or skilled nursing facility for bed occupancy for purposes of receiving inpatient services. A person will be considered an inpatient when formally admitted as an inpatient, i.e. when admitted for a period of more than 23 hours or through the census hour.

Inpatient days – The number of days of care charged for hospital or skilled nursing facility services.

Inpatient hospital services – Those services and items furnished by the hospital for the care and treatment of inpatients under the direction of a physician or dentist.

Legal guardian, conservator, executor, or public fiduciary – Persons appointed by a court or other protective order to be in charge of the affairs of a minor or incapacitated person.

Legend drugs – Those drugs that under federal or state law or regulations may be dispensed only by prescription.

Long-term care – Room and board services ordinarily provided in a licensed nursing care institution, licensed supervisory care facility or certified adult foster care facility.

Medical/Dental Provider – Any person, institution or entity, which provides covered services to an eligible foster child under the program.

Medicaid – A federal/state program authorized by Title XIX of the Social Security Act, as amended, which provides federal matching funds for a medical assistance program for recipients of federally aided public assistance, SSI benefits, and other specified groups. Certain minimal populations and services must be included to receive federal financial participation (FFP). States may optionally include additional populations and services at state expense and also receive FFP.

Medical record – A single, complete record kept at the site of the client's Primary Care Provider that documents the medical services received by the client, including inpatient discharge summary, outpatient, and emergency care.

Medical services – Services pertaining to medical care that are performed at the direction of a physician, on behalf of clients or eligible persons by physicians, dentists, nurses, or other health related professional and technical personnel.

Medical supplies – Consumable items which are designed specifically to meet a medical purpose.

Medically necessary – Those covered services provided by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law to:

- Prevent disease, disability and other adverse health conditions or their progression; or
- Prolong life.

Medically necessary sterilization – Sterilization to:

- Prevent disease, disability or adverse health conditions; or
- Prolong life and promote physical health.

Minor – A person under 18 years of age.

Member – A person who is enrolled with CMDP.

Non-PPN providers – Health care providers who are registered but have not applied to CMDP to provide covered services to CMDP members.

National Drug Code (NDC) – An 11-digit code that identifies a drug. The first 5 digits identify the manufacturer of the drug and are assigned by the Food and Drug Administration (FDA). The next 4 digits identify the specific drug product, and the last 2 digits define the product package size, assigned by the manufacturer.

National Provider Identifier (NPI) – A unique, government-issued, standard identification number for individual health care providers and provider organizations like clinics, hospitals, schools, and group practices.

Nursing services – Those services that are performed by or under the supervision of a registered nurse at the direction of a licensed practitioner.

Occupational therapist – A person who has completed equivalent educational requirements and work experience required for a certificate of occupational therapy.

Ophthalmologist – A licensed medical practitioner who specializes in the diagnosis and treatment of the eye and its related structures.

Optometrist – A person registered with the State medical board to practice optometry.

Orthodontic condition – A clinically obvious physical abnormality of tooth and/or jaw relationships.

Orthopedic devices – Supportive or corrective devices used for treatment of musculoskeletal abnormality or injury.

Otolaryngologist – A licensed medical practitioner whose practice is limited to the specialty of conditions or disease of the ear, nose, and throat, and who qualifies as a specialist in those areas.

Otologist – A physician who limits his practice to the specialty of conditions and diseases of the ear and who qualifies as a specialist in this area.

Outpatient health services – Those preventative, diagnostic, rehabilitative, or palliative items or services that are ordinarily provided in hospitals, clinics, physician's offices, and rural clinics, by licensed health care providers by, or under the direction of, a physician or practitioner, to an outpatient.

Palliative services – Services that reduce the severity or relieve the symptoms of a condition, illness, or injury.

Parents' Evaluation of Developmental Status (PEDS) tool – A formal developmental screening tool that is conducted during primary care EPSDT visits to identify potential developmental delays.

Primary Care Provider (PCP) – This term is used interchangeably with Primary Care Physician. The CMDP PCP is a physician who is responsible for the overall management of a member's health care. PCPs may include, but are not limited to: a physician who is a family practitioner, general practitioner, internist, pediatrician, obstetrician, or gynecologist; a certified nurse midwife or nurse practitioner; or a physician's assistant when under the supervision of a physician.

Pharmaceutical services – Medically necessary drugs prescribed by a practitioner, or other physician or dentist upon referral by a primary physician.

Pharmacist – A person licensed as a pharmacist under A.R.S. Title 32, Chapter 18.

Pharmacy – An establishment where prescription orders are compounded and dispensed by, or under the direct supervision of, a licensed pharmacist and which is registered pursuant to A.R.S. Title 32, Chapter 18.

Physical therapist – A person registered to practice physical therapy.

Physical therapy services – Those services provided by or under the supervision of a physical therapist.

Physician's Current Procedural Terminology (CPT) – The manual published and updated by the American Medical Association, which is a nationally accepted listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians, and provides a uniform language that will accurately designate medical, surgical, and diagnostic services.

Physician services – Services provided within the scope of practice of medicine or osteopathy as defined by State law, or by or under the personal supervision of an individual licensed under State law, to practice medicine or osteopathy, and excludes those services routinely performed and not directly related to the medical care of the individual foster child. The term shall also include a Christian Science practitioner recognized by the Mother Church and listed as such in the "Christian Science Journal."

Practitioner – Physician's assistants and registered nurse practitioners who are certified and practicing in an appropriate affiliation with a primary physician as authorized by law.

Preferred Provider Network (PPN) – Health care providers participating with CMDP to provide covered services to CMDP members. PPN providers have fewer prior authorization requirements than non-PPN providers and clean claims are paid promptly.

Pre-payment – An arrangement in which a contractor agrees to provide health care services for a prospective, predetermined, periodic, fixed subscription premium.

Prescription – An order to a provider for covered services, which is signed or transmitted by a provider authorized to prescribe or order such services.

Preventative health care – Those health care activities aimed at protection against, and early detection and minimization of, disease or disability.

Prior authorization – The process by which the Department will advance whether a covered service that requires prior approval will be reimbursed based upon the accuracy of the information received and substantiated through concurrent and/or retrospective medical review.

Provisional prior authorization – Is a temporary authorization given, pending the receipt of required documentation to substantiate compliance with CMDP.

Prosthesis – An artificial substitute for a missing body part including, but no limited to, an arm, leg, eye, tooth, etc.

Psychologist – An individual certified by the State Board of Psychologist Examiners.

Quality management – A methodology used by professional health personnel that assesses the degree of conformance to desired medical standards, practices, and activities designed to improve and maintain quality service and care, performed through a formal program with involvement of multiple organizational components and committees.

Radiological services – Professional and technical x-ray and radioisotope services ordered by a physician or other licensed health professional for diagnosis, prevention, treatment or assessment of a medical condition. Radiological services include portable x-ray, radioisotope, medical imaging, and radiation oncology.

Regional Behavioral Health Authority (RBHA) – (*pronounced REE-bah*) Entities contracted by the Arizona Department of Health Services (ADHS) to provide Title XIX covered behavioral health services to eligible members.

Referral – The process whereby a foster child is directed by a Primary Care Provider to another appropriate provider or resource for diagnosis or treatment.

Rehabilitation services – Physical, occupational, speech, and respiratory therapy, audiologist services, and other restorative services and items required to reduce physical disability and restore a child to an optimal functional level.

Routine services – Those services and items included in an inpatient provider's daily room and board charge.

Routine physical examinations – Medical examinations performed without relationship to treatment or diagnosis of a specific condition, illness, or injury.

Service area – The geographical area designated by the Department within which a contractor shall provide, directly or through subcontract, covered health care services to children in out-of-home care.

Service location – Any location at which a child in out-of-home care obtains any covered health care service.

Service site – The location at which children in out-of-home care shall receive services from a Primary Care Provider.

Specialist – A Board-eligible or certified physician who declares himself or herself as such and practices a specific medical specialty.

Social Security Administration (SSA) – An agency of the Federal Government responsible for administering certain titles of the Social Security Act, as amended.

Specified relative – A non-parent caretaker of a dependent child who is a grandparent, great-grandparent, brother, or sister of whole or half blood, aunt, uncle, or first cousin. (A.R.S. § 8-501.A.11)

Skilled nursing facility – A health care institution which is licensed by the Department of Health Services as a skilled nursing facility.

Speech therapist – A person who has been granted the Certificate of Clinical Competence in the American Speech and Hearing Association, or who has completed the equivalent educational requirements and work experience required for such a certificate, and who is licensed by the state.

State Fair Hearing – An administrative hearing as defined under A.R.S. Title 41, Chapter 6, Article 10.

Supplemental Security Income (SSI) – Supplemental income under Title XVI of the Social Security Act, as amended.

Therapeutic services – Those curative services required for treatment of a condition, illness, or injury and includes acute, chronic, and emergency care.

Third party – Any individual, entity or program that is, or may be liable to pay, all or part of the medical cost of injury, disease, or disability of a CMDP foster child.

Third party liability – The resources available from a person or entity that is or may be, by agreement, circumstance, or otherwise, liable to pay all, or part of, the medical expenses incurred by a CMDP eligible foster child.

Treatment plan – That portion of the authorization process which requires that the attending physician and other professional allied health personnel involved in the care of an eligible foster child, establish and review periodically a plan of treatment and care for each eligible foster child.

United States Adopted Names Council (USANC) – The purpose of the USANC is to serve the health professions in the United States by selecting simple, informative, and unique nonproprietary names for drugs by establishing logical nomenclature classifications based on pharmacological and/or chemical relationships.

Utilization control – The overall accountability program encompassing quality assurance and utilization review.

Utilization management – A methodology used by professional health personnel that assesses the medical indications, appropriateness, and efficiency of care provided.

Vaccines for Children (VFC) – The VFC Program was established in 1993 to serve children defined as “federally vaccine eligible” under Section 1928(b)(2) of the Social Security Act, which includes both “uninsured” and “Medicaid eligible” children. American Indian/Alaskan Native children, and children whose insurance does not cover immunizations, are also eligible for the VFC Program. States will continue to receive federal funding for reduced-price vaccines under this program.