



## 11. TERMS YOU MAY NOT KNOW

Certain language used in this Member Handbook is specific to health care, managed care or the Commonwealth's CHIP program. The following are brief definitions of some words you may not know.

**Advance Directives** – Legal documents used to spell out what medical treatment you will accept, refuse or end if you are too sick to speak for yourself. See page 39 for more details.

**Ancillary Providers** – Non-physician health care professionals/agencies that provide any of a number of specialized health services, such as home health care, durable medical equipment and radiology studies (x-rays). Ancillary providers that participate with KidzPartners are included in both the printed and online KidzPartners provider directories.

**Case Manager** – A health care professional who works with members to ensure that they receive needed services and extra help that they may need to access these services. Case Managers help KidzPartners members in areas including disease management, special needs and maternity care.

**Complaint** – When you tell us that you are unhappy with Health Partners Plans, a decision we've made, or a participating provider. See pages 47 – 52 for more details.

**Copayment** – The part of covered healthcare costs that is your responsibility to pay. The "copay" amount depends on your membership category and on the type of health care service. See page 15 for more details.

**Eligibility Review** – Examination of a plan's decision regarding CHIP eligibility. The Pennsylvania Insurance Department conducts these examinations, if requested, when the member or prospective member disagrees with the decision made. See page 56 for more details.

**Formulary** – List of medicines approved for use by KidzPartners members. Non-formulary medicines will not be covered without prior approval by the plan. See page 23 for more details.

**Grievance** – When you tell us that you disagree with our decision to deny, reduce or stop a service or item you requested, or to approve a different service or item in its place. See pages 47 – 52 for more details.

**Managed Care** – A type of health insurance that takes an active role in overseeing the member’s health care, generally requiring the use of plan-specified doctors and other providers and the prior approval of certain services by the plan. Health Partners Plans is a managed care organization.

**Medical Assistance** – A state/federal-funded health program that provides coverage to residents who meet income and other requirements. Pennsylvania residents eligible for Medical Assistance (also known as Medicaid) cannot enroll in CHIP.

**Medically Necessary/Medical Necessity** – Basis for determining the need for and appropriateness of health care services. See page 33 for more details.

**Participating Provider** – A provider contracted with the plan to provide care/services to its members. With very limited exceptions, all services provided to KidzPartners members must be provided by participating providers. Services provided by non-participating providers without prior plan approval will not be covered. See page 6 for more details.

**Premium** – The monthly cost for CHIP coverage for those members enrolled in the low-cost or full-cost programs. Premiums are billed monthly by the plan.

**Primary Care Provider (PCP)** – Doctor or other health care professional who provides or coordinates a member’s basic health care needs.

**Prior Authorization** – Approval by the plan required before some types of health care services are performed. Prior authorization should be obtained by the provider on behalf of the member for such services, and can be confirmed by contacting Member Relations. See page 32 for more details.

**Special Needs Unit** – Department that provides extra help to members with physical or behavioral disabilities, complex or chronic health issues or other special needs. See page 35 for more details.

**Well-child/Well-adolescent Visits** – PCP and other visits for screenings, immunizations and other preventive health services. KidzPartners members in all premium categories are covered for preventive services with no copays. See page 35 for more details.