

**Bureau of Managed Care
Managed Care Organizations
Policy / Procedures**

General Contract Monitoring

CMS Rule: Required Definitions – Enrollee Materials

In accordance with 42 CFR 438.10(c)(4), the Department has developed standardized definitions for the terms listed at 438.10(c)(4)(i) that must be used by HFS and its Health Plans and other Contractors in all Enrollee materials. Enrollee materials include all communication with enrollees, including but not limited to an enrollee handbook or enrollee health notices.

Any deviations from these definitions must first be approved by the Department prior to use by the Health Plan or other Contractor. Any violations to the use of the standard definitions may subject the Health Plan or Contractor to corrective action or sanction pursuant to the applicable Contract.

Standard Definitions:

Appeal means a request for your health plan to review a decision again.

Co-payment means a fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment means equipment and supplies ordered by a health care provider for everyday or extended use.

Emergency Medical Condition means an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation means ambulance services for an emergency medical condition.

Emergency Room Care means the emergency services you get in an emergency room.

Emergency Services means the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services means health care services that your health insurance or plan doesn't pay for or cover.

Grievance means a complaint that you communicate to your health plan.

Habilitation Services and Devices means services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance is a contract that requires your health insurer to pay some, or all of your health care costs in exchange for a premium

Health plan means an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.

Home Health Care means health care services a person receives at home.

Hospice Services means services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization means care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care means care in a hospital that usually doesn't require an overnight stay.

Medically Necessary means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network means the facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Network Pharmacy means a pharmacy (drug store) that has agreed to fill prescriptions for our plan members. We call them "network pharmacies" because they have agreed to work with our plan. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Network Provider means "Provider" is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports.

- They are licensed or certified by Medicare and by the state to provide health care services.
- We call them "network providers" when they agree to work with the health plan and accept our payment and not charge our members an extra amount.

- While you are a member of our plan, you must use network providers to get covered services. Network providers are also called “plan providers.”

Non-Participating Provider is a provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

Participating Provider - We call them “participating providers” when they agree to work with the health plan and accept our payment and not charge our members an extra amount. While you are a member of our plan, you must use participating providers to get covered services. Participating providers are also called “network providers.”

Physician Services are health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan- A plan is the pairing of the health insurance benefits under a product, provider network, and service area.

Preauthorization means a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Premium means the amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage means health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs means drugs and medications that by law require a prescription.

Primary Care Physician - means a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Primary Care Provider means a physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider - “Provider” is the general term we use for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that give you health care services, medical equipment, and long-term services and supports.

Rehabilitation Services and Devices means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled or the treatment you get to help you recover from an illness, accident, or major operation. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings. Refer to Chapter 4 *[plans may insert reference, as applicable]* to learn more about rehabilitation services.

Skilled Nursing Care means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 et seq.) by registered nurses, licensed practical nurses or vocational nurses licensed to practice in the State.

Skilled Nursing Facility (SNF) Care means the skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

Specialist: A doctor who provides health care for a specific disease or part of the body.

Urgent Care means care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Commented [AL1]: This is the new CMS definition. Do we use this shorter version or the previous above?

Commented [AR2R1]: My vote is for the newer, and shorter version. It is more direct and maybe a bit more clear.

Policy History
General Contract Monitoring
CMS Rule: Required Definitions – Enrollee Materials

Date	Action	Policy Originator
April 2018	Contract Clarification	Laura Ray
July 2020	Review and Approval	Laura Ray
August 2025	Updates and Edits	Jeremy Reeves, Amy Roberts & Adam Lewis

Policy Revisions	Revision Approved
September 2025	Keshonna Lones, BMC Bur Chief