

Medicaid Managed Care Enrollment Report **Glossary as of June 30, 2003**

Terms used in "Managed Care Entity" column

- **Primary Care Case Management (PCCM) Provider** is a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as “primary care case managers.”
- **Commercial Managed Care Organization (MCO)** –A Commercial MCO is a health maintenance organization, an eligible organization with a contract under §1876 or a Medicare+Choice organization, a provider sponsored organization or any other private or public organization, which meets the requirements of §1902(w). A Commercial MCO provides **comprehensive services to both Medicaid and commercial and/or Medicare.**
- **Medicaid-only Managed Care Organization (MCO)** -- A Medicaid-only MCO provides **comprehensive** services to only Medicaid beneficiaries, **not to commercial or Medicare enrollees.**
- **Health Insuring Organization (HIO)**--A HIO is a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs.
- **Prepaid Inpatient Health Plan (PIHP)** – A PIHP is a prepaid **inpatient** health plan that provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services. {Comprehensive services are defined in 42 CFR 438.2} There are several types of PIHPs that States use to deliver a range of services. For example, a Mental Health (MH) PIHP is a managed care entity that provides only mental health services.
- **Prepaid Ambulatory Health Plan (PAHP)** – A PAHP is a prepaid **ambulatory** health plan that provides less than comprehensive services on an at-risk or other than state plan reimbursement basis, and does not provide, arrange for, or otherwise have responsibility for the provision of any inpatient hospital or institutional services. {Comprehensive services are defined in 42 CFR 438.2} There are several types of PAHPs that States use to deliver a range of services. For example, a Dental PAHP is a managed care entity that provides only dental services.
- **Program for All-inclusive Care for the Elderly (PACE)** – program that provides pre-paid, capitated comprehensive, health care services to the frail elderly.
- **Other**--The structure of the managed care plan is not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO, or PACE.

Terms used in "Reimbursement Arrangement" Column

- **Full Capitation (FUL)**--A plan is paid for providing services to enrollees solely through capitation.
- **Partial Capitation (PAR)**--A plan is paid for providing services to enrollees through a combination of capitation and fee-for-service reimbursements.
- **Fee-For-Service (FFS)**--A plan or Primary Care Case Manager is paid for providing services to enrollees solely through fee-for-service payments plus in most cases, a case management fee.