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## ***2001 Medicaid Managed Care Enrollment Report Glossary as of June 30, 2001***

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### ***Terms used in "Managed Care Entity" column***

<b><i>PCCM</i></b>	<b><i>Primary Care Case Management (PCCM) Provider</i></b> is a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants) who contracts to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category include PCCMs and those PHPs which act as PCCMs.
<b><i>PHP</i></b>	<b><i>Prepaid Health Plan</i></b> provides less than comprehensive services on an at risk basis or one that provides any benefit package on a non-risk basis. For example, Medical-only PHP, Dental PHP, Transportation PHP, Mental Health PHP, Substance Abuse PHP, etc. Comprehensive services are defined in 42 CFR 434.21(B). There are several types of PHPs that States use to deliver a range of services. For example, a Mental Health (MH) PHP is a managed care entity that provides only mental health services. This category does not include those PHPs which contract as primary care case management.
<b><i>Commercial MCO</i></b>	A <b><i>Commercial MCO</i></b> 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). These MCOs provides comprehensive services to commercial and/or Medicare enrollees, as well as Medicaid enrollees.
<b><i>Medicaid MCO</i></b>	A <b><i>Medicaid MCO</i></b> provides comprehensive services to Medicaid beneficiaries, but not commercial or Medicare enrollees.
<b><i>HIO</i></b>	<b><i>Health Insuring Organization</i></b> provides for or arranges for the provision of care and contracts on a prepaid capitated risk basis to provide a comprehensive set of services.
<b><i>"Other" Managed Care Entity</i></b>	<b><i>"Other"</i></b> Managed Care Entity is used if the plan is not considered either a PCCM, PHP, MCO or HIO.

**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.