

# Introduction



## **About AmeriHealth Mercy Health Plan**

### **Who We Are**

AmeriHealth Mercy Health Plan is a Medical Assistance (Medicaid) managed care health plan serving more than 107,000 Medical Assistance recipients in 15 counties of the Lehigh/Capital area and Northeastern Pennsylvania. These counties include: Adams, Berks, Carbon, Cumberland, Dauphin, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Monroe, Northampton, Perry, Pike and York Counties.

Headquartered in Harrisburg, Pennsylvania, AmeriHealth Mercy Health Plan is a mission driven health care ministry of the Sisters of Mercy. Our corporate parent partners are Mercy Health System and AmeriHealth First, a subsidiary of Independence Blue Cross. Our plan offers members an extensive Provider network of physicians, specialists, pharmacies and hospitals. In addition, members receive many benefits and services.

### **Our Mission**

We Help People:

Get Care  
Stay Well  
Build Healthy Communities

We have a special concern for those who are poor.

### **Our Values**

Our service is built on these values:

Advocacy  
Care of the Poor  
Compassion  
Competence  
Dignity  
Diversity  
Hospitality  
Stewardship

**Provider Services 1-800-521-6007**

**[www.amerihealthmercyhp.com](http://www.amerihealthmercyhp.com)**



### National Provider Identification Number

The National Provider Identifier (NPI) is a Federally-issued 10-digit unique standard identification number that all Health Care Providers must use when submitting electronic claims effective May 23, 2008.

Electronic claims submitted without an NPI will be rejected back to the provider via their EDI clearinghouse. Network Providers who submit claims via paper CMS 1500 or UB-04 are also required to include their NPI on their claims.

**AmeriHealth Mercy strongly encourages Network Providers to continue to submit claims with their AmeriHealth Mercy provider ID, in addition to the required NPI number.**

#### How to Apply for Your NPI

Health Care Providers may apply for their NPI in one of the following ways:

- Complete the web-based application at <https://nppes.cms.hhs.gov>. This process takes approximately 20 minutes to complete
- Call the Enumerator call center at 1-800-465-3203 or TTY 1-800-692-2326 to request a paper application
- E-mail [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com) to request a paper application
- Request a paper application by mail:

NPI Enumerator  
P.O. Box 6059  
Fargo, ND 58108-6059

**NOTE:** The most time-efficient method of getting an NPI is the web-based application process.

#### Reporting your NPI(s)

Network Providers must report their practice and individual NPIs to us in order to record them in the claims processing system. Once the practice and individuals in the practice have obtained an NPI, the following four steps to report NPIs to AmeriHealth Mercy should be completed.

1. Use the submission form to report practice and individual NPIs. The submission form includes information specific to a practice, as well as a listing of individual participating practitioners at the office location. The submission form can be found in the Provider Center at [www.amerhealthmercyhp.com](http://www.amerhealthmercyhp.com). For a printed copy, please call **1-800-521-6007**.
2. Report the corresponding Primary Provider Taxonomy Code for the practice and each individual participating practitioner at the office location as reported on the NPI application(s). The Provider Taxonomy code, a 10-character alphanumeric identifier, indicates provider specialty and will assist AmeriHealth Mercy in verifying NPIs for Claims processing. Information on Provider taxonomy codes is available at [www.wpc-edi.com/taxonomy](http://www.wpc-edi.com/taxonomy).

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3. Attach copies of NPI confirmation, issued to the practice and each individual participating practitioner at the office location, by the National Provider Identifier Enumerator. AmeriHealth Mercy will use the NPI confirmation for verification purposes.
4. Return the completed submission form, along with practice and individual NPI confirmations by mail:

Attention: NPI - 500  
AmeriHealth Mercy Health Plan  
200 Stevens Drive  
Philadelphia, PA 19113

You may also submit your NPI electronically to AmeriHealth Mercy. Visit the Provider Center at [www.amerhealthmercyhp.com](http://www.amerhealthmercyhp.com) and click on the NPI on-line submission tool.

Additionally, Providers participating with AmeriHealth Mercy must participate in the Pennsylvania Medical Assistance Program. The Department of Public Welfare (DPW) also requires that Providers obtain an NPI and share it with them. Further information on DPW's requirements can be found at [www.dpw.state.pa.us](http://www.dpw.state.pa.us).

**Important AmeriHealth Mercy Telephone Numbers**

<b>DEPARTMENT</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>
AmeriHealth Mercy Fraud & Abuse Hotline	1-866-833-9718	
AMHP Main Office	1-877-693-8271	
ACS Enrollment (Lehigh/Capital)	1-800-440-3989	
Care Coordination	1-877-693-8271	1-866-755-0030
Concurrent Review		1-866-755-9936
CONNECT Hotline (PA Early Intervention)	1-800-692-7288	
Credentialing Department	1-800-521-6007	
Dental Services (DentaQuest)	1-800-341-8478	
Discharge Planning/Home Care/SNF/IP Rehab		1-866-755-9982
DME Prior Authorization Services	1-877-693-8271 x. 83465	1-866-755-9841
EDI Technical Support Unit	1-877-234-4271	
EMDEON Provider Support Line	1-800-845-6592	
Electronic Billing Questions	1-877-234-4272	
Family Planning Services (AmeriHealth First)	1-800-541-4560	1-215-241-9945
Intensive Case Management Department	1-800-521-6007	
Medical Assistance Transportation Program (MATP)	<a href="#">MATP Phone Numbers</a> or refer to page 34	
Member Services	1-888-991-7200	
Misc/OB Assessment/Admission Notification Forms		1-866-755-3186
National Imaging Associates (NIA)	1-800-642-2602	
NaviNet (www.navinet.net)	1-888-482-8057	
Outpatient Radiology Services/NIA	1-800-642-2602	
Outpatient Therapy	1-877-693-8271 x. 8356	1-866-755-9932
Outreach & Health Education Programs	1-800-521-6007	
Pediatric Preventative Health Care Program (EPSDT)	1-800-521-6007	
Pediatric Shift Care	1-877-693-8271 x. 83562	1-866-755-0038
Peer to Peer Hotline	1-877-693-8271	
Pennsylvania Eligibility Verification System	1-800-766-5387	
Pennsylvania Tobacco Cessation Information	1-800-784-8669	
Pharmacy	1-866-610-2774	1-888-981-5202
Pharmacy Authorization	1-866-610-2774	

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Pharmacy Claim Questions	1-866-610-2774	
Prior Authorization Services	1-800-521-6622	1-866-755-9949
Provider Claims Services Unit	1-800-521-6007	
Provider Contracting Fax		717-651-1673
Provider Services	1-800-521-6007	
Quest Laboratory	1-800-825-7380	
Supply Request Form		1-215-937-8800
Transportation Unit	1-215-863-6535	
TTY - Telecommunications for the Hearing Impaired	1-800-684-5505	
Utilization Management	1-800-521-6622	
Vision Services (Davis Vision)	1-800-328-4728	
Warehouse	1-215-937-8800	1-877-234-4278
Wee Care	1-800-521-6867	1-866-755-9935
24/7 Nurse Call Line	1-866-566-1513	

<b>Drug &amp; Alcohol/Mental Health Services</b>	<b>Telephone Number</b>
Adams	1-866-738-9849 (Both)
Berks	1-866-292-7886 (Both)
Carbon	1-866-473-5862 (Both)
Cumberland	1-888-722-8646 (Both)
Dauphin	1-888-722-8646 (Both)
Lackawanna	1-866-668-4696 (Both)
Lancaster	1-888-722-8646 (Both)
Lebanon	1-888-722-8646 (Both)
Lehigh	1-866-238-2311 (Both)
Luzerne	1-866-668-4696 (Both)
Monroe	1-866-473-5862 (Both)
Northampton	1-866-238-2312 (Both)
Perry	1-888-722-8646 (Both)
Pike	1-866-473-5862 (Both)
York	1-866-542-0299 (Both)

**Important Definitions**

<b>ACCESS Card</b>	An identification card issued by DPW to each individual eligible for Medical Assistance. The card is used by Providers to verify the individual's MA eligibility and specific covered benefits.
<b>Adjudicated Claim</b>	A Claim that has been processed to payment or denial.
<b>Behavioral Health Managed Care Organization (BH-MCO)</b>	An entity directly operated by the county government or licensed by the Commonwealth as a risk-bearing Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO), which manages the purchase and provision of behavioral health services under a contract with DPW.
<b>Capitation</b>	A fee AmeriHealth Mercy pays monthly to participating PCPs and other select Network Providers for the provision of medical services to a Member, whether or not the Member receives the services during the period covered by the fee.
<b>Case Management Services</b>	Services which will assist individuals in gaining access to necessary medical, social, educational and other services.
<b>Centers for Medicare and Medicaid Services (CMS)</b>	The federal agency within the Department of Health and Human Services responsible for oversight of MA Programs.
<b>Certified Nurse Midwife (CNM)</b>	An individual licensed under the laws within the scope of Chapter 6 of Professions & Occupations, 63 P.S. 171-176.
<b>Certified Registered Nurse Practitioner (CRNP)</b>	A registered nurse licensed in the Commonwealth of Pennsylvania who is certified by the State Board of Nursing in a particular clinical specialty area and who, while functioning in the expanded role as a professional nurse, performs acts of medical diagnosis or prescription of medical therapeutic or corrective measures in collaboration with and under the direction of a physician licensed to practice medicine in Pennsylvania.
<b>Claim</b>	A bill from a provider of a medical service or product that is assigned a claim reference number.
<b>Clean Claim</b>	A Claim that can be processed without obtaining additional information from the provider of the service or from a third party. A Clean Claim includes a Claim with errors originating in the MCO's Claims system. Claims under investigation for Fraud or abuse or under review to determine if they are Medically Necessary are not Clean Claims.
<b>Client Information</b>	DPW's database of Members. The database contains demographic

<b>System (CIS)</b>	and eligibility information for all Members.
<b>Complaint</b>	<p>A dispute or objection regarding a Network Provider or the coverage, operations, or management policies of a Physical Health Managed Care Organization (PH-MCO), which has not been resolved by the PH-MCO and has been filed with the PH-MCO or with the Pennsylvania Department of Health or the Pennsylvania Insurance Department . A Complaint may arise from circumstances including but not limited to:</p> <ul style="list-style-type: none"><li>○ a denial because the requested service/item is not a covered benefit; or</li><li>○ a failure of the PH-MCO to meet the required time frames for providing a service/item; or</li><li>○ a failure of the PH-MCO to decide a Complaint or Grievance within the specified time frames; or</li><li>○ a denial of payment by the PH-MCO after a service has been delivered because the service/item was provided without authorization by the PH-MCO, by a Health Care Provider not enrolled in the Pennsylvania Medical Assistance Program; or</li><li>○ a denial of payment by the PH-MCO after a service has been delivered because the service/item provided is not a covered service/item for the Member.</li></ul> <p>The term does not include a Grievance.</p>
<b>Concurrent Review</b>	<p>A review conducted by AmeriHealth Mercy during a course of treatment to determine whether the amount, duration and scope of the prescribed services continue to be Medically Necessary or whether a different service or lesser level of service is Medically Necessary.</p>
<b>County Assistance Office (CAO)</b>	<p>The county offices of DPW that administer all benefit programs, including MA, on the local level. Department staff in these offices perform necessary functions such as determining and maintaining recipient eligibility.</p>
<b>Cultural Competency</b>	<p>The ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.</p>

**Denial of Services** Any determination made by AmeriHealth Mercy in response to a request for approval, which: disapproves the request completely; or approves provision of the requested services, but for a lesser amount, scope or duration than requested; or disapproves provision of the requested services, but approves provision of an alternative service(s); or reduces, suspends or terminates a previously authorized service. An approval of a requested service, which includes a requirement for a Concurrent Review by AmeriHealth Mercy during the authorized period, does not constitute a Denial of Services.

**Denied Claim** An Adjudicated Claim that does not result in a payment to a Health Care Provider.

**Developmental Disability** A severe, chronic disability of an individual that is:

- Attributable to a mental or physical impairment or combination of mental or physical impairments.
- Manifested before the individual attains age twenty-two (22).
- Likely to continue indefinitely.
- Manifested in substantial functional limitations in three or more of the following areas of life activity:
  - Self care
  - Receptive and expressive language
  - Learning
  - Mobility
  - Capacity for independent living, and
  - Economic self-sufficiency
- Reflective of the individual's need for special, interdisciplinary or generic services, supports, or other assistance that is of lifelong or extended duration, except in the cases of infants, toddlers, or preschool children who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in Developmental Disabilities if services are not provided.

**Disease Management** An integrated treatment approach that includes the collaboration and coordination of patient care delivery systems and that focuses on measurably improving clinical outcomes for a particular medical condition through the use of appropriate clinical resources such as preventive care, treatment guidelines, patient counseling, education and outpatient care; and that includes evaluation of the appropriateness of the scope, setting and level of care in relation to clinical outcomes and cost of a particular condition.

<b>Dispute</b>	A Dispute is a verbal or written expression of dissatisfaction by a Network Provider regarding a decision that directly impacts the Network Provider. Disputes are generally administrative in nature and do not include decisions concerning medical necessity.
<b>DPW</b>	The Pennsylvania Department of Public Welfare
<b>Dual Eligibles</b>	An individual who is eligible to receive services through both Medicare and AmeriHealth Mercy (Medicaid). Effective January 1, 2006, Dual Eligibles age twenty-one (21) and older, and who have Medicare, Part D, will no longer participate in HealthChoices.
<b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</b>	Items and services which must be made available to persons under the age of twenty-one (21) upon a determination of Medical necessity and required by federal law at 42 U.S.C. §1396d(r).
<b>Early Intervention System</b>	The provision of specialized services through family-centered intervention for a child, birth to age three (3), who has been determined to have a developmental delay of twenty-five percent (25%) of the child's chronological age or has documented test performance of 1.5 standard deviation below the mean in standardized tests in one or more areas: cognitive development; physical development, including vision and hearing; language and speech development; psycho-social development; or self-help skills or has a diagnosed condition which may result in developmental delay.
<b>Eligibility Period</b>	A period of time during which a Member is eligible to receive benefits. An Eligibility Period is indicated by the eligibility start and end dates on the Department's Client Information System (CIS). A blank eligibility end date signifies an open-ended Eligibility Period.
<b>Eligibility Verification System (EVS)</b>	An automated system available to Providers and other specified organizations for automated verification of Members' current and past (up to three hundred sixty-five [365] days) Member eligibility, AmeriHealth Mercy enrollment, PCP assignment, Third Party Resources, and scope of benefits.
<b>Emergency Medical Condition</b>	A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: <ul style="list-style-type: none"><li>• Placing the health of the individual (or with respect to a</li></ul>

	<p>pregnant woman, the health of the woman or her unborn child) in serious jeopardy</p> <ul style="list-style-type: none"><li>• Serious impairment to bodily functions (or)</li><li>• Serious dysfunction of any bodily organ or part</li></ul>
<b>Emergency Services</b>	<p>Covered inpatient and outpatients services that:</p> <ul style="list-style-type: none"><li>• Are furnished by a Health Care Provider that is qualified to furnish such service under Title XIX of the Social Security Act; and</li><li>• Are needed to evaluate or stabilize an Emergency Medical Condition.</li></ul>
<b>Encounter</b>	<p>Any health care service provided to a Member. A Claim form must be submitted to AmeriHealth Mercy for all Encounters whether reimbursed through Capitation, fee-for-service, or another method of compensation.</p>
<b>Enrollee</b>	<p>A person eligible to receive services under the MA Program in the Commonwealth of Pennsylvania and who is mandated to be enrolled in the HealthChoices Program.</p>
<b>Enrollment</b>	<p>The process by which a Member's coverage is initiated.</p>
<b>Expanded Services</b>	<p>Any Medically Necessary service, covered under Title XIX of the Social Security Act, 42 U.S.C.A. 1396 et seq., but not included in the State's Medicaid Plan, which is provided to Members.</p>
<b>Experimental Treatment</b>	<p>A course of treatment, procedure, device or other medical intervention that is not yet recognized by the professional medical community as an effective, safe and proven treatment for the condition for which it is being used.</p>
<b>Family Planning Services</b>	<p>Services that enable individuals voluntarily to determine family size, to space children and to prevent or reduce the incidence of unplanned pregnancies. Such services are made available without regard to marital status, age, sex or parenthood.</p>
<b>Federally Qualified Health Center (FQHC)</b>	<p>An entity which is receiving a grant as defined under the Social Security Act, 42 U.S.C.A. 1396d(l) or is receiving funding from such a grant under a contract with the recipient of such a grant, and meets the requirements to receive a grant under the above-mentioned sections of the Act.</p>
<b>Formal Provider Appeals</b>	<p>A Formal Provider Appeal is a written request from a Health Care Provider for the reversal of a denial by AmeriHealth Mercy, through its Formal Provider Appeals Process. Types of issues</p>

addressed through AmeriHealth Mercy's Formal Provider Appeals Process are:

- Denials based on medical necessity for services already rendered by the Health Care Provider to a Member, including denials that:
  - Do not clearly state the Health Care Provider is filing a Member Complaint or Grievance on behalf of a Member (even if the materials submitted with the Appeal contain a Member consent) or
  - Do not contain a Member consent that conforms with applicable law for a Member Complaint or Grievance filed by a Health Care Provider on behalf of a Member
- Disputes not resolved to the Network Provider's satisfaction through AmeriHealth Mercy's Informal Provider Dispute Process

Formal Provider Appeals do not include: (a) Claims denied because they were not filed within the 180-day filing time limit; (b) denials issued through the Prior Authorization process; (c) credentialing denials for any reason; and (d) Network Provider terminations based on quality of care or other for cause reasons.

**Formulary**

An exclusive list of drug products for which AmeriHealth Mercy provides coverage to its Members, as approved by DPW.

**Fraud**

Any type of intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity, him/herself, or some other person in a managed care setting. The Fraud can be committed by many entities, including a contractor, subcontractor, a Health Care Provider, a State employee, or a Member, among others.

**Grievance**

Requests to have AmeriHealth Mercy reconsider a decision solely concerning the Medical necessity and appropriateness of a health care service. A Grievance may be filed regarding AmeriHealth Mercy's decision to: 1) deny, in whole or in part, payment for a service/item; 2) deny or issue a limited authorization of a requested service/item, including the type or level of service/item; 3) reduce, suspend, or terminate a previously authorized service/item; 4) deny the requested service/item, but approve an alternative service/item. The term does not include a complaint.

**Health Care Provider**

A licensed hospital or health care facility, medical equipment supplier or person who is licensed, certified or otherwise regulated to provide health care services under the laws of the

Commonwealth (or state(s) in which the entity or person provides services), including a physician, podiatrist, optometrist, psychologist, physical therapist, certified nurse practitioner, registered nurse, nurse midwife, physician's assistant, chiropractor, dentist, pharmacist or an individual accredited or certified to provide behavioral health services.

**Health Insurance  
Portability and  
Accountability Act of  
1996 (HIPAA)**

A federal law (Public Law 104-191) and its accompanying regulations enacted to, among other things, improve the portability and continuity of health insurance, combat waste, fraud, and abuse in health insurance and health care delivery, and simplify the administration of health insurance through the development of standards for the electronic exchange of health care information and protecting the security and privacy of personally identifiable health information.

**Health Maintenance  
Organization (HMO)**

A Commonwealth licensed risk-bearing entity which combines delivery and financing of health care and which provides basic health services to enrolled Members.

**HealthChoices Program**

The name of Pennsylvania's 1915(b) waiver program to provide mandatory managed health care to MA recipients.

**Intermediate Care  
Facility for the Mentally  
Retarded and Other  
Related Conditions  
(ICF/MR/ORC)**

An institution (or distinct part of an institution) that: 1) is primarily for the diagnosis, treatment or rehabilitation for persons with Mental Retardation or persons with other related conditions; and 2) provides, in a residential setting, ongoing evaluation, planning, twenty-four (24) hour supervision, coordination and integration of health or rehabilitative services to help each individual function at his/her maximum capacity.

**Juvenile Detention Center  
(JDC)**

A publicly or privately administered, secure residential facility for:

- Children alleged to have committed delinquent acts who are awaiting a court hearing;
- Children who have been adjudicated delinquent and are awaiting disposition or awaiting placement; and
- Children who have been returned from some other form of disposition and are awaiting a new disposition (i.e., court order regarding custody of child, placement of child, or services to be provided to the child upon discharge from the Juvenile Detention Center).

**Managed Care  
Organization (MCO)**

An entity that manages the purchase and provision of physical or behavioral health services under the HealthChoices Program.

<b>Medical Assistance (MA)</b>	The Medical Assistance Program authorized by Title XIX of the federal Social Security Act, 42 U.S.C.A 1396 et seq., and regulations promulgated there under, and 62 P.S. 101 et seq.
<b>Medical Assistance Transportaion Program (MATP)</b>	A non-emergency medical transportation service provided to eligible persons who need to make trips to-from a MA reimbursable service for the purpose of receiving treatment, medical evaluation, or purchasing prescription drugs or medical equipment.
<b>Medically Necessary</b>	<p>A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:</p> <ul style="list-style-type: none"><li>• The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability</li><li>• The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability</li><li>• The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age</li></ul> <p>Determination of medical necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective, or exception basis, must be documented in writing.</p> <p>The determination is based on medical information provided by the Member, the Member's family/caretaker and the PCP, as well as any other practitioners, programs, and/or agencies that have evaluated the Member. All such determinations must be made by qualified and trained practitioners</p>
<b>Member</b>	An individual who is enrolled with AmeriHealth Mercy under the HealthChoices Program and for whom AmeriHealth Mercy has agreed to arrange the provision of physical health services under the provisions of the HealthChoices Program.
<b>Mental Retardation</b>	An impairment in intellectual functioning which is lifelong and originates during the developmental period (birth to twenty-two (22) years). It results in substantial limitations in three or more of the following areas: learning, self-direction; self care; expressive and/or receptive language; mobility; capacity for independent living; and economic self-sufficiency.

<b>National Imaging Associates (NIA)</b>	A vendor that provides management/authorization of select out-patient imaging services for AmeriHealth Mercy Members.
<b>National Provider Identifier (NPI)</b>	A unique identifier for every medical Provider on a national level. NPI's replace Provider Identification Numbers (PINs) assigned by Medicare, Medicaid and local carriers. NPI's will replace Provider Unique Physician/Practitioner Numbers (UPINs). It is not a replacement of or substitution for Tax Identification or Drug Enforcement Administration (DEA) numbers.
<b>Network</b>	All contracted or employed Providers with AmeriHealth Mercy who are providing covered services to Members.
<b>Network Provider</b>	A Provider who has a written Provider Agreement with and is credentialed by AmeriHealth Mercy, and who participates in AmeriHealth Mercy's Provider Network to serve Members.
<b>Non-Participating Provider or Out-of-Network Provider</b>	A Health Care Provider, whether a person, firm, corporation, or other entity, either not enrolled in the Pennsylvania MA Program or not Participating in AmeriHealth Mercy's Network, which provides medical services or supplies to AmeriHealth Mercy Members.
<b>Nursing Facility</b>	<p>A general, county or hospital-based institutions, which is licensed by the DOH, enrolled in the MA Program and certified for Medicare participation. The provider types and specialty codes are as follows:</p> <ul style="list-style-type: none"><li>• General - PT 03, SC 030</li><li>• County - PT 03, SC 031</li><li>• Hospital-based - PT 03, SC 382</li></ul>
<b>Observation Care</b>	Observation Care is a clinically appropriate Utilization Management designation for patient services, which include ongoing short term treatment, assessment, and reassessment, before a decision can be made regarding whether patients will require further treatment as hospital inpatients or whether they can be discharged from the hospital. Observation status is commonly assigned to patients who present to the emergency department and who then require a significant period of treatment or monitoring before a decision is made concerning their admission or discharge. Observation services are covered only when provided by the order of a physician or another individual authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or to order outpatient tests. In the majority of cases, the decision whether to discharge a patient from the hospital following resolution of the reason for the Observation Care or to admit the

patient as an inpatient can be made in less than 48 hours, usually in less than 24 hours. In only rare and exceptional cases do reasonable and necessary outpatient Observation services span more than 48 hours.

<b>Out-of-Plan Services</b>	Services that are non-plan, non-capitated and are not the responsibility of AmeriHealth Mercy under the HealthChoices Program comprehensive benefit package.
<b>Physical Health Managed Care Organization (PH-MCO)</b>	A risk-bearing entity which has an agreement with DPW to manage the purchase and provision of Physical Health Services under the HealthChoices Program.
<b>Post-Stabilization Services</b>	Medically Necessary non-Emergency Services furnished to a Member after the Member is stabilized following an Emergency Medical Condition.
<b>Primary Care Case Management (PCCM)</b>	A program under which the Department contracts directly with PCPs who agree to be responsible for the provision and/or coordination of medical services to MA recipients under their care.
<b>Primary Care Practitioner (PCP)</b>	A specific physician, physician group or a CRNP operating under the scope of his/her licensure, and who is responsible for supervising, prescribing, and providing primary care services; locating, coordinating and monitoring other medical care and rehabilitative services; and maintaining continuity of care on behalf of a Member.
<b>Prior Authorization</b>	A determination made by AmeriHealth Mercy to approve or deny payment for a Health Care Provider's request to provide a service or course of treatment of a specific duration and scope to a Member prior to the Health Care Provider's initiation or continuation of the requested services.
<b>PROMISe™ Provider Identification Number (PPID Number)</b>	A 13-digit number consisting of a combination of the 9-digit base MPI Provider Number and a 4-digit service location.
<b>Provider</b>	A person, firm or corporation, enrolled in the Pennsylvania MA Program, which provides services or supplies to AmeriHealth Mercy Members.

<b>Provider Agreement</b>	Any Department approved written agreement between AmeriHealth Mercy and a Provider to provide medical or professional services to AmeriHealth Mercy Members.
<b>Quality Management</b>	An ongoing, objective and systematic process of monitoring, evaluating and improving the quality, appropriateness and effectiveness of care.
<b>Retrospective Review</b>	A review conducted by AmeriHealth Mercy to determine whether services were delivered as prescribed and consistent with AmeriHealth Mercy's payment policies and procedures.
<b>Sanction</b>	An adverse action taken against a physician or allied health professional's participating status with AmeriHealth Mercy for a serious deviation from, or repeated non-compliance with, AmeriHealth Mercy's quality standards, and/or recognized treatment patterns of the organized medical community.
<b>Short Procedure Unit (SPU)</b>	A department within a hospital where simple procedures or surgeries are performed on an outpatient basis
<b>Special Needs</b>	The circumstances for which a Member will be classified as having a special need will be based on a non-categorical or generic perspective that identifies key attributes of physical, developmental, emotional or behavioral conditions, as determined by DPW.
<b>Subcontract</b>	Any contract between AmeriHealth Mercy and an individual, business, university, governmental entity, or nonprofit organization to perform part or all of AmeriHealth Mercy's responsibilities under the HealthChoices Program.
<b>Third Party Liability (TPL)</b>	The financial responsibility for all or part of a Member's health care expenses rests with an individual entity or program (e.g., Medicare, commercial insurance) other than AmeriHealth Mercy.
<b>Title XVIII (Medicare)</b>	A federally-financed health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) pursuant to 42 U.S.C.A. 1395 et seq., covering almost all Americans sixty-five (65) years of age and older and certain individuals under sixty-five (65) who are disabled or have chronic kidney disease.

<b>Transitional Care Home</b>	A tertiary care center that provides medical and personal care services to children upon discharge from the hospital that require intensive medical care for an extended period of time. This transition allows for the caregiver to be trained in the care of the child, so that the child can eventually be placed in the caregiver's home.
<b>Urgent Medical Condition</b>	Any illness, injury or severe condition which under reasonable standards of medical practice, would be diagnosed and treated within a twenty-four (24) hour period and if left untreated, could rapidly become a crisis or Emergency Medical Condition. The terms also include situations where a person's discharge from a hospital will be delayed until services are approved or a person's ability to avoid hospitalization depends upon prompt approval of services.
<b>Utilization Management (UM)</b>	An objective and systematic process for planning, organizing, directing and coordinating health care resources to provide Medically Necessary, timely and quality health care services in the most cost-effective manner.
<b>Vaccine For Children (VFC)</b>	The Pennsylvania Department of Health's Vaccines for Children Program provides vaccines to children who are Medicaid eligible or do not have health insurance and to children who are insured but whose insurance does not cover immunizations (underinsured). These vaccines are to be given to eligible children without cost to the Provider or to the Member. All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program.