

## Managed Care Definitions

**Appeal** – The process you use if you disagree with any decision about your health care. If you lose your eligibility (coverage), are denied a benefit, or disagree with any decision about your health insurance, you have the right to file an appeal.

**Co-payment** – It is a fixed amount you pay when you get a covered health care service.

**Durable Medical Equipment** – Reusable medical equipment used when there is a medical need for the treatment or therapy of an illness or physical condition. Examples include oxygen, wheelchairs, walkers and bathroom or bedroom safety equipment.

**Emergency Medical Condition** - When an illness or injury is so serious that your health, bodily functions, body organs or body parts may be in danger if you don't get medical care right away. This includes childbirth, labor and delivery.

**Emergency Medical Transportation** – Transportation provided in emergencies. If you are having an emergency, call 911.

**Emergency Room Care** – Care provided by an emergency department anywhere in the U.S., twenty-four (24) hours a day, every day of the year.

**Emergency Services** – Organizations that respond to and deal with emergencies when they occur, especially those that provide ambulance and police services.

**Excluded Services** – Any program, product or service that is not included in your health coverage.

**Grievance** – Making a complaint, if you are unhappy with your service or think you were treated unfairly.

**Habilitation Services and Devices** – Outpatient physical, occupational and speech therapies that help you keep, learn or improve skills and functioning for daily living. They always require pre-approval.

**Health Insurance** – Covers your costs for check-ups or if you get sick.

**Health Plan** – A group of doctors, hospitals or other provider who work together to get you the health care you need.

**Home Health Care** – Hospital or nursing facility services given in your home for an illness or injury.

**Medically Necessary** – Includes any program, product or service that will (or is reasonably expected to) prevent, diagnose, cure or correct, lower or help with your diagnosis.

**Network** – A group of providers that agree to give health care services and products to members in a plan.

**Non-Participating Provider** – A provider, facility or supplier that does NOT give health services and products to members in the plan.

**Participating Provider** – A provider that chooses to accept Health First Colorado members.

**Physician Services** – Services provided by your doctor to help you feel better. These include physical exams, prevention services, and medical treatments.

**Pre-authorization** – Getting approval for services before you use them.

**Premiums** – Some members pay Health First Colorado a premium (monthly cost for coverage).

**Prescription Drug Coverage** – Brand name or generic drug coverage, including contraceptives and emergency contraceptives.

**Prescription Drugs** – Medications or drugs your doctor prescribes (orders) for you.

**Primary Care Physician** – A doctor, nurse, or nurse practitioner you have selected that helps you stay healthy.

**Primary Care Provider** – A doctor, nurse, nurse practitioner, clinic, or other provider that helps you stay healthy.

**Provider** – Physician, nurse practitioner, or physician's assistant giving medical care.

**Rehabilitation Therapies** – Physical, occupational and speech therapies that help you recover from an acute injury, illness or surgery.

**Skilled Nursing Care** – Health care services you need that can only be provided or supervised by a registered nurse or other licensed professional. A doctor must order skilled nursing services.

**Specialist** – A provider who works in one area of medicine, like a surgeon.

- These services may also include treatment that is observation only.

**Urgent Care** – Care for a sickness or injury that needs medical care quickly. First call your primary care physician.