Chapter 12. Definitions

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Introduction

This Chapter 12 contains definitions of certain terms used in Highmark West Virginia's professional *Network Agreement* and *Amendment II To Network Agreement For SuperBlue® Physician Participants.* These definitions apply only to the terms as used in the applicable agreement or addendum.

This Chapter 12 also includes definitions for a few terms used frequently in this *Provider Manual.* The terms have not been capitalized when used in the *Provider Manual* to make for easier reading. You may wish to review these definitions before consulting the *Provider Manual*.

Nothing in this *Provider Manual* is intended to alter the meaning of any terms which are defined in your provider agreements. Such terms will continue to have the definitions set forth in the agreements.

12.1 Network Agreement

This Section provides definitions for terms capitalized but not otherwise defined in the *Network Agreement* for professional providers, as provided for in the opening paragraph and in Section II of the agreement.

Account.
Any Person for whom Highmark West Virginia provides Hospital or medical care financing or services, including without limitation, Administrative Service, whether or not Highmark West Virginia or any other Person underwrites or insures the applicable Policies.

Administrative Services.
An arrangement under which a Person will, for a fee, administer claims or benefits and perform other functions for a self-insured or partially-insured group.

Ambulatory Surgery.
A cost management program referred to in the *Network Agreement*. For present purposes, this shall mean any requirement contained in a Policy or the *Provider Manual* that the Medical Necessity of a particular type of ambulatory surgery service be precertified or preauthorized in advance of the provision of service. The term shall also include any program of retrospective review of the Medical Necessity of such services.

Certificate.
A document or documents, which is part of a Contract or a Policy, that describes Covered Services and for whom they are payable.

Certificate Holder.
An eligible employee or member of a Group or an Account who has enrolled for coverage under the terms and conditions of a Contract, or an individual who has enrolled under the terms and conditions of a non-Group Contract, to whom a Certificate has been issued.

Contract.
A legal agreement between a Plan and an Account or an individual which contains all of the terms, conditions and limitations of coverage.

Covered Person.
The Certificate Holder, and if two-person or family coverage is in force, the Certificate Holder's Eligible Dependents.

Covered Service.
A Service or Supply furnished by a provider to a Covered Person for which such Covered Person's Policy provides coverage.

Defective Services or Supplies.
Services or Supplies lacking in some particular essential to the completion of an intended result or provided in such a manner that such intended result for the Covered Person could not reasonably be expected to occur.

Eligible Dependent.
A Covered Person other than the Certificate Holder as defined in the applicable Certificate.

Group.
An Account composed of a body of Covered Persons who are enrolled with Highmark West Virginia through an employer, association or other organization.

Hospital.
An institution which, if located in West Virginia, is licensed under and meets the requirements of Chapter 16, Article 5B of the West Virginia Code, as amended or, if located outside West Virginia, is licensed by and meets the licensure requirements of the state in which it is located.

Medicaid or Medicaid Program.
A state program of medical aid for needy persons established under Title XIX of the Social Security Act of 1965, as amended.

Medically Necessary and Appropriate (or Medical Necessity and Appropriateness).
See Chapter 6 of this *Provider Manual* for definition.

Medicare or Medicare Program.
The program of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Highmark West Virginia.
Highmark West Virginia Inc. doing business as Highmark Blue Cross Blue Shield West Virginia ("Highmark West Virginia"), and, to the extent applicable, affiliates.

Office Surgery.
A cost management program referred to in the *Network Agreement*. For present purposes, this shall mean any requirement contained in a Policy or the *Provider Manual* that the Medical Necessity of a particular type of surgery be precertified or preauthorized in advance of the provision of service. The term shall also include any program of retrospective review of the Medical Necessity of such services.

Network Provider (aka "Participating Provider").
A professional provider who has entered into a *Network Agreement* with Highmark West Virginia for one or more of its networks, provided such *Network Agreement* has not been terminated by Highmark West Virginia, the provider or automatically under the terms of the *Network Agreement*.

Peer/Medical/Utilization Review Programs.
Cost and quality management programs referred to in the *Network Agreement*. For present purposes, this term shall mean any programs or initiatives referenced in the *Provider Manual* under which Highmark West Virginia or any Person acting on behalf of Highmark West Virginia:

- Reviews the Medical Necessity and/or appropriateness of services;
- Reviews the appropriateness of providers' billing and/or coding practices;
- Reviews the appropriateness of the utilization of services, by comparing a provider to his/her/its peers of the same or similar type or specialty, or by other means;
- Evaluates the quality of clinical care furnished to individuals; or

- Audits medical records to ensure that services billed are adequately documented.

Person.

An individual, partnership, corporation (including a business trust), joint stock company, trust, unincorporated organization, sole proprietorship, association, joint venture or other entity or enterprise, or a government or any subdivision or agency thereof.

Plan.

One of the several, separately incorporated, non-profit or for-profit corporations or entities across the United States and in other countries and territories which are authorized to use the Blue Cross and/or Blue Shield name and service marks.

Policy.

Any contract, policy or Certificate of sickness and accident insurance or health care coverage, regardless of benefit configuration; whether such contract, policy or Certificate is issued on a group or individual basis; whether issued by Highmark West Virginia or any other Plan, Account, insurer, self-insured plan or entity, or any other Person; and whether or not Highmark West Virginia, in whole or in part, underwrites or insures or provides Administrative Services with respect to such contract, policy or Certificate.

Pre-Admission Certification.

See "Preauthorization" in Chapter 6 of this *Provider Manual*.

Precertification.

See "Preauthorization" in Chapter 6 of this *Provider Manual*.

Provider Explanation of Benefits (or PEIB).

The form issued to professional providers which lists data for claims processed by Highmark West Virginia. This form provides detailed information on each claim and gives the applicable information to post payments to the patient's account and bill patient's share of the charges submitted for services provided.

Provider Manual or Professional Provider Manual.

This *Provider Manual*.

Provider Reimbursement/Change Form.

A form which a professional provider must complete and submit to Highmark West Virginia: (1) at the time of initial contracting; and (2) whenever the provider's practice information or circumstances change. The form includes

information about the provider such as tax identification number, billing address, practice location(s), practice name, practitioners joining or leaving a group practice, and other information important to ensuring the correct direction of payment, notices, changes in administrative guidelines, etc.

Reimbursement Allowance.
The amount which Highmark West Virginia has established under a fee schedule or other reimbursement methodology as the maximum allowable price it will reimburse for a particular Covered Service.

Second Surgical Opinion.
A cost management program included under the terms of some Certificates that authorizes or requires a Covered Person to obtain a second surgical opinion for some or all elective surgeries.

Service or Supply.
A service, procedure, treatment, supply, product, drug, technology, equipment, device, setting or accommodation.

12.2 SuperBlue® Addendum

This section provides definitions for capitalized terms used but not defined in the *Amendment I To Network Agreement For Super Blue® Physician Participants*.

Professional Provider Manual.
This shall mean the *Provider Manual.*

Super Blue® Fee.
The amount which Highmark West Virginia has established under a fee schedule or other reimbursement methodology as the maximum allowable price it will reimburse for a particular Covered Service under its SuperBlue preferred provider organization products.

Super Blue® Supplement to the Provider Manual.
For present purposes, this shall mean the *Provider Manual.* Highmark West Virginia no longer issues a separate supplement to the *Provider Manual* consisting of provisions applicable to its SuperBlue PPO and point of service products.