

Definitions

Beneficiary with Special Health Care Needs: Populations who have or are at increased risk of having a chronic illness and/or a physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that usually expected for individuals of similar age. This includes, but is not limited to individuals: with HIVE/AIDS; an SMI, I/DD or SUD diagnosis; chronic pain; opioid addition or receiving 1915 (b)(3), Innovations or TBI Waiver services.

Children with Special Health Care Needs: Those who have or are at increased risk of having a serious or chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that usually expected for the child's age. This includes, but is not limited to, children or infants: requiring care in the Neonatal Intensive Care Units; with neonatal abstinence syndrome; in high stress social environments/toxic stress; receiving Early Intervention; with an SED, I/DD or SUD diagnosis; and/or receiving 1915 (b)(3), Innovations or TBI Waiver Services.

Rising Risk: Population group that has not yet become high-risk but who may become high-risk if certain risk factors and behaviors are not addressed.

Value Added Services: Services in addition to those covered under the Medicaid Managed Care benefit plan that are delivered at the PHP's discretion and are not included in capitation rate calculations. Value added services are designed to improve quality and health outcomes, and/or reduce costs by reducing the need for more expensive care.

Value-Based Payment (VBP): Payment arrangements between PHPs and providers that fall within Levels 2 and 4 of the multi-payer Health Care Payment (HCP) Learning and Action Network (LAN) Alternative Payment Model (APM) framework. The federally-used HCP LAN levels include: Category 1—fee-for-service payment from PHP to provider, no link to quality and value; Category 2 – fee-for-service payment from PHP to provider, link to quality and value; Category 3—alternative payment method built on fee-for-service payment structure; Category 4—population-based payment.