

441—92.1 (249A,249J) Definitions.

“*Applicant*” means an individual who applies for medical assistance under the IowaCare program described in this chapter.

“*Clean claim*” means a claim that can be adjudicated in the Medicaid claims payment system to result in either a paid or denied status.

“*Department*” means the Iowa department of human services.

“*Dependent child*” means the child or stepchild of an applicant or member who is living in the applicant’s or member’s home and is under the age of 18 or is 18 years of age and will graduate from high school or an equivalent level of vocational or technical school or training leading to a certificate or diploma before reaching the age of 19. Correspondence school is not an allowable program of study. “*Dependent child*” shall also include a child attending college or a school of higher learning beyond high school if the parents will claim the child as a dependent on their state or federal income tax return.

“*Enrollment period*” means the entire period that a member receives IowaCare without a break, which may include multiple certification periods.

“*Federal poverty level*” means the poverty income guidelines revised annually and published in the Federal Register by the U.S. Department of Health and Human Services.

“*Group health insurance*” means any plan of or contributed by an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer’s employees, former employees, or the families of the employees or former employees.

“*Initial application*” means the first application for IowaCare or an application that is filed after a break in assistance of one month or more.

“*IowaCare*” means the medical assistance program explained in this chapter.

“*Medical expansion services*” means the services described in Iowa Code section 249J.6.

“*Medical home*” means a team approach to providing health care that originates in a primary care setting; fosters a partnership among the patient, the personal provider, other health care professionals, and where appropriate, the patient’s family; utilizes the partnership to access all medical and nonmedical health-related services needed by the patient and the patient’s family to achieve maximum health potential; maintains a centralized, comprehensive record of all health-related services to promote continuity of care; and has all of the characteristics specified in Iowa Code section 135.158.

“*Member*” means an individual who is receiving assistance under the IowaCare program described in this chapter.

“*Newborn*” means an infant born to a woman as defined in paragraph 92.2(1) “*b.*”

“*Nonparticipating provider*” means a hospital that is located in Iowa and licensed pursuant to Iowa Code chapter 135B but that is not an IowaCare provider pursuant to subrule 92.8(1).

“*Provider-directed care coordination services*” means provider-directed services in a clinical setting aimed at managing all aspects of a patient’s care to ensure quality of care and safety. All aspects of care

are coordinated by the clinical team under the direction of a physician. The team must include a dedicated care coordinator.

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