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Abuse	Abuse is defined as incidents or practices of providers, physicians, or suppliers of services and equipment that are inconsistent with accepted sound medical, business, or fiscal practices. (e.g., billing separate services that should be bundled under one service code)
Accountable Care Alliance (ACA)	An approach to providing comprehensive health care across the entire care continuum by coordinating the efforts of primary care physicians, specialists, hospitals, ancillary providers, and other health care providers to ensure high quality, efficient care for a population of patients.
Accountable Care Organization (ACO)	Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated, high quality care to their patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time while avoiding unnecessary duplication of services and preventing medical errors. The organization's payment is tied to achieving health care quality goals and outcomes that result in cost savings.
Act 62 Pennsylvania Autism Mandate	Pennsylvania's Act 62 requires private insurers to provide coverage for medically necessary diagnostic assessment and treatment of Autism Spectrum Disorders (ASD) to covered individuals under twenty-one (21) years of age. This mandate applies to any fully insured health insurance policy offered or issued to groups of fifty-one (51) or more employees.
Act 68 Pennsylvania Quality Health Care Accountability Protection Act	The Pennsylvania Quality Health Care Accountability Protection Act (Act 68) is legislation enacted to protect the rights of those enrolled in managed care health plans. This act contains provisions which require health plans to establish procedures for member dissatisfactions, complaints, and grievances according to the legislative guidelines.
Administrative Non-Compliance	Administrative non-compliance is defined as behavior that is detrimental to the successful functioning of Highmark.
Advance Directive	A written document prepared by a patient that indicates how they would want future health care decisions to be made if they are unable to make decisions. An advance directive can tell physicians and family members what life-sustaining treatments one does or does not want at some future time if one becomes incapable of making or communicating treatment decisions.
Advanced Imaging Services	Advanced Imaging Services include, but are not limited to, computed tomography (CT), computed tomographic angiography (CTA), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), positron emission tomography (PET scan), and positron emission tomography/computed tomography (PET/CT scan).

Affordable Care Act (ACA)	On March 23, 2010, the Patient Protection and Affordable Care Act (PPACA), often shortened to "Affordable Care Act" (ACA), was signed into law. Many changes will take place in health care over the next decade due to provisions of this law better known as Health Care Reform. Most significantly, the Affordable Care Act is intended to expand health insurance options for Americans who lack coverage.
After Hours Care	Access to practitioners after the practice's regular business hours.
AIS Home Visit Program	The AIS Home Visit Program is a specialized component of the overall care management program available to Highmark Medicare Advantage members. The program is focused on caring for the medical and non-medical needs of our Medicare Advantage members who are facing a serious or chronic life-limiting illness.
ALARA	ALARA is an acronym for As Low As Reasonably Achievable. This is a radiation safety principle for minimizing radiation doses and releases of radioactive materials by employing all reasonable methods. ALARA is not only a sound safety principle, but is a regulatory requirement for all radiation safety programs.
Allegheny Health Network	Allegheny Health Network, created in 2013, is Highmark's integrated health care delivery system serving western Pennsylvania. It is comprised of nearly 200 primary and specialty care physician practices with more than 17,000 employees and 2,100 physicians on its medical staff. The network also includes seven hospitals: Allegheny General Hospital, Allegheny Valley Hospital, Canonsburg General Hospital, Forbes Regional Hospital, Jefferson Regional Medical Center, Saint Vincent Health System, and The Western Pennsylvania Hospital.
Allowable Charge	The allowance or payment that the health plan has determined is reasonable for covered services based on the provider who renders such services. The allowable charge is the portion of the provider's billed charge that is used by the health plan to calculate the payment to that provider and also the member's liability.
Ancillary Providers	Ancillary providers include, but are not limited to, suppliers of home infusion therapy, durable medical equipment, orthotics and prosthetics, and ambulance transportation.
Annual Wellness Visit (AWV)	The Annual Wellness Visit (AWV) benefit for Medicare beneficiaries, including Medicare Advantage members, is intended to encourage individuals to take an active role in accurately assessing and managing their health, and consequently improve their well-being and quality of life. This service also includes a comprehensive health risk assessment in order to provide a personalized prevention plan of services. The AWV aims to prevent the onset of disease and disability or to slow the progression and exacerbation of existing illnesses. It is not to be considered a "physical exam."
Assignment Account	An Assignment Account (AA) is established by Highmark to permit practices of one or more individual providers to direct Highmark payments to an entity other than the individual provider. All members of an AA must participate in a Highmark Provider Network in order for the AA to be recognized as participating in that network.

Authorization	The official acknowledgement from Highmark that services/items requested meet the definition of “medically necessary and appropriate.”
Away From Home Care® (AFHC)	The Away From Home Care (AFHC) Guest Membership program offered through the Blue Cross and Blue Shield Association allows members enrolled in other Blue Plan HMOs across the country to receive services covered under the “host” HMO benefit program if they are temporarily or permanently residing in another participating Blue Plan’s HMO service area. Away From Home Care is a registered trademark of the Blue Cross and Blue Shield Association and is available in many states and the District of Columbia. Note: This program is not available to Medicare Advantage HMO members.