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Capped Rental Items	Under the Centers for Medicare & Medicaid Services (CMS) payment methodology, items denoted as payment class “CR” (Capped Rentals) are paid for as rentals only. Generally, they cannot be purchased upfront, except in certain situations (e.g., electric wheelchairs meeting certain criteria). Upon reaching the final monthly payment on items and services in this category, ownership will transfer to the member.
Caring Program	The Caring Program is a comprehensive, community-based care coordination program for children in Pennsylvania with special health care needs or chronic conditions.
Carve Out	There are many groups that prefer to purchase the same benefits for their retired employees over age 65 (those with Medicare Part B) as they do for their active employees. In these arrangements, claims are processed by Medicare first, then through Highmark. Any payment made by Medicare is subtracted (“carved-out”) from the payment made by Highmark. Payment is made only for those services eligible under the group’s Basic Blue Shield benefits, even if the service was eligible under Medicare Part B.
Case Management	Case management is a systematic, proactive, and collaborative approach to effective assessment, monitoring, and evaluation of options and services required to meet an individual member’s health needs. It is a process involving the physician, the patient and support system, the case manager, and other health care service providers to encourage and assist patients to achieve their optimum level of wellness, self-management, and functional capability.
Children’s Health Insurance Program of Pennsylvania (CHIP)	<p>This program is administered on behalf of the Commonwealth of Pennsylvania Insurance Department by Highmark. CHIP is modeled after the Caring Program for Children, which was pioneered by Highmark through its Caring Foundation more than twenty years ago.</p> <p>CHIP expanded in 2007 with the legislation to Cover All Kids. CHIP now offers coverage to every uninsured child in PA, regardless of household income. Premiums and copays are scaled based on family income. CHIP covers children from birth through 18 years of age.</p>
Claim	A detailed statement of health care services and their costs submitted by a hospital, physician’s office, another type of health care provider, or, in some circumstances, a member for payment by the health plan.
Clean Claim	A clean claim is defined as a claim with no defect or impropriety and one that includes all the substantiating documentation required to process the claim in a timely manner.
Clinical Services	Highmark’s Clinical Services is responsible for care management services provided to Highmark members. This includes all activities related to utilization management (including medical, behavioral health, and pharmacy), when required. Clinical Services is also responsible for developing and maintaining Highmark’s commercial and Medicare Advantage medical policies.

Closed Practice	When a PCP practice is “closed to new members,” it means that the PCP practice is temporarily not available for selection as a PCP by managed care members.
Coinsurance	Coinsurance is a percentage of the allowed amount related to any or all services for which the member is responsible.
Concurrent Major Medical Processing	<p>Concurrent Major Medical processing is a feature included with our <i>Classic Blue Traditional</i> product available in Pennsylvania. <i>Classic Blue Traditional</i> offers basic medical-surgical, hospital, and major medical coverage as one benefit package. For processing and payment purposes, the major medical benefits are incorporated into the traditional benefits.</p> <p>This process simplifies the billing process for providers who can report all professional services on one claim form and send it either electronically or on paper to Highmark. The services will process for basic coverage first and then automatically process for major medical coverage. One Explanation of Benefits shows you the details of both the basic and major medical processing.</p>
Conscious Sedation or Moderate Sedation	Moderate sedation, also known as conscious sedation, induces an altered state of consciousness that minimizes pain and discomfort through the use of pain relievers and sedatives. Patients who receive moderate sedation usually are able to speak and respond throughout the procedure.
Consultation	A consultation includes a history and an examination of the patient by a consultant whose services were requested by the attending physician. There should be a written report signed by the consultant. Additionally, the medical necessity for the consultation must be documented.
Consumer Directed Health Care (CDHC)	Consumer Directed Healthcare (CDHC) is a broad term that refers to a movement in the health care industry to empower members, reduce employer costs, and change consumer health care purchasing behavior. Health plans that offer CDHC provide the member with additional information to make an informed and appropriate health care decision through the use of member support tools, provider and network information, and financial incentives.
Continuation of Care (COC)	Continuation of Care (COC) is a process followed to permit a member to continue an ongoing course of treatment with a Primary Care Physician (PCP), a specialist, or a facility whose contract has been terminated by Highmark for reasons other than for cause, for up to 90 days from the effective date of termination. COC also covers a member in the second or third trimester of pregnancy; the transition period shall last through post-partum care related to the delivery.
Coordination of Benefits (COB)	<p>Coordination of Benefits allows patients to receive up to 100 percent of the cost of covered services while ensuring that no one collects more than the actual cost of the covered health expenses.</p> <p>When a member is covered by more than one health care plan, one plan is determined to be primary and its benefits are applied to the claim first. Reimbursement of the remaining balance is considered through the secondary policy, subject to benefit provisions.</p>

Copayment or Copay	A copayment is a specific, fixed dollar amount the member is obligated to pay and the provider is obligated to collect, for a specific covered service, at the time the service is rendered or through a pre-established billing method. This may be applicable to services such as: office visits, spinal manipulation, physical medicine, etc. Copayment amounts and applicable covered services differ according to group and product type.
Cost Sharing	The financial liability shared between the member and the health plan. Deductibles, coinsurance, and copayments are examples of member cost sharing.
Council for Affordable Quality Healthcare (CAQH)	<p>Highmark uses the standardized national online credentialing system developed by the Council for Affordable Quality Healthcare (CAQH) for initial credentialing. CAQH's ProView™ eliminates the need for multiple credentialing applications and significantly streamlines the credentialing process.</p> <p>Through this CAQH online service, practitioners complete one standard application that meets the needs of Highmark and other participating health plans and health care organizations.</p>
Covered Services	Those medically necessary and appropriate services and supplies that are provided as part of a benefit program.
Credentialing	Credentialing refers to obtaining and reviewing the documentation of professional providers by a health plan to assess and verify qualifications. The documentation includes education, licensure, certifications, insurance, evidence of malpractice insurance, and malpractice history.