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Habilitative Services	Health care services that help a person keep, learn, or improve skills and functioning for daily living. Habilitative services help the patient acquire skills while rehabilitative services restore skills that the patient already had in place.
Health Care Claim Payment Advice (ASC X12 835) or Electronic Remittance Advice (ERA)	The Health Care Claim Payment Advice is essentially an electronic version of a paper Explanation of Benefits notice. Highmark's Electronic Remittance Advice, or ERA, (835 transactions) are created on a weekly or daily basis to correspond with our weekly or daily payment cycles.
Healthcare Effectiveness Data and Information Set (HEDIS®)	The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures designed to ensure purchasers and consumers have the information they need to reliably compare the performance of all managed health care plans. Each participating plan reports data for the same measures, so you know you are making comparisons based on similar information.
Health Insurance Marketplace	The Patient Protection and Affordable Care Act of 2010 provides for the establishment of Health Insurance Marketplaces (or "Exchanges") in each state where individuals and small businesses can purchase qualified coverage. These exchanges are websites through which eligible consumers may purchase insurance. The Marketplaces are intended to create a more organized and competitive marketplace for health insurance by offering members a choice of health insurance plans, establishing common rules regarding the offering and pricing of insurance, and providing information to help consumers better understand the options available to them.
Health Management Services (HMS)	Highmark's Health Management Services (HMS) department is responsible for case management services provided to Highmark members.
Health Maintenance Organization (HMO)	A health maintenance organization (HMO) is a healthcare plan that provides comprehensive medical, surgical, hospital, and ancillary medical services including preventive care services. Members receive this comprehensive benefits package in exchange for exclusive use of the HMO's established provider network and compliance with its requirements. Care and case management services and typically authorization requirements are inherent components of HMO programs and help ensure that care is medically necessary and provided in an appropriate setting.
Health Options	Health Options is a Highmark Blue Cross Blue Shield Delaware owned and administered managed care organization contracted with the State of Delaware's Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA), to provide health services to Medicaid-eligible individuals.

Health Plan	The health insurance company.
Health Reimbursement Account (HRA)	An employee health spending account funded and owned by the employer. Funds remaining in the account at year-end go back to the employer.
Health Savings Account (HSA)	A health account offered with a federally qualified high-deductible health plan (HDHP) that allows members to invest and save for future health care expenses. Account contributions are not taxed.
High-Deductible Health Plan (HDHP)	Health care coverage based on guidelines from the U.S. Treasury Department. These guidelines require the following: 1) a minimum deductible amount; 2) a maximum out-of-pocket amount; 3) all medical and drug services, with the exception of preventive care, must be applied towards the deductible; and 4) all medical and drug services must be applied towards the out-of-pocket amount. A member must be enrolled in a federally-qualified HDHP to establish and contribute to a health savings account (HSA).
Highmark Choice Company	Highmark Choice Company, a licensed health maintenance organization, is a wholly-owned subsidiary of Highmark Inc. that administers Commercial HMO and Medicare Advantage HMO products in Pennsylvania. Highmark Choice Company is an independent licensee of the Blue Cross and Blue Shield Association.
Highmark Inc.	<p>Highmark Inc. and its subsidiaries and affiliates provide health insurance to 5.3 million members in Pennsylvania, West Virginia, and Delaware.</p> <ul style="list-style-type: none"> • Highmark Blue Cross Blue Shield providing integrated Blue Cross and Blue Shield coverage throughout the 42 counties of western, north central, and northeastern Pennsylvania. • Highmark Blue Shield serving the 21 counties of central Pennsylvania and the Lehigh Valley as a full-service health plan. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with Independence Blue Cross in southeastern Pennsylvania. • Highmark Blue Cross Blue Shield West Virginia serving the entire state of West Virginia and Washington County, Ohio. • Highmark Blue Cross Blue Shield Delaware serving the entire state of Delaware. <p>Highmark's diversified businesses provide dental insurance, vision care, and related health products across America through a national network that includes United Concordia Dental, HM Insurance Group, Davis Vision, and Visionworks. Highmark is an independent licensee of the Blue Cross and Blue Shield Association.</p>
Highmark Health	Highmark Health, established in Pittsburgh in 2013, is the parent company of a national health and wellness enterprise that employs more than 35,000 people and serves 40 million Americans in all 50 states. It is the third largest integrated health care delivery and financing system in the nation. Highmark Health is the parent company of Highmark Inc., Allegheny Health Network, and HM Health Solutions.

Highmark Health Insurance Company (HHIC)	Highmark Health Insurance Company (HHIC) is a subsidiary of Highmark Inc. that provides health care coverage to individuals and small groups in Highmark's Western and Central Regions in Pennsylvania. Highmark Health Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association.
HM Health Solutions	HM Health Solutions focuses on meeting the information technology platform and other business needs of the Highmark Health enterprise as well as unaffiliated health insurance plans by providing proven business processes, expert knowledge and integrated cloud-based platforms.
Highmark Passport	"Highmark Passport" is a custom-designed three ring binder with valuable information provided to Medicare Advantage members to help plan and track their health care needs and services. Members are mailed information specific to their individual needs throughout the year and encouraged to add these materials to their Passport binder.
Home Plan	For a member with coverage through BlueCard, the Plan area in which the employer group's headquarters is located is considered the member's "Home Plan."
Host Plan	The "Host Plan" is the Blue Plan serving the area where an employee resides or is visiting at the time the services are rendered.
House Call Program	This free program for Medicare Advantage members is aimed at helping members who have chronic conditions or who are frail and at risk of further health complications to better understand their conditions and how they can access the resources they need. Highmark identifies members with chronic conditions and those who may be disengaged from their normal care routines through claims data. Once identified, we are able to reach out to them through the House Call program to evaluate the situation and to ensure their complete health needs are being met.