## Section VII: Glossary of Terms

<u>Affiliate</u> means a person or organization which, through stock ownership or any other affiliation, directly, indirectly, or constructively controls another person or organization, is controlled by another person or organization, or is, along with another person or organization, under the control of a common parent.

<u>Agreement</u> means the contract that results from the Specifications between the Department and the Contractor.

**Business Day(s)** means every Monday through Friday, except for days designated as Business Holidays, except as required by CMS requirements.

**Business Holiday(s)** means legal holidays observed by the State. For Medicare Advantage Plan and Medicare Advantage Plans with Prescription Drug Plan, Business Holidays must additionally comply with Chapter 3, section 80.1 of the Medicare Managed Care Manual.

<u>Calendar Year/Annual</u> means a period of 12 months beginning with January 1 and ending with December 31.

<u>Centers for Medicare and Medicaid Services (CMS)</u> means the Federal Agency within the United States Department of Health and Human Services that is responsible for administration and oversight of various Medicare programs.

<u>Child(ren)</u> means children under 26 years of age, including natural children, legally adopted children, children in a waiting period prior to finalization of adoption, Enrollee stepchildren and children of the Enrollee's domestic partner. Other children who reside permanently with the Enrollee in the Enrollee's household and are chiefly dependent on the Enrollee are also eligible, subject to a statement of dependence and documentation.

**Clinical Manager** – means licensed PhD, clinical psychologist, licensed professional registered nurse, or licensed master's level certified social worker with a minimum of three to five years of previous position-related clinical experience.

<u>Commercial Plan</u> means the Plan submitted by the HMO pursuant to this Agreement through which each Enrollee is entitled to receive comprehensive health benefits not obtained through a Medicare Advantage Plan.

**<u>Coverage</u>** means the health services and insurance benefits provided by the Contractor pursuant to this Agreement.

<u>Creditable Coverage</u> means prescription drug coverage that is deemed equivalent to Medicare Part D.

Day(s) means calendar day(s) unless otherwise noted in this Agreement.

DCS or Department means the New York State Department of Civil Service.

**Dependent** means the spouse, domestic partner, and children under twenty-six (26) years of age of an Enrollee. Young adult dependent children age twenty-six (26) or over are also eligible if they are incapable of supporting themselves due to mental or physical disability acquired before termination of their eligibility for coverage under the New York State Health Insurance Program.

**Dependent Survivor** means the unremarried spouse, dependent child, or domestic partner who has not acquired another domestic partner, of an Enrollee who died after having had at least ten (10) years of service, who was covered as a dependent of the deceased Enrollee at the time of the Enrollee's death and who elects to continue coverage under NYSHIP following the three (3) month extended benefits period.

**Disabled Lives Benefit** means the benefits provided to an Enrollee who is Totally Disabled on the date coverage ends. The benefits are provided on the same basis as if coverage had continued with no change until the day the Enrollee is no longer Totally Disabled or for ninety (90) days after the date the coverage ended, whichever is earlier.

**Employee** means any person defined as an Employee as defined in 4 NYCRR Part 73, as amended, or as modified by collective bargaining agreement.

**Employer** means Employer as defined in 4 NYCRR Part 73, as amended.

**Enrollee(s)** means those Employees and Retirees eligible for NYSHIP coverage as set forth in the regulations of the President of the Civil Service Commission at 4 NYCRR Part 73, and who have elected to receive HMO coverage under the terms and conditions of this Agreement.

**Enrollee Certificate of Insurance (Certificate)** means a comprehensive description of benefits provided through the HMO plan by the Contractor pursuant to this Agreement.

**<u>ET</u>** means prevailing Eastern Time.

<u>Health Maintenance Organization (HMO)</u> means any person, natural or corporate, or any groups of such persons who enter into an arrangement, agreement or plan, or any combination of arrangements or plans, which proposes to provide or offer, or which does provide or offer, a comprehensive health service plan for which the HMO has current certification or licensure in accordance with the statutes and regulations of the State of New York and/or may operate outside the State of New York by federal qualification subject to appropriate jurisdiction for certification and oversight.

**<u>HMO Member</u>** means the Enrollee or any Dependent that is eligible, enrolled and covered by the HMO Plan.

Joint Labor Management Committee (JLMC) means a committee consisting of representatives of the State's collective bargaining units, the Department of Civil Service, and the Governor's Office of Employee Relations (GOER) which is charged with the responsibility to cooperatively develop and oversee administration of health care programs for State-represented Employees and to make mutually agreed upon changes to health insurance plan benefits.

<u>Key Subcontractor(s)</u> means those vendors with whom the HMO subcontracts to provide Program Services and incorporated as a part of the HMO's Program Team. Key Subcontractors include all vendors who will provide \$100,000 or more in Program Services over the term of the Agreement that results from these Specifications, as well as any vendor who will provide Program Services in an amount lower than the \$100,000 threshold and who is a part of the HMO's Program Team.

<u>Medicare Advantage Plan (MAP)</u> means health benefits coverage offered under a policy or contract by an Medicare Advantage organization that includes a specific package of health benefits offered at a uniform premium and uniform level of cost-sharing to all Medicare beneficiaries residing in the Service Area (or segment of the Service Area) of the MAP.

<u>Medicare Advantage with Prescription Drug (MAPD) Plan</u> means health benefits coverage offered under a policy or contract by a Medicare Advantage organization that includes a specific

package of health benefits, as well as qualified prescription drug coverage, as defined at 42 CFR 423.100 and in section 20.1 of Chapter 5 of the Prescription Drug Benefit Manual, under Part D of the Social Security Act, as amended.

**MAPD Evidence of Coverage (EOC)** means a comprehensive description of services and benefits provided to MAPD Members through the MAPD Plan. The EOC also defines the rights and responsibilities of the Member and the MA Organization under the MAPD Plan.

**MAPD Member(s)** means the MAPD Enrollee(s) or any Dependent that is eligible, enrolled and covered by the MAPD Plan.

**MAPD Enrollee(s)** means the eligible Employee or Retiree who is eligible to receive MAPD benefits under the rules, regulations and conditions of the NYSHIP and CMS, and is enrolled in the MAPD Plan.

NYS means New York State.

**NYSHIP** means the New York State Health Insurance Program.

Offeror means a person or entity that submits a Proposal in response to these Specifications.

**Option Transfer Period** means the period of time established by the Employer during which an Employee may transfer enrollment from one available health benefit plan (either an HMO or indemnity plan) to a different available plan.

**Participating Employer (PE)** means a public authority, public benefit corporation, or other public agency, subdivision, or quasi-public organization of the State which elects, with the approval of the President of the Civil Service Commission, to participate in the New York State Health Insurance Program.

**Periodic Recruitment** means the State's reserved right to consider additional HMOs starting on the one year anniversary of the award start date or at any time deemed to be in the best interests of the State. Potential additional HMOs shall be required to submit an original bid document and, where applicable, bids shall be evaluated under the original "Specifications For Health Maintenance Organizations Participation in the New York State Health Insurance Program" requirements. An addendum containing additional applicable statutory requirements currently in effect at the time of the periodic recruitment may be added to the recruitment. The State is not required to award on offers under Periodic Recruitment.

Plan means the proposed health plan submitted by the HMO for NYSHIP..

<u>**Plan Year**</u> means the period from January 1<sup>st</sup> to December 31<sup>st</sup> in each year covered by the Agreement, unless specified otherwise.

<u>President</u> means the President of the New York State Civil Service Commission and the Commissioner of the DCS.

<u>**Program Services**</u> means all of the services to be provided by the Contractor as set forth in these Specifications.

<u>Proposal or Submission</u> means the HMO response to the 2016 HMO Specification including all responses to supplemental requests for clarification, information, or documentation submitted during the course of the Procurement.

<u>Regulations of the President of the Civil Service Commission</u> means those regulations promulgated by the DCS pursuant to Civil Service Law, Article XI, as amended, including but not limited to those rules and regulations found at 4 New York Code of Rules and Regulations (NYCRR) Part 73, as amended.

**Required Annual Submission** means the HMO's response to program requirements in years 2 – 5 of the Agreement that result from these Specifications, including all responses to supplemental requests for clarification, information or documentation during the term of the Agreement.

**<u>Retiree</u>** means any person defined as a Retiree pursuant to the terms of 4 NYCRR Part 73, as amended.

Service Area means the approved counties in which an HMO is authorized to offer services.

**Specifications** means the document entitled "2016 HMO Specifications for the New York Health Insurance Program (NYSHIP)" dated April 23, 2015.

State means New York State as a whole.

<u>Summary of Benefits and Coverage (SBC)</u>: means a federally mandated document that accurately describes the NYSHIP group benefits and coverage.

**SERFF** means the System for Electronic Rate and Form Filing system used by the DFS for rate filings.

<u>Total Disability and Totally Disabled</u> means that because of a medical or mental health/substance abuse condition, the Enrollee, cannot perform his/her job or the Dependent cannot perform the normal activities of a person that age.

<u>Vestee</u> means a former Employee who is entitled to continue benefits under NYSHIP because he/she has met all the requirements for NYSHIP coverage as a Retiree, except for age eligibility for pension, at the time employment terminates.