

## § 1000.20

*SNF* stands for skilled nursing facility.

*Social security benefits* means monthly cash benefits payable under section 202 or 223 of the Act.

*SSA* stands for Social Security Administration.

*United States* means the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

*U.S.C.* stands for United States Code.

[51 FR 34766, Sept. 30, 1986 as amended at 57 FR 3329, Jan. 29, 1992; 63 FR 46685, Sept. 2, 1998; 66 FR 39452, July 31, 2001]

### § 1000.20 Definitions specific to Medicare.

As used in connection with the Medicare program, unless the context indicates otherwise—

*Carrier* means an entity that has a contract with CMS to determine and make Medicare payments for Part B benefits payable on a charge basis and to perform other related functions.

*Entitled* means that an individual meets all the requirements for Medicare benefits.

*Hospital insurance benefits* means payments on behalf of, and in rare circumstances directly to, an entitled individual for services that are covered under Part A of Title XVIII of the Act.

*Intermediary* means an entity that has a contract with CMS to determine and make Medicare payments for Part A or Part B benefits payable on a cost basis and to perform other related functions.

*Medicare Part A* means the hospital insurance program authorized under Part A of Title XVIII of the Act.

*Medicare Part B* means the supplementary medical insurance program authorized under Part B of Title XVIII of the Act.

*Provider* means a hospital, a skilled nursing facility, a comprehensive outpatient rehabilitation facility, a home health agency, or effective November 1, 1983 through September 30, 1986, a hospice that has in effect an agreement to participate in Medicare, or a clinic, a rehabilitation agency, or a public health agency that has a similar agreement but only to furnish outpatient

## 42 CFR Ch. V (10–1–10 Edition)

physical therapy or speech pathology services.

*Railroad retirement benefits* means monthly benefits payable to individuals under the Railroad Retirement Act of 1974 (45 U.S.C. beginning at section 231).

*Services* means medical care or services and items, such as medical diagnosis and treatment, drugs and biologicals, supplies, appliances, and equipment, medical social services, and use of hospital or SNF facilities.

*Supplementary medical insurance benefits* means payment to or on behalf of an entitled individual for services covered under Part B of Title XVIII of the Act.

*Supplier* means a physician or other practitioner, or an entity other than a provider, that furnishes health care services under Medicare.

[51 FR 34766, Sept. 30, 1986, as amended at 57 FR 3329, Jan. 29, 1992]

### § 1000.30 Definitions specific to Medicaid.

As used in connection with the Medicaid program, unless the context indicates otherwise—

*Applicant* means an individual whose written application for Medicaid has been submitted to the agency determining Medicaid eligibility, but has not received final action. This includes an individual (who need not be alive at the time of application) whose application is submitted through a representative or a person acting responsibly for the individual.

*Federal financial participation (FFP)* means the Federal Government's share of a State's expenditures under the Medicaid program.

*FMAP* stands for the Federal medical assistance percentage, which is used to calculate the amount of Federal share of State expenditures for services.

*Medicaid agency* or *agency* means the single State agency administering or supervising the administration of a State Medicaid plan.

*Provider* means any individual or entity furnishing Medicaid services under a provider agreement with the Medicaid agency.

*Recipient* means an individual who has been determined eligible for Medicaid.

**Office of Inspector General—Health Care, HHS**

**§ 1000.30**

*Services* means the types of medical assistance specified in sections 1905(a)(1) through (18) of the Act.

*State* means the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands.

*State plan or the plan* means a comprehensive written commitment by a Medicaid agency, submitted under section 1902(a) of the Act, to administer or supervise the administration of a Medicaid program in accordance with Federal requirements.