

## SUBCHAPTER A—GENERAL PROVISIONS

### PART 400—INTRODUCTION; DEFINITIONS

#### Subpart A [Reserved]

#### Subpart B—Definitions

Sec.

400.200 General definitions.

400.202 Definitions specific to Medicare.

400.203 Definitions specific to Medicaid.

#### Subpart C [Reserved]

AUTHORITY: 42 U.S.C. 1302 and 1395hh and 44 U.S.C. Chapter 35.

#### Subpart A [Reserved]

#### Subpart B—Definitions

##### § 400.200 General definitions.

In this chapter, unless the context indicates otherwise—

*Act* means the Social Security Act, and titles referred to are titles of that Act.

*Administrator* means the Administrator, Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA).

*ALJ* stands for administrative law judge.

*Area* means the geographical area within the boundaries of a State, or a State or other jurisdiction, designated as constituting an area with respect to which a Professional Standards Review Organization or a Utilization and Quality Control Peer Review Organization has been or may be designated.

*Beneficiary* means a person who is entitled to Medicare benefits and/or has been determined to be eligible for Medicaid.

*CMP* stands for competitive medical plan.

*Conditions of participation* includes requirements for participation as the latter term is used in part 483 of this chapter.

*Condition level* deficiencies includes deficiencies with respect to “level A requirements” as the latter term is used in parts 442 and 483 of this chapter.

*CORF* stands for comprehensive outpatient rehabilitation facility.

*CFR* stands for Code of Federal Regulations.

*CMS* stands for Centers for Medicare & Medicaid Services, formerly the Health Care Financing Administration (HCFA).

*CY* stands for calendar year.

*DAB* stands for Departmental Appeals Board.

*Department* means the Department of Health and Human Services (HHS), formerly the Department of Health, Education, and Welfare.

*ESRD* stands for end-stage renal disease.

*FDA* stands for the Food and Drug Administration.

*FQHC* means Federally qualified health center.

*FR* stands for FEDERAL REGISTER.

*FY* stands for fiscal year.

*HCPP* stands for health care prepayment plan.

*HHS* stands for the Department of Health and Human Services.

*HHA* stands for home health agency.

*HMO* stands for health maintenance organization.

*ICF* stands for intermediate care facility.

*ICF/IID* stands for intermediate care facility for individuals with intellectual disabilities.

*Medicaid* means medical assistance provided under a State plan approved under title XIX of the Act.

*Medicare* means the health insurance program for the aged and disabled under title XVIII of the Act.

*Medicare Savings Programs* (MSPs) has the same meaning described in § 435.4 of this chapter.

*NCD* stands for national coverage determination.

*OASDI* stands for the Old Age, Survivors, and Disability Insurance program under title II of the Act.

*OIG* stands for the Department’s Office of the Inspector General.

*Public Health Emergency* (PHE) means the Public Health Emergency determined to exist nationwide as of January 27, 2020, by the Secretary pursuant to section 319 of the Public Health