

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