



UNDERSTAND MY CARE

Glossary

A list of common health care terms and their definitions.

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B
C
D
E
F
G
H
I
J
K
L
M
N
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P
Q
R
S
T
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V
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X
Y
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Access

The ability of everyone, including people with disabilities, to use a place (like a doctor's office) or a product or service.

Accessibility

The design of an environment, such as a doctor's office, or of a product or service so that all people can use it, including a person with a disability.

Accountable Care Organization (ACO)

A type of health care coverage. A group of doctors, hospitals, and other providers that work together to give you care. Your Medicare and Medi-Cal are separate, and you can keep the providers you have now. You may get some help arranging your care.

Activities of Daily Living (ADL)

Things you do during a normal day to take care of yourself, like dressing, eating, bathing, and

using the bathroom.

Adult Day Center

Facilities that provide social activities and meals and sometimes nursing and therapies during the day. They are typically used by people who don't need care in the evening or at night, or who are cared for by family members who go to work during the day. These programs are designed to help people stay healthy and maintain their abilities. You can access a day center with health care services through Community-Based Adult Services (CBAS) or the Program of All-Inclusive Care for the Elderly (PACE).

Advocate

Someone who helps you get the services and products you need and protects your rights.

Appeal

If your health plan makes a decision you disagree with, like refusing to cover a service, you may make an appeal — a request that the plan review and reconsider its decision.

Behavioral Health Care

Services that treat mental health conditions or alcohol/drug use (for example, counseling or medication for feelings of sadness or stress).

Beneficiary

A person who receives benefits from Medicare and/or Medi-Cal.

Benefits

Payment of health care services and products. Medicare benefits pay for doctor visits, hospital care, prescription drugs, and some behavioral health services. Medi-Cal benefits pay for medical equipment and supplies, long-term services and supports, dental care, and many behavioral health services.

Cal MediConnect (CMC)

A type of health care coverage. One health plan that includes all your Medicare + Medi-Cal coverage. You also get extra benefits, like someone to make sure you get all the care you need or help to live independently.

Care Coordination

With care coordination, your doctors, specialists, pharmacists, caregivers, and other providers form a care team, led by a care coordinator. They all work together with you to take care of your health.

Care Coordinator

A nurse, social worker, or other health professional who helps you get and manage all the health care services you need. Also known as a [care navigator](#) or [case manager](#).

Care Navigator

A nurse, social worker, or other health professional who helps you get and manage all the health care services you need. Also known as a [care coordinator](#) or [case manager](#).

Care Team

A group of people who work together and share information to give you the care you need. A care team may include doctors, caregivers, personal care workers, a care coordinator, and other providers, as well as family members.

Caregiver

A person who helps someone with activities of daily living (like bathing and dressing) and other needs (like housekeeping and meal preparation). The person helped is typically an older adult or a person with a disability. Caregivers can be friends, relatives, or professionals. They can be paid or volunteer.

Case Manager

A nurse, social worker, or other health professional who helps you get and manage all the health care services you need. Also known as a [care navigator](#) or [care coordinator](#).

Community-Based Adult Services (CBAS)

A Medi-Cal program that provides health care (like nursing and therapies) as well as social activities and meals during the day at an adult day center.

Copayment (co-pay)

A copayment (co-pay) is one type of cost-sharing. You pay a certain amount when you receive a service. For example, you might pay a few dollars when you get a prescription filled.

Cost-Sharing

Some health plans require you to pay a part of the cost of your covered health care services. This is called cost-sharing.

A copayment (co-pay) is one type of cost-sharing. You pay a certain amount when you receive a service. For example, you might pay a few dollars when you get a prescription filled.

Another kind of cost-sharing is a deductible. You have to pay a certain total amount for your health care before your health plan starts to pay benefits. For instance, if you have a \$200 annual deductible, each year you pay for the first \$200 of covered services yourself, then your plan starts to pay benefits.

If you have both Medicare and Medi-Cal, you usually don't have to pay a deductible—your deductible is usually paid by Medi-Cal. If you think you have been wrongly charged a deductible, there are organizations that can [help!](#)

Deductible

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Dual Eligible Beneficiaries

A person who has Medicare and Medi-Cal. If you are a dual eligible, you may be eligible for the health coverage options described on this website.

Dual Eligible Special Needs Plan (D-SNP)

A type of health care coverage. You get your Medicare and some (but not all) Medi-Cal benefits through one health plan, as well as extra benefits and help arranging your care.

Durable Medical Equipment (DME)

Reusable equipment ordered or prescribed by your doctor for use at home, like walkers, wheelchairs, hospital beds, and more.

Enrollee

A person enrolled in a health plan (also called a member).

Extra Benefits

Health care services not generally covered by Medicare or Medi-Cal that are paid for or provided by your health plan or another program at no extra cost to you. Also called "additional benefits."

Fee-for-Service (FFS) Medicare

A type of Medicare coverage (sometimes called "original" or "regular" Medicare). You do not have a health plan, and you can go to any provider that accepts Medicare. Medicare pays providers directly for the services you receive.

Fully-Integrated Special Needs Plan (FIDE SNP)

A type of health care coverage. You get your Medicare and Medi-Cal benefits from one health plan. You also get extra benefits, like someone to make sure you get all the care you need and help to live independently.

Grievance

If you are unhappy with your care, your health plan, and/or its providers, you may want to make a formal complaint, called a grievance. (Examples of causes of a grievance include difficulty getting appointments or disrespectful behavior by providers or plan staff.) You must submit a grievance to your health plan or an ombudsman service, orally or in writing, typically within 60 days after the decision or problem happened.

Health Insurance Counseling and Advocacy Program (HICAP)

A California advocacy agency that provides free and objective information and counseling. Their aim is to help you understand your rights and health care coverage options.

Health Maintenance Organization (HMO)

A type of health plan. A group of doctors, hospitals, and other providers agree to give health care to members for a set amount of money every month. You usually get your care from providers in the HMO, and your providers can usually work together and share information to give you care.

Health Plan

A group of doctors, specialists, clinics, pharmacies, hospitals, and long-term services and supports providers that work together to meet your needs (also called a managed care plan). People enrolled in a health plan are called members and have a primary care provider who helps guide their health care.

Home- and Community-Based Services (HCBS)

Services and other supports that people get to help them live independently in the community (instead of a facility like a nursing home). When you have both Medicare and Medi-Cal, these services are typically paid for by Medi-Cal. HCBS include:

- In-home care (such as IHSS)
- Intensive care coordination and support services
- Community-Based Adult Services (CBAS)
- Support services in assisted living
- Meals delivered to your home

In-Home Supportive Services (IHSS)

IHSS provides in-home care for people who need it to safely live in their own homes. County Medi-Cal staff assess your needs and determine your eligibility, and Medi-Cal pays for caregivers (if approved). Caregivers provide personal care (help with activities of daily living like bathing and dressing), help with meal preparation and house cleaning, and can go with you to medical appointments. The program allows you to hire, supervise, and train your caregiver to meet your needs. An IHSS caregiver can be a friend, relative, or professional.

In-Home Supportive Services (IHSS) Caregiver

An IHSS caregiver is one paid for by the Medi-Cal IHSS program. You hire, supervise, and train your IHSS caregiver to meet your needs. An IHSS caregiver can be a friend, relative, or professional.

Long-Term Services and Supports (LTSS)

A range of services that help people with activities of daily living (like dressing and bathing) and other needs (like housekeeping, meal preparation, and transportation). LTSS can be provided in the person's home, in a facility (like a nursing home), or at a community site (like an adult day center). For examples of LTSS programs, see Glossary descriptions for:

- Home- and Community-Based Services (HCBS)
- In-Home Supportive Services (IHSS)
- Multipurpose Senior Services Program (MSSP)
- Community-Based Adult Services (CBAS)

Medi-Cal

A government program that offers health care coverage for low-income Californians. (Medi-Cal is the federal-state Medicaid program in California.)

Medical Equipment

Reusable equipment ordered or prescribed by your doctor for use at home, like walkers, wheelchairs, hospital beds, and more. Also known as **durable medical equipment (DME)**.

Medical Supplies

Supplies that are typically disposable, single use, medically-related, and often ordered or

prescribed by a physician. Some examples include diabetic supplies, oxygen supplies, and incontinence supplies. When you're in a nursing facility, your medical supplies are provided by your facility.

Medicare

The federal program that provides health care benefits for people age 65 years and older as well as people of any age with certain disabilities or diseases. The different parts of Medicare are:

- **Part A** covers hospital care and short-term stays in a nursing facility.
- **Part B** covers a variety of medical services and products, including doctor's office visits, outpatient care, laboratory services, preventive care, durable medical equipment (such as walkers), supplies (like insulin pumps), and others.
- **Part C** is often called Medicare Advantage. Medicare Part A, B, and sometime D coverage are provided by one Medicare Advantage health plan.
- **Part D** provides coverage for most prescription drugs through a health plan.

Medicare Advantage Plan (MA)

A type of health care coverage. You get your Medicare benefits from a health plan, keep your Medi-Cal separate, and get some extra benefits and some help arranging your care. Many MA plans include prescription drug coverage.

Member

A person who is enrolled in Medicare, Medi-Cal, or a health plan (also called an enrollee).

Mental Health Support

Services to promote mental health (like counseling or medication for feelings of sadness or stress).

Multipurpose Senior Services Program (MSSP)

A program that helps coordinate health care and social services and provides extra support services.

Network

A group of doctors, hospitals, pharmacies, and other health care providers that work with your health plan to provide your health care services.

Nursing Facilities

Nursing facilities provide nursing, rehabilitative services, medical care, and long-term services and supports. They include nursing homes and rehabilitation facilities. Medicare covers short-term nursing facility stays (for example, if you need to stay at a nursing facility for a few weeks after a hospital stay until you are well enough to move home). Medi-Cal covers long-term nursing facility stays for people who can't live safely at home.

Ombudsman

An organization or independent advocate that may be able to help you solve problems with your health plan, Medicare, or Medicaid (including accessing care and qualifying for coverage).

Personal Care Support Services

Services that help a person with activities of daily living (like getting in and out of bed, bathing, and dressing) as well as preparing meals and housekeeping. These services can be provided in your home through the In-Home Supportive Services Program (IHSS) or some home care agencies.

Preferred Provider Organization (PPO)

A type of health plan. A PPO has a network of doctors, hospitals, and other providers. If you use providers in your PPO's network, you pay less in cost-sharing. If you use providers outside the network, you may pay more.

Primary Care Provider

Your main health care provider. This may be a doctor, a nurse practitioner, a physician's assistant, or another professional. They help connect you to all the services you need, including care from specialists.

Program of All-Inclusive Care for the Elderly (PACE)

A type of health care coverage. You get your Medicare + Medi-Cal in one health plan. You also get extra benefits like a PACE day center, a care team, and help to live in your home.

Provider

A person or organization that provides health care-related services or products, like a doctor, hospital, clinic, personal care assistant, or equipment supplier.

Respite Care

Paid services that allow family and friends taking care of a person to take a short break. Respite care can be provided in the person's home, at a residential facility (like a nursing home), or at an adult day center. It can be provided for several hours a week or several days at a time.

Restorative Therapies

Physical, occupational, and speech therapy, and psychiatric treatment, provided to someone with a temporary or permanent disability. The goal is to increase, restore, or maintain a person's function.

Substance Use Support

Services that help people who are having problems with substances like alcohol or drugs.

Transportation Benefits

Payment of medically necessary transportation. This can include ambulance, wheelchair van, taxi, ride-share service, or public transportation. Medicare covers emergency ambulance services. Medi-Cal covers non-emergency transportation (like for doctor visits or to pick up a prescription).

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