

Glossary

Ability to Pay (ATP)

ATP provides medically necessary services at Los Angeles County hospitals or clinics for individuals who cannot afford to pay for their care and are not eligible for full-scope Medi-Cal.

Access for Infants & Mothers (AIM)

AIM is a health insurance program for uninsured pregnant women with family incomes that are too high for them to qualify for Medi-Cal.

Aid Codes

Aid Codes are a combination of numbers and letters used by Medi-Cal to identify the qualifications of individuals for Medi-Cal and certain other public benefits programs.

Benefit Identification Card (BIC)

BIC is a card issued by Medi-Cal to be used by beneficiaries when accessing health services.

Blind Work Expense (BWE)

Documented expenses for services or items that are related to one's blindness and needed in order to work. Service animal expenses, transportation to and from work, federal, state, and local income taxes, Social Security taxes, attendant care services, visual and sensory aids, translation of materials into Braille, professional association fees, and union dues are some examples of BWEs.

Breast and Cervical Cancer Control Treatment Program (BCCTP)

BCCTP is a program that provides cancer-related services for low- income California individuals who have a diagnosis of breast or cervical cancer.

Certified Application Assistant (CAA)

CAAs are individuals who have been trained and certified to assist families in applying for Medi-Cal or Healthy Families through the joint mail-in application or through Health-e-App.

Cal-COBRA

California's state program expands the scope of federal COBRA by offering benefits to employees of companies with 2-19 employees and lengthening the eligibility term for employees in companies with 20 or more employees.

California Work Opportunities and Responsibility to Kids (CalWORKs)

Operated by county welfare offices, CalWORKs gives cash aid and services to needy families.

California Children's Services (CCS)

CCS is a State program that provides necessary health care and case management for children who have certain diseases, physical limitations or chronic health problems.

Caretaker Relative

A caretaker relative is a person who provides care and supervision to a child.

Certificate of Indigency (COI)

The form used to determine eligibility for the Public-Private Partnership (PPP) Program.

Children's Health Access and Medical Program (CHAMP)

CHAMP is a project of the National Health Foundation. CHAMP provides training for health advocates and community workers who help low income families enroll in programs that will help pay for their health care.

Community Partners

A partnership between Los Angeles County Department of Health Services and community health providers who are committed to providing outpatient health services to low income uninsured individuals.

Comprehensive Perinatal Services Program (CPSP)

CPSP is a program that provides comprehensive prenatal health services, parenting and nutritional education and other related services for low-income pregnant women on Medi-Cal.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA allows employees with certain qualifying events to continue health coverage under their group health plans for a limited time by paying for the coverage out of their own pockets.

Countable Unearned Income

Income received from sources for which no paid work activity is performed. Disability benefits such as SSDI, SSI, short term disability insurance, and long term disability insurance; VA benefits; Workers' Compensation; income from a trust or investment; spousal support; dividends, profits, or funds received from any source other than work are all usually considered unearned income.

Deductible

A deductible is the amount of money which the insured party must pay before their medical insurance begins paying for services.

Deemed Eligible

This term refers to eligibility of an individual for a particular program without the need for a formal application. For example, a child born to a woman on Medi-Cal automatically qualifies for Medi-Cal for one year after birth.

Department of Health Services (DHS), Los Angeles County

Los Angeles County public health care system (often called the Safety Net) providing medical, mental health, public health and education services for county residents.

Deprivation

This is an eligibility requirement for certain Medi-Cal programs for families with children. Deprivation occurs when a child lacks parental support because one or both parents are absent, unemployed, underemployed, incapacitated or deceased.

Earned Income Exclusion

Deduction from funds received from sources for which paid work activity is performed.

Exclusions

These are health conditions that a specific insurance plan does not cover.

Exempt Property

For Medi-Cal or other programs that count resources in determining eligibility, certain types of property or resources are not counted and therefore are considered “exempt”.

Family PACT

Family PACT is a state and federally-funded program that provides family planning education and services to low-income California residents.

Federal Income Guidelines (FIG)

These are income figures released annually by the federal government that are used to match family income to eligibility requirements for many healthcare programs. FPL and FIG are used interchangeably.

Federal Poverty Level (FPL)

This is the amount of money the federal government determines is necessary for a family to meet its basic needs. Many healthcare programs are based on the FPL. FPL and FIG are used interchangeably.

Fee-for-service (FFS)

Under this system, a Medi-Cal provider receives a fee from Medi-Cal for each service provided. Fee-for-service Medi-Cal recipients can choose any provider who accepts Medi-Cal. Recipients not under this system are enrolled in a managed care system.

Former Foster Care Children Program (FFCC)

This program allows foster care children to retain their Medi-Cal benefits after leaving foster care until their 21st birthday.

Full-Scope Medi-Cal

Medi-Cal recipients with full-scope Medi-Cal receive comprehensive coverage for all services provided. Individuals with satisfactory documentation are eligible for this type of coverage.

General Income Exclusion

Deduction from funds received from sources for which no paid work activity is performed.

Genetically Handicapped Persons Program (GHPP)

GHPP is a state-funded program helps individuals with genetic diseases pay for medical costs.

Health Care Options (HCO)

HCO is a division of Maximus and is the contractor for managed care plan enrollments, disenrollments and transfers in Los Angeles County.

Health Insurance Premium Payment Program (HIPPP)

HIPPP is a California Department of Health Care Services program that pays private health

insurance premiums for certain Medi-Cal beneficiaries who have high-cost medical conditions.

Health Maintenance Organization (HMO)

An HMO is a prepaid health plan under which patients receive a set of healthcare services from designated providers in a specific geographical area.

Impairment Related Work Expenses

Documented expenses for services or items that are related to one's impairment and needed in order to work. Wheelchairs, physician visits, co-pays for prescriptions, and other medical expenses are some examples of IRWEs.

In-Home Support Services (IHSS)

IHSS is a program that helps blind, aged or disabled individuals remain in their homes by helping them pay for services such as cooking, shopping and personal care.

Maintenance Need Level (MNL)

MNL is a set of formulas established for Medi-Cal which determine Share-of-Cost amounts. Unlike FIG and FPL amounts which change annually, these formulas have remained constant for more than 10 years.

Major Risk Medical Insurance Program (MRMIP)

This program can help individuals access health coverage who are not able to obtain health coverage or who have very high premiums due to pre-existing health conditions.

Managed Care

Managed care members are enrolled in a specific plan and will generally need to select a medical group or independent practice association to provide their medical services.

Mandatory Participants

Medi-Cal recipients in this category must participate in managed care Medi-Cal as opposed to voluntary participants who may choose between fee-for-service or managed care Medi-Cal.

Medicare

Medicare is the federal health insurance program for people 65 years of age and older and younger individuals who have certain disabilities or permanent kidney failure.

Mid-Year Status Report (MSR)

MSR is a review conducted six months after enrollment to reconsider continued eligibility for certain Medi-Cal beneficiaries.

Minor Consent Medi-Cal

This program allows teenagers up to 21 years of age who live with their parents to access certain confidential Medi-Cal services.

No-cost Medi-Cal

This program covers all services without any payment on the part of beneficiaries.

Open Enrollment

This is an annual time period during which subscribers to health plans may make changes to

their coverage options. Open Enrollment applies to individual and employer-sponsored plans and also public health plans such as Healthy Families.

Out of Pocket Expenses

These are expenses that individuals with health coverage have to pay themselves, generally in the form of deductibles or co-payments.

Outpatient Reduced-Cost Simplified Application (ORSA)

ORSA provides outpatient services including emergency services and medications to individuals who use Los Angeles County facilities and who are not eligible for insurance coverage.

Percentage Programs

These programs provide Medi-Cal benefits with no share of cost to children and pregnant women without taking into account family resources. Percentage refers to the Federal Income Guidelines (FIG), which are used to determine eligibility for the programs.

Permanently Residing Under the Color of Law (PRUCOL)

Individuals with PRUCOL status are legally residing in the U.S. and are known to the United States Citizen Immigration Services (USCIS). They can apply for full-scope, no cost Medi-Cal.

Pre-Existing Condition

An health conditions an individual had before applying for health coverage which may impact his/her ability to obtain coverage or which may be excluded from coverage.

Pre-Existing Condition Insurance Plan (PCIP)

PCIP is a federal program that offers health coverage to medically-uninsurable individuals who live in California. This program is available to individuals who did not have health coverage in the 6 months prior to applying and meet eligibility requirements.

Prepayment

Under this program, Los Angeles County residents can pay a lower, reduced fixed cost for outpatient health services received at County hospitals or clinics if they pay within seven days of receiving treatment.

Presumptive Eligibility (PE)

This program allows certain providers to offer no share of cost prenatal Medi-Cal to low-income pregnant women at the first office visit. Coverage lasts until the end of the second month or until Medi-Cal approves or denies the regular Medi-Cal application filed by the pregnant woman.

Public Assistance

This is a program that provides cash assistance to Low-income individuals. They are automatically eligible for Medi-Cal benefits.

Resources

Resources are things that families own, such as cars, homes and personal property. Bank accounts are also counted as resources. Some health programs take resources into account

when determining eligibility.

Restricted Medi-Cal

Individuals on restricted Medi-Cal are covered only for emergency and pregnancy-related services. This program is available to undocumented individuals who meet eligibility requirements.

Self-Declaration

Some programs allow an applicant to report income or certain other eligibility information without written proof. Other programs may allow self-declaration as a last resort when no other form of documentation is available.

Share of Cost (SOC) Medi-Cal

SOC Medi-Cal beneficiaries are required to pay a certain amount each month out of pocket for their medical expenses before Medi-Cal pays for services.

Sneede

Sneede refers to a lawsuit that affects the way that Medi-Cal determines rules for property and income for some families that have stepparents, unmarried couples and/or children with their own income or property.

Supplemental Security Income/State Supplemental Payment (SSI/SSP)

SSI/SSP is a cash payment from the state and federal government for the elderly and disabled to help them meet their basic needs.

Transitional Medi-Cal (TMC)

TMC provides up to 12 months of no cost Medi-Cal to families who have lost eligibility for CalWORKs or Medi-Cal 1931(b) due to employment or increased earnings.

Two-Plan Model

Medi-Cal managed care is organized under this model in some counties including Los Angeles County. Mandatory participants in managed care enroll in either a Commercial Plan or a Local Initiative.

Voluntary Participants

These Medi-Cal beneficiaries may choose to enroll either in a managed care plan or participate in fee-for-service Medi-Cal.