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## GLOSSARY

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**Access** – The ability to receive needed preventive, urgent and emergent health care services in a timely and medically appropriate manner. Most insurance programs, including the Medi-Cal and Healthy Families programs, have contractually specified access requirements that must be maintained by program providers.

**Benefits Analyst (BA)** – A county employee (typically with the Department of Social Services) who can determine eligibility for public programs, assist with applications and provide benefits.

**California Children’s Services (CCS)** – A statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county and federal tax monies, along with some fees paid by parents.

**Capitation** – A method of payment in managed care in which a provider is prepaid a fixed amount per person enrolled in an individual plan. Based on a defined set of benefits, this fee is typically paid on a monthly basis regardless of the type of care delivered or the frequency with which a patient accesses services.

**Certified Application Assistants (CAAs)** – Trained individuals who operate out in the community to educate families about the availability of medical, dental, and other health insurance services offered by Medi-Cal, Healthy Families and other locally available insurance programs. CAAs also provide assistance with applying for programs.

**Children’s Health Initiative (CHI)** – Local or regional initiative to identify and enroll children in publicly available health insurance by integrating outreach, enrollment and retention processes and by creating a new insurance product called Healthy Kids that fills the gaps in existing public programs.

**Coalition** – The community-based organizations, hospitals, health plans, foundations, First 5 Commissions, government agencies, schools, clinics, advocates and others that have come together to form a local Children’s Health Initiative.

**Community Health Advocate (CHA)** – Trained individuals who provide support and health education to the community, and may assist with health program applications in some counties.

**County Organized Health Systems (COHSs)** – Quasi-governmental organizations that contract with the state Medi-Cal agency to become risk-assuming intermediaries and negotiate capitation rates for all Medi-Cal beneficiaries in a county. Each COHS administers a capitated, comprehensive, case-managed health care delivery system. There are five COHSs that cover Medi-Cal beneficiaries in eight counties: Monterey, Napa, Orange, Santa Cruz, San Mateo, Santa Barbara, Solano, and Yolo.

**Coverage** – Refers to a person’s enrollment in a private or public health insurance plan or program. The term is often used synonymously with “insurance” or “insured.”

**Eligibility Workers (EWs)** – Human services professionals who assist eligibles and beneficiaries with applying for, receiving and maintaining benefits from a range of public programs, including Medi-Cal, Healthy Families, WIC, and cash assistance programs.

**Enrollment Assistant** – A trained employee who assists families with applications for public programs.

**Federal Poverty Level (FPL)** – The Federal Poverty Guidelines, often referred to as the “Federal Poverty Level,” are issued each year in the *Federal Register* by the U.S. Department of Health and Human Services. The guidelines, a simplified version of the poverty thresholds used by the Census Bureau for statistical purposes, are used to determine financial eligibility for certain programs, including Medi-Cal, Healthy Families and Healthy Kids.

**Health-e-App** – A Web-based system that allows families working with trained assisters to apply for Medi-Cal and Healthy Families over the Internet and receive preliminary eligibility determination. Healthy Families applicants can also select providers and health, dental and vision plans.

**Healthy Families Program (HFP)** – California’s version of the State Children’s Health Insurance Program (SCHIP), Healthy Families provides health coverage to children in families with incomes between 100 and 250 percent of the FPL who do not qualify for Medi-Cal and do not have private insurance. Services covered are similar to those in the benefits package for California state employees and require payment of a monthly premium.

**Healthy Kids** – A new health insurance product for children in low-income families who are not eligible for Medi-Cal and Healthy Families. The target population for Healthy Kids is generally children who do not qualify for Medi-Cal or Healthy Families due to their immigration status or who are in the income range above HFP but below 300% FPL (\$56,550 for a family of four in 2004).

**Local public plans** – As we use the term in this guidebook it includes both county-organized health systems (COHSs) and public or local ini-

tiative plans (LIs) operating in Medi-Cal two-plan counties.

**Medi-Cal Administrative Activities (MAA) program** – A program administered by DHS which offers a way for Local Governmental Agencies (LGAs) and Local Educational Consortia (LECs) to obtain federal reimbursement for the cost of certain administrative activities necessary for the proper and efficient administration of the Medi-Cal program. MAA activities include Medi-Cal outreach; facilitating the Medi-Cal application; non-emergency, non-medical transportation of Medi-Cal eligibles to Medi-Cal covered services; contracting for Medi-Cal services; program planning and policy development; MAA coordination and claims administration; TCM coordination and claims administration; training; and general administration.

**Medi-Cal for Children** – California’s Medicaid program, funded jointly by the federal government and the state of California, covers eligible children who reside in families that meet specified income and eligibility requirements.

**One-e-App** – A Web-based system that interfaces with Health-e-App and allows families to apply for multiple programs through a single application. One-e-App can screen for a range of programs including Medi-Cal, Healthy Families, Healthy Kids, Food Stamps, WIC, Express Lane Eligibility, CHDP, and AIM.

**Premium** – Amount that must be paid every month to purchase health insurance.

**Private health plans** – As we use the term in this guidebook, private or “mainstream” plans are for-profit managed care entities with privately insured members that also bid to participate and agree to accept capitation rates for a county’s Medi-Cal beneficiaries.

**Promotora** – A trained community resident who informs the community about health insurance programs and access to services. Known in Spanish as “promotoras,” these outreach workers are important information resources for communities reluctant to seek assistance through in-reach venues and unlikely to either ask outreach workers they do not know about eligibility requirements or to share confidential information with them. Several CHIs have deployed trained promotoras to increase enrollment and improve retention in county Medi-Cal, Healthy Families and Healthy Kids programs.

**Traditional and safety net providers** – Current CHDP providers, except for clinical laboratories; community clinics, free clinics, rural health clinics and county owned and operated clinics; university teaching hospitals; children’s hospitals; county owned and operated general acute care hospitals; and any disproportionate share hospital.

**Two-Plan Model** – A Medi-Cal managed care model where Medi-Cal beneficiaries are enrolled into one of two managed care entities (one commercial plan and one public) within the county. The local initiatives (LIs) are operated or sponsored by a public entity such as a health authority or county-initiated organization and are required to contract with traditional and safety net providers at the same rates offered to other participating providers. Some counties have not established a public

plan and instead have contracts with two commercial plans. There are twelve Two-Plan counties in California: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare.