

# Medi-cal Words to Know

1. **California Children Services (CCS):** a State of California health program for children under 21 years of age with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services such as:
  - Diagnostic (making a diagnosis) and treatment services
  - Medical case management
  - Physical and occupational therapy
 Examples of common diseases are:
  - cystic fibrosis
  - hemophilia
  - epilepsy
  - cerebral palsy
  - heart disease
  - cancer
  - traumatic injuries
2. **California Department of Aging (CDA):** a State of California department that manages programs that serve:
  - older adults (programs have different age requirements)
  - adults with disabilities
  - family caregivers
  - residents in long-term care facilities
3. **California Department of Developmental Services (DDS):** provides services and support to individuals with developmental disabilities, including learning disabilities, cerebral palsy, epilepsy, autism, and related conditions.
4. **California Department of Managed Health Care (DMHC):** monitors managed care plans in California and provides them with their licenses.
5. **California Department of Social Services (CDSS):** manages public programs that are part of the *social safety net* in California; Examples: CalWORKs {cash aid}, CalFresh (food assistance), foster care and adoption assistance, and In-Home Supportive Services (IHSS), and more.
6. **California Health and Human Services Agency (CHHS):** An organization that includes state departments that oversee health and human services programs in California.
7. **Centers for Medicare and Medicaid Services (CMS):** manages the federal (national) share of Medicaid financing.
8. **Department of Health Care Services (DHCS):** manages and guides California's Medi-Cal program with the Centers for Medicare and Medicaid Services (CMS). This department also

monitors Medi-Cal members' grievances (complaints) and appeals. This is to help improve quality and access to healthcare.

9. **Department of Public Social Services (DPSS):** administers social programs (cash assistance, food assistance, housing assistance, health care, job services etc.) to qualifying individuals in Los Angeles County.
10. **Explanation of Benefits (EOB):** information to tell you what services the health plan paid and to whom
11. **Federal Poverty Level (FPL):** the earned income level of an individual or family that is used to see if they qualify for certain federal benefits and programs.
12. **Fee-for-Service (FFS):** also known as "Straight Medi-Cal." The state pays Medi-Cal providers directly for services provided to Medi-Cal members. Only certain groups remain fee-for-service or in straight Medi-Cal. For example:
  - a. foster youth
  - b. former foster youth up age 26
  - c. children who have both Medi-Cal that is linked to SSI and an active CCS case
  - d. Native Americans
13. **Health Care Options:** a program that helps you select or change a health plan.
14. **Medicaid:** This is the federal (national) health insurance program. It is managed by the federal government and by individual states. In California, Medicaid is known as "Medi-Cal."
15. **Medi-Cal:** a health insurance program for low-income California residents. The program covers children, parents, pregnant women, seniors, people with disabilities, and adults under 65 years old.
16. **Medi-Cal Benefits Identification Card (BIC):** a card that has your benefits number for Medi-Cal services. This is different from the health insurance card provided by your Medi-Cal managed care plan.
17. **Medical Exemption Request (MER):** a request to continue care under the fee-for-service system (see **fee-for-service** definition on page 1) Approvals are good for 12 months, after 12 months you can reapply if needed. This is for those that want to stay with a doctor who does not contract with any Medi-Cal managed care plans. They may only take fee-for-service Medi-Cal members. MER may also be used to finish a certain course of treatment.
18. **Medi-Cal Managed Care and Mental Health Office of the Ombudsman:** help to solve problems and make sure that health care plans provide all services they were hired to provide. They also help connect individuals with information and assist in navigating through the mental health plan system.
19. **Medi-Cal Managed Care Plans (MMCPs):** These are health plans that receive a fixed amount from the state or county for each member enrolled in their plan. Each county in California has different plans available for their population. The health plan is responsible for providing care by

assigning members to a primary care physician (primary medical doctor or pediatrician) who directs care.

- a. This does not include the following:
  - i. specialty mental health services
  - ii. substance use disorder (SUD) services
  - iii. dental services
  - iv. long-term services and supports (LTSS)
  - v. long-term care (longer than 2 months)

- 20. Medicare:** federal health insurance for anyone age 65 and older and some people under 65 with certain disabilities. Medicare also covers End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant), or ALS (also called Lou Gehrig's disease).
- 21. Mental Health Plan (MHP):** This plan covers a person's mental health. Each county has their own plan for services that may include individual and group therapy, medication services, crisis services, case management, residential and hospital services, and specialized services to help children and youth. you must call MHP to see if you qualify for services to apply.
- 22. Modified Adjusted Gross Income (MAGI):** Medi-Cal will use this number (income you pay taxes on) to see if a person qualifies under the income rules. It is for people ages 0-64 who cannot have Medicare.
- 23. Non-Modified Adjusted Gross Income (Non-MAGI):** Under Medi-Cal, this group is for people who are age 65 and over or people younger than 65 who also have Medicare. In this group, people also report and give proof of property such as: vehicles, bank accounts, and rental homes.
- 24. Presumptive eligibility:** provides qualified persons with instant access to temporary, no-cost Medi-Cal while applying for permanent Medi-Cal or other health coverage.
- 25. Primary care provider (PCP):** in charge of giving primary care services to members of Medi-Cal. This person will submit referrals for any specialty care services. This can be a general pediatrician or primary care doctor.
- 26. Retroactive Medi-Cal:** when you apply for Medi-Cal, you can ask for retroactive (covers services from a date in the past) Medi-Cal. This may help pay medical or dental bills in any of the 3 months before the application date.