

## Words to Know

**Appeal** – To ask a plan to change a decision you disagree with about a service your doctor ordered. You can write a letter or fill out a form explaining why the plan should change its decision; this is called *filing an appeal*.

**Behavioral Health**- Means mental health, mental illness, addiction disorders, and substance use disorders.

**Copay** – An amount of money that a person must pay themselves for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

**Durable medical equipment (DME)** – Things like wheelchairs, walkers and hospital beds. They are *durable* because they last a long time. They don't get used up like medical supplies.

**Emergency medical condition** – An illness or injury that needs care right away. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working right.

An *emergency mental health condition* is feeling out of control, or feeling like hurting yourself or someone else.

**Emergency transportation** – Using an ambulance or Life Flight to get medical care. Emergency medical technicians (EMTs) give care during the ride or flight.

**ER or ED** – *Emergency room* or *emergency department*, the place in a hospital where you can get care for a medical or mental health emergency.

**Emergency services** – Care that improves or stabilizes sudden serious medical or mental health conditions.

**Excluded services** – Things that a health plan doesn't pay for. Services to improve your looks, like cosmetic surgery, and for things that get better on their own, like colds, are usually excluded.

**Grievance** – A complaint about a plan, provider or clinic. The law says CCOs must respond to each complaint.

**Rehabilitation services** – Special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.

**Health insurance** – A program that pays for healthcare. After you sign up for the program, a company or government agency pays for covered health services. Some insurance programs require monthly payments, called *premiums*.

**Home health care** – Services you get at home to help you live better after surgery, an illness or injury. Help with medications, meals and bathing are some of these services.

**Hospice services** – Services to comfort a person who is dying and to help their family. Hospice is flexible and can include pain treatment, counseling and respite care.

**Hospital inpatient and outpatient care** – Hospital inpatient care is when the patient is admitted to a hospital and stays at least three nights. Outpatient care is when surgery or treatment is performed in a hospital and then the patient leaves afterward.

**Medically necessary** – Services and supplies that are needed to prevent, diagnose or treat a medical condition or its symptoms. It can also mean services that are accepted by the medical profession as standard treatment.

**Network** – The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.

**Network provider** – Any provider in a CCO’s network. If a member sees network providers, the plan pays the charges. Some network specialists require members to get a referral from their primary care provider (PCP).

**Non-network provider** – A provider who has not signed a contract with the CCO, and may not accept the CCO payment as payment-in-full for their services.

**Physician services** – Services that you get from a doctor.

**Plan** – A medical, dental, mental health organization or CCO that pays for its members’ healthcare services.

**Preapproval (preauthorization, or PA)** – A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

**Prescription drugs** – Drugs that your doctor tells you to take.

**Primary care physician or Primary care provider (PCP)** – Also called a “PCP”, is a medical professional who takes care of your health. They are usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician’s assistant, osteopath, or sometimes a naturopath.

**Primary care dentist** – The dentist you usually go to who takes care of your teeth and gums.

**Provider** – Any person or agency that provides a healthcare service.

**Skilled nursing care** – Help from a nurse with wound care, therapy or taking your medicine. You can get skilled nursing care in a hospital, nursing home, or in your own home with home healthcare.

**Specialist** – A medical professional who has special training to care for a certain part of the body or type of illness.

**Traditional Health Worker (THW)** – A public health worker who works with health care providers to serve a community or clinic. There are five specialties: birth doula, community health worker, peer support specialist, peer wellness specialist and personal health navigator. Traditional Health Workers make sure members are treated fairly. They are not certified by the State of Oregon.

**Urgent care** – Care that you need the same day for serious pain, to keep an injury or illness from getting much worse, or to avoid losing function in part of your body.