Glossary of Terms

Acute: A condition that happens suddenly and lasts a short time. It is the opposite of "chronic."

Anomalies: Deviations from the normal standard, as a result of congenital defects.

Board-certified Physician: A doctor who has extra training after medical school to become a specialist in a field of medicine such as pediatrics, internal medicine or cardiology.

Case Number: A 12-digit number for identification and billing purposes assigned to each client's case record.

Category of Service: Major services requested by the managing physician on the Medical Application Form, basic services or services authorized on service packages that are listed on all Letters of Approval.

Care Coordination Services: For children with special health care needs (CSHCN), those services that promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for CSHCN and their families.

Case Management: Is a process by which the services provided to a specific client are coordinated and managed to achieve the best outcome in the most cost-effective manner, assuring access to quality preventive primary care and transition services.

Children with Special Health Care Needs (CSHCN): Those children who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Chronic: An illness or condition that slowly persists or progresses over a long time. It is the opposite of "acute."

COBRA: After job loss, a worker's health care coverage may continue under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Read details under "Health Plans and Benefits" at the U.S. Department of Labor's Web site: http://www.dol.gov

Community-based Care: Services provided within the context of a defined community.

Cost Share: A family's portion of income used to offset their obligation in order to qualify for BCMH benefits.

Culturally Competent: The ability to provide services to clients that honor different cultural beliefs, interpersonal styles, attitudes and behaviors and the use of multicultural staff in the policy development, administration and provision of those services.

Diagnostic Evaluation: The process of identifying a disease or condition from its signs and symptoms; a careful examination of facts to try to understand or explain the cause of an illness.

Direct Health Services: Those services generally delivered one-on-one between a health professional and a patient in an office, clinic, or emergency room. These professionals include primary care physicians; registered dietitians; public health or visiting nurses; nurses certified for obstetric and pediatric primary care; medical social workers; nutritionists; dentists; subspecialty physicians who serve children with special health care needs; audiologists; occupational therapists, physical therapists, speech and language care; inpatient and outpatient medical services; and allied health services. For CSHCN, these services include specialty and subspecialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness and other conditions requiring sophisticated technology, access to highly trained specialists or an array of services not generally available in most communities.

Effective Date: The first day service(s) is/are eligible.

Expiration Date: The last day service(s) is/are valid.

Health Care Professionals: Workers who have special health care skills. They include nurses, doctors and hospitals.

Health Maintenance Organization (HMO): A medical insurance or Medicaid program that gives care through specified doctors and hospitals.

Letter of Approval: Letter sent from BCMH to managing physicians, parents, local health departments and individually listed providers as notification of approved services on the diagnostic or treatment program.

Managing Physician: A BCMH-approved physician responsible for coordination of care including submission of the Medial Application Form and all subsequent requests for service.

Medicaid: Federal and state health care coverage for low-income or medically needy individuals and working families who qualify.

Ohio Resident: Any person who lives in the state of Ohio with the intent to remain indefinitely, a person who has come to Ohio for the purpose of performing migrant work or any person who is an active duty member of the United States military who pays Ohio income taxes. Proof of Ohio residency includes: statements from an Ohio bank account listing an Ohio address, Ohio voter registration, proof of Ohio income tax payments, pay stubs from an Ohio employer or possession of a permanent Ohio driver's license.

Primary Care: General or basic health care. Traditionally provided by a pediatrician, internist or family practitioner.

Primary Payor: Medicaid or an insurance company that must be billed first for BCMH covered services before BCMH will consider payment. By law, BCMH is always the last to pay.

Prior Approval: The BCMH process that gives a provider approval to provide certain services or equipment a child may need such as a wheelchair or growth hormone.

Prior Authorization Form: Form used by BCMH staff to document information (i.e., dates of hospitalization or major services) regarding a client. This may be used as a prior authorization to establish effective dates if received prior to an Interim Request or Medical Application Form being submitted to BCMH.

Provider Number: Seven-digit Medicaid and/or BCMH number assigned to each provider.

Provider: A person, organization or company that provides medical, dental, ancillary services, medications, medical supplies or equipment.

Renewal: Form that is used for re-evaluation purposes that is generated per computer and sent to the managing physician by the clerical unit two months prior to the month in which the client's LOA is to expire.

Service Coordination: A special program involving designated service coordinators for selected teams at major child care centers who collaborate with families and local public health nurses to assure services are effectively and efficiently organized; utilization of public and private resources occur; and care rendered is family-centered, community-based and coordinated.

Source of Payment: The first payer of authorized medical services listed on the LOA.

Specialist: A medical practitioner whose practice is limited to a particular class of patients (such as children) or diseases (such as cancer) or of technique (such as surgery). Typically, a specialist is qualified by advanced training and certification.

Stamp Date: Date stamped in each piece of mail when received in the BCMH mail room.

Subspecialist: A physician who has a narrower field of subspecialty. For example, pediatric cardiology is a subspecialty of general cardiology.

Unit of Services: The number authorized for each category of service listed on the Medical Application Form and the LOA. This can have different meanings depending on the specific category of service (i.e., prescription medications: 12 units authorize 12 months. Surgery/Special procedure: two units authorize two surgical procedures).

Women, Infants and Children (WIC): A program that provides supplemental nutrition, breastfeeding information and other resources to foster healthy mothers and babies.