

WORDS AND TERMS YOU NEED TO KNOW

Beneficiary: When you are eligible for medical assistance, you are known as a beneficiary. You may also be known as a consumer.

Claim: A bill submitted by a provider for processing.

Client obligation/patient liability: This is the amount you may have to pay for services if you are in a nursing home or the HCBS program. Your eligibility worker will tell you if you have a client obligation/patient liability.

Consumer: When you are eligible for medical assistance, you are known as a consumer. You may also be known as a beneficiary.

Copay: You may need to pay a part of the charges for certain services covered by your medical ID card. The part you must pay is called your copay.

Creditable coverage: After your medical coverage ends, you will be sent a Certificate of Creditable Coverage to prove that you had medical coverage and the length of time you had it.

Eligibility worker: An eligibility worker is a person located at the KanCare Clearinghouse or DCF office that can help you with eligibility for medical services.

Emergency: A true emergency is a problem that is life threatening or may cause you to lose your arm, leg, or any other part of your body. If you believe you have a true emergency, go to the emergency room right away. If you are not sure you have a true emergency, call your provider.

Grievance: A grievance is a statement of dissatisfaction with a service, provider, or decision made by Medicaid/KanCare.

Home and Community Based Services (HCBS): The Home and Community Based Services (HCBS) program is designed to help meet the needs of people who would like to stay in their homes.

KAN Be Healthy (KBH): KBH is a preventive health care program for people 0-20 years of age.

KanCare: KanCare is the managed care organization (MCO) program for the State of Kansas.

Managed care: Managed care is a way of delivering your KanCare benefits.

Managed Care enrollment center: This is where you call to change your KanCare health plan and learn more about KanCare.

Medicaid: Medicaid is the name of the insurance program that helps eligible people pay for health care services. The Medicaid program, also called Kansas Medical Assistance Program (KMAP), is paid for by federal and state tax dollars.

Medicare: Medicare is the national health program for elderly and disabled people. Medicare is not the same as Medicaid/KanCare. If you have Medicare coverage, it will usually be billed before Medicaid.

MediKan: MediKan provides a limited set of medical benefits covered by state funds only.

Nonemergency Medical Transportation (NEMT): NEMT is a program that pays for some transportation to medical services.

PACE: Program of All-Inclusive Care for the Elderly (PACE) helps some people who are at least 55 years old to stay at home and receive services.

Preventive care: Preventive care from your provider can help you stay healthy.

Examples of preventative care are:

- Immunizations (shots)
- Yearly physicals
- Pap smears

Primary care provider (PCP): Your PCP is the medical provider you choose to take care of your health care needs. Your PCP will treat you when you are sick, give you prescriptions for medicine and medical supplies, and send you to a specialist if you need one.

Prior authorization: Some services must be approved before you actually get them.

Spendedown: A spenddown is like an insurance deductible, where you must incur medical expenses before you qualify for full medical benefits.

Title 19: Title 19 is the federal name for Medicaid/KMAP.

Title 21: Title 21 is the federal name for the Children's Health Insurance Program (CHIP). Consumers who receive eligibility in Kansas under Title 21 (CHIP) are covered under the KanCare program.

TPL: TPL (third-party liability) means you have other insurance that must be billed before Medicaid/KanCare will consider coverage. If you have other insurance or changes to your other insurance to report, call KMAP Customer Service at 1-800-766-9012.