

## **GLOSSARY OF TERMS**

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### **HEALTHCARE**

(Terms frequently used)

#### **ACUTE**

Severe but of short duration; not chronic.

#### **AMENORRHEA**

Absence of menstrual periods, which can be a side-effect of some medications.

#### **ANTI-DEPRESSANT**

Medication used to treat *depression*, including such medications as Prozac, Zoloft and Paxil.

#### **ANTIPSYCHOTIC**

Medication used to *treat psychosis*.

#### **ANXIOLYTICS**

Medications used to reduce serious *anxiety*, tension and agitation, including such medications as Klonopin, Buspar and Librium.

#### **CHRONIC**

Longer in duration, as in over a long period of time.

#### **CLAIM**

A request by an individual, or his/her provider, to an individual's insurance company for the payment of fees for services obtained from a health care professional.

## **TOOLS FOR RECOVERY**

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## **GLOSSARY OF TERMS**

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### **HEALTHCARE**

(Terms frequently used)

#### **CLIENT**

A person receiving health services.

#### **CO-INSURANCE**

Money that an individual is required to pay for services, after a deductible has been paid. In some healthcare plans, co-insurance is called a *co-payment*. For example, an employee may pay twenty percent toward the charges for a service, while the employer pays the remaining eighty percent. A co-payment may, also, refer to the *flat* fee that an individual pays for the healthcare services. For example, some HMOs require a *ten-dollar co-payment* for each office visit, regardless of the type of services provided during the visit.

#### **DEDUCTIBLE**

The amount an individual must pay for healthcare expenses before insurance covers the costs.

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

A program offered by employers to provide confidential assistance in resolving personal problems affecting a person's well-being and job performance.

TOOLS FOR RECOVERY

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## **GLOSSARY OF TERMS**

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### **HEALTHCARE**

(Terms frequently used)

#### **HEALTH MAINTENANCE**

##### **ORGANIZATIONS (HMO)**

An insurance plan in which individuals or their employers pay a fixed monthly fee for services, as opposed to separate charges for each visit or service. Services are provided by physicians, employed by or under contract with the HMO. Monthly fees remain the same, regardless of the type or levels of service provided.

#### **INDEPENDENT PRACTICE**

##### **ASSOCIATIONS (IPAs)**

A managed care organization with providers, usually paid by fee-for-service, and with relatively weak controls over service utilization. Similar to HMOs, except that individuals receive care in a physician's office, rather than in an HMO facility.

#### **INPATIENT**

Institutional care, such as that provided in nursing homes, hospitals, homes for MR/DD or physically disabled citizens and mental hospitals.

#### **LONG-TERM CARE**

Healthcare and/or personal care services required by persons who are chronically ill, aged, disabled or mentally challenged in an institution or at home on a long-term basis.

## **TOOLS FOR RECOVERY**

## **GLOSSARY OF TERMS**

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### **HEALTHCARE**

(Terms frequently used)

#### **MANDATED HEALTH INSURANCE**

State laws requiring insurance companies to offer or provide minimum mental health benefits.

#### **MEDICAID**

Federal program that provides health insurance to low-income families who meet certain categorical and financial criteria.

#### **MEDIGAP INSURANCE POLICIES**

Offered by private insurance companies designed to pay for some of the costs that Medicare does not cover. Must be sixty-five years or older.

#### **OUT-OF-POCKET MAXIMUM**

A pre-determined limited amount of money that an individual must pay before an insurance company will pay for an individual's health care costs.

#### **OUTPATIENT SERVICE**

Healthcare services provided on an out-patient basis, meaning they do not require an overnight stay in a hospital or inpatient facility.

## **GLOSSARY OF TERMS**

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### **HEALTHCARE**

(Terms frequently used)

#### **PARTIAL HOSPITALIZATION**

##### **aka DAY TREATMENT**

Structured individual and/or group activities and therapies that are planned, goal-oriented and are specified in a comprehensive individualized service plan (ISP).

#### **PRE-EXISTING CONDITION**

A medical condition that is excluded from coverage by an insurance company because the condition was believed to have existed prior to the individual obtaining a health insurance policy from the particular insurance provider.

#### **PRIMARY CARE PROVIDER**

A healthcare professional, usually a physician, who is responsible for monitoring an individual's overall healthcare needs, who can refer an individual to a specialist for specific healthcare services.

#### **REFERRAL**

A recommendation to seek or request services and/or evaluations between agencies in order to assist the needs of the person served.

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### **HEALTHCARE**

(Terms frequently used)

#### **RESpite CARE**

A service designed to provide temporary residence for a person with a disability who ordinarily lives with family or friends or to assume temporary responsibility for care of the person in his/her own home environment. Provides back-up support and, in some cases, a “relief” to persons responsible for the care of ill or disabled persons who ordinarily live in the household.

#### **SHORT-TERM CARE**

Care and treatment provided for a short duration of time, usually not exceeding thirty days in length.

#### **TRANQUILIZER**

A medicine that produces a calming effect.

#### **WAITING PERIOD**

A period of time when you are not covered by insurance for a particular problem.