

# Glossary of Medicaid Terms

## **Annual Right to Change (ARC):**

The one time each year that you can make changes to your health plan without any special conditions. Call 1-800-492-5231 for your ARC or renewal date.

## **Appeal:**

The formal process of disagreeing with a decision made by your health plan.

## **Care Coordination Program:**

A unit of HealthCare Access Maryland that assists Medical Assistance recipients with HealthChoice and MCO education and system navigation to ensure the best utilization of benefits.

## **Case Manager/Care Coordinator:**

A person who assists in planning, coordination, monitoring, and evaluation of medical service for a patient.

## **Complaint or Grievance:**

The formal notification to your health plan of a concern regarding access to care or other problems you may have.

## **In-Network:**

providers who have agreed to participate in your health plan and provide your regular and specialty care.

## **Medically Necessary:**

The rules your doctor and health plan use to determine if health care or services are needed.

## **MCO:**

Managed care organization. This is the organization that oversees the health care provider network for medical assistance enrollees.

## **Ombudsman:**

A person who helps resolve complaints.



**We're here to help.**