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.