Definitions

Care Coordination: The activities of managing services including authorizing and coordinating care to clients, including assessments, referrals, service planning, discharge planning and coordination. These functions are currently performed by County and contractor staff and may also be referred to as case management.

cCura3: This is an enabled information system developed by InfoMC that integrates intake, eligibility, referral, care management, and claims processing with external organizations. The County uses the clinical, relationship manager, membership, claims, finance, reporting, and maintenance modules of the product. InfoMC currently markets the product under the eCura product line.

Clinician/Care Coordinator: Direct service clinician who has primary responsibility for coordinating care for a specific client. The clinician may also provide mental health treatment, rehabilitation services and/or case management.

Concurrent Review: An assessment of a client's medical or service need that occurs at the same time service are being rendered. The review may involve payment authorization decisions to the extent permitted by regulation, Medi-Cal policies, applicable state waivers and statute.

Credentialing: A review process to approve a provider or professional who applies to provide care in a hospital, clinic, medical group or health plan. The approval is based on specific criteria, standards and prerequisites.

Direct Service Reserve Account (DSRA): The account for the payment of service fees to be established in the name of the County, but administered by the contractor.

DMH: The State of California, Department of Mental Health.

DSRA: See Direct Service Reserve Account.

EDS: Electronic Data Systems, the State's Medicaid claims agent.

FFS: Fee-for-service reimbursement. A payment system that pays providers a set amount for each unit of a particular service that they have delivered.

HCFA: See Health Care Finance Administration.

HCFA 1500: A standard claims form for billing the Health Care Finance Administration for reimbursement for health care provided.

Health Care Finance Administration: The federal agency that administers Medicaid and oversees DMS's administration of Medicaid (in California referred to as Medi-Cal).

Healthy Families: The Healthy Families Program is a State and federal funded low cost health insurance program for children with family incomes above the level eligible for no cost Medi-Cal and below 250% of the federal income guidelines ($35, 376 for a family of three). The program provides health dental, and vision coverage to the qualified families.

Healthy San Diego: This is the County Medi-Cal managed care initiative for healthcare services delivered to Medi-Cal eligible individuals. The following seven health plans have been awarded contracts to provide these Medi-Cal covered healthcare services: Blue Cross of California; Community Health Group; HealthNet; Kaiser Permanente; Sharp Health Plan, Sharp Advantage; UCSD Health Plan; and Universal Care.

Managed Care Advisory Group (MCAG): An advisory group to MHS to review implementation of the managed care initiative and related procurements. The membership is representative of the ethnic and cultural groups in the community and includes clients, family members, advocates, professionals and Mental Health Board representation.

MHB: Mental Health Board – the advisory board to the Board of Supervisors for mental health services.

Primary Source Verification: Procedures to review and direct verification of credentialing information submitted by care providers, including confirmation of references, appointments and licensure.

Retrospective Review: Determination of the appropriateness or necessity of services after they have been delivered, generally through the review of the medical or treatment record.

Service Authorization: The determination of appropriateness of services, based upon medical or service need criteria, prior to the service being rendered which is defined in Title 9, under section 1810.229, Mental Health Payment authorization.

TAR: See Treatment Authorization Request.

Title 9: One of the set of regulations covering the delivery of mental health services in the State of California. The regulations are found in the California Code of Regulation: Title 9. Rehabilitation and Developmental Services, Division 1, Department of Mental Health.

Treatment Authorization Request (TAR): Requests filed by providers or the administrative service organization for prior authorization of services.

UM: Utilization Management – A system designed to ensure that the services provided to a client are cost-effective and appropriate considering the client's presenting problems, symptoms, and current level of functioning.