

LEGAL & FINANCIAL CROSSROAD

CONNECTION FOR CAREGIVERS

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GLOSSARY OF TERMS

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A

Abuse (personal) - Includes the physical, mental financial and sexual abuse of an older adult. Physical includes hitting, slapping, kicking, and restraining. Neglect includes the failure to provide necessities for physical, intellectual, and emotional well-being. Financial Exploitation includes the unauthorized use of an older person's money or property. Emotional Abuse includes threats, humiliation, intimidation, yelling, brow-beating or name calling. Sexual includes any unwarranted sexual advances.

Accessibility - As required by the Americans with Disabilities Act, removal of barriers that would hinder a person with a disability from entering, functioning, and working within a facility. Required restructuring of the facility cannot cause undue hardship for the employer.

Activities Of Daily Living (ADLs) - Self-care tasks/activities, including the ability to bathe/shower, dress/undress, eat, voluntarily control urinary and fecal discharge, transfer in and out of bed or chair, and walk, which are used to measure the Functional Impairment Level of an Applicant or a Client.

Added Protection Upon Lapse - Also referred to as Third Party Designation or Third Party Notice. Long-term care insurance benefit that lets you name someone who the insurance company would notify if your coverage is about to end because of lack of premium payment. This can be a relative, friend, or professional, such as your lawyer.

Administrative Law Judge (ALJ) - A hearings officer who presides over appeal conflicts between providers of services, or beneficiaries, and Medicare contractors.

Advanced Care Directive - Written ahead of time, an advanced care directive is a written document that says how you want medical decisions to be made if you lose the ability to make decisions for yourself. An advanced care directive may include a Living Will and a Durable Power of Attorney.

Advocate - A person who gives you support or protects your rights.

A.M. Best Rating - Independent judgment by the A.M. Best Company, a private organization that evaluates and monitors the financial strength of life insurance companies. The company assigns letter grades from A++ (the highest) through C.

Americans With Disabilities Act (ADA) - Legislation passed in 1990 which establishes comprehensive prohibition of discrimination on the basis of disability.

Ancillary Administration - This is a probate proceeding that occurs when an individual who has died owned property in a state other than their legal domicile.

Appeal Process (Medicare) - The process you use if you disagree with any decision about your health care services. If Medicare does not pay for an item or service you have been given, or if you are not given an item or service you think you should get, you can have the initial Medicare decision reviewed again. If you are in the Original Medicare Plan, your appeal rights are on the back of the Explanation of Medicare Benefits (EOMB) or Medicare Summary Notice (MSN) that is mailed to you from a company that handles bills for Medicare. If you are in a Medicare managed care plan, you can file an appeal if your plan will not pay for, or does not allow or stops a service that you think should be covered or provided. The Medicare managed care plan must tell you in writing how to appeal. See your plan's membership materials or contact your plan for details about your Medicare appeal rights. See [Organization Determination](#).

Assets - Anything a person owns that has a monetary value i.e. cash, real estate property, treasury notes, stocks and bonds.

B

Beneficiary - A person who derives advantage from something, esp. a trust, will, or insurance policy.

Benefit Period (Medicare) - The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received any hospital care (or skilled care in a SNF) for 60 days in a row. If you go into the hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins if you are in the Original Medicare Plan. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Bill - A legislative proposal for general law.

Bond - A certificate of ownership of a specified portion of a debt due by the federal government to holders, bearing a fixed rate of interest.

Budget - A document that describes in money terms what an organization does, what it purchases, what it accomplishes, from where its funds come, and how its funds are spent.

Budget Counseling - A service that helps individuals with planning their budgets, balancing checkbooks, paying bills, etc.

C

Caregiver - A caregiver of an older adult is anyone who provides physical, financial, and/or emotional support for an older adult whose daily activities are limited by diminished mental or physical function.

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Caregiver Burden - The emotional, physical, and financial toll that caregiving can have on a caregiver which can increase his/her stress level.

CareTeam - Anyone who is providing any sort of support to the older adult and most importantly the older adult him/herself. This team includes the older adult, the caregiver(s) (primary, secondary, long distance, etc.), medical professionals, allied health professionals, lawyers, homemakers, home health aides, and anyone else who contributes to supporting the health and independence of the older adult.

CareTeam Binder - A binder in which all important information regarding the CareTeam and the caregiving process can be kept. Three essential parts of this CareTeam binder are the contact information of anyone associated with the CareTeam, a hospital log in which an in depth record is kept of the older adult's medical appointments, and a daily journal so that everyone who cares for the older adult can write down exactly what was done and how it went.

Chapter 604 - The law mandating the reporting and investigating of elder abuse and neglect and the provision of services for elder abuse and neglect.

Charitable Remainder Trust - Special tax-exempt irrevocable trust written to comply with Federal tax laws and regulations. With this kind of trust, you transfer cash or assets into the trust and may receive some income from it for life or a specified number of years (not to exceed 20). The minimum payout rate is 5 percent and the maximum is 50 percent. At your death, the remaining amount in the trust goes to the charity that was designated to receive it as part of the trust arrangement.

CMS Hearing Officer - An individual designated by CMS to conduct the appeals process for a claim dispute.

Code Of Federal Regulations - The official compilation of federal rules and requirements.

Codicil - A document that amends a will.

Collection Of Personal Property By Affidavit - Allows for small estates, worth up to a specific amount plus a vehicle, to be handled efficiently while avoiding a lengthy probate process.

Community Care Ombudsman Program (CCO) - Assists people age 60 and over who receive home care, day care services and other community services. The CCO responds to inquiries from elders and their families; educates consumers about their rights and responsibilities; counsels consumers about concerns with their services; refers consumers to appropriate resources for help and investigates and resolves complaints through mediation.

Community Spouse - Spouse of the person applying for or receiving Medicaid/MassHealth long-term care services.

Complaint (Of Fraud Or Abuse) - A statement, oral or written, alleging that a provider or beneficiary received a Medicare benefit of monetary value, directly or indirectly, overtly or covertly, in cash or in kind, to which he or she is not entitled under current Medicare law, regulations, or policy. Included are allegations of misrepresentation and violations of Medicare requirements applicable to persons or entities that bill for covered items and services.

Conditionally Renewable - A company agrees to continue to insure you contingent upon certain specified conditions.

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Conditions Of Participation (COP) - Standards a facility or supplier of services, desiring to participate in the Medicare or Medicaid program, is required to meet. These conditions include meeting a statutory definition of the particular institution or facility, conforming to state and local laws and having an acceptable utilization review plan. Surveys to determine whether facilities meet conditions of participation are made by the appropriate state health agency.

Confidentiality - Is an understanding that certain information will not be disclosed to other individuals without expressed permission. This term is used in many settings i.e. medical, social services, human services, financial and legal.

Conservatorship - The legal process by which a probate court appoints one or more persons to handle the financial affairs of a person determined to be incompetent or otherwise unable to do so.

Consumer Rights - Laws designed to protect the consumer against illegal acts by persons selling consumer goods to the public.

Contract - A legally binding agreement between two or more parties for specific purposes. Contracted activities must be accomplished within a definite time period and must comply with stated criteria.

Coordination Of Benefits - A program that determines which plan or insurance policy will pay first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, Federal law may decide who pays first.

Costs - Expenses incurred in the provision of services or goods. Charges billed to an individual or third party may not necessarily be the same, as based on the costs. Hospitals often charge more for a given service than it actually costs in order to recoup losses incurred from providing other services where costs exceed feasible charges.

Councils On Aging (COA) - Established to meet the needs of older adults in a specific community. The functions and activities provided may vary but most include advocacy, information and referral, social, recreational and educational programs. Provide a link to local services. Every city/town in Central Massachusetts has an established Council on Aging.

Countable Assets - Assets whose value is counted in determining financial eligibility for services.

Covered Benefit - A health service or item that is included in your health plan and that is paid for either partially or fully.

Covered Charges - Services or benefits for which a health plan makes either partial or full payment.

Covered Earnings - Earnings in employment covered by the HI program.

Covered Employee - An individual who is (or was) provided coverage under a group health plan. See [Group Health Plan](#), [Retiree](#).

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Covered Employment - All employment and self-employment creditable for Social Security purposes. Almost every kind of employment and self-employment is covered under the program. In a few employment situations-for example, religious orders under a vow of poverty, foreign affiliates of American employers, or the employer must elect State and local governments-coverage. However, effective July 1991, coverage is mandatory for State and local employees who are not participating in a public employee retirement system. All new State and local employees have been covered since April 1986. In a few situations-for instance, ministers or self-employed members of certain religious groups-workers can opt out of coverage. Covered employment for health insurance (Medicare) includes all federal employees (whereas covered employment for OASDI includes some, but not all, federal employees).

Covered Entity - Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.

Covered Services - Specific services that a health plan or an organization will provide payment.

Covered Worker - A person who has earnings creditable for Social Security purposes on the basis of services for wages in covered employment and/or on the basis of income from covered self-employment. The number of health insurance (Medicare) covered workers is slightly larger than the number of Old Age Survivors and Disability Insurance (OASDI) covered workers because of different coverage status for federal employment. See [Covered Employment](#).

Custodial Care - Non-skilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving round, and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare does not pay for custodial care.

D

Daily Maximum (Or Daily Benefit Maximum) - Specified dollar amount that is the maximum amount paid per day for covered services. Policies may pay the full daily maximum regardless of the cost of care or may pay a percent of actual expenses up to the specified daily maximum amount. Some policies specify a single Daily Maximum for all covered services (for example, nursing home care, assisted living facility, home care) and other policies have one Daily Maximum for nursing home care and a lower amount for other covered services.

Date Of Receipt - The date on the return receipt of "return receipt requested" mail, unless otherwise defined.

Deductible (Medicare) - The amount you must pay for health care before Medicare begins to pay, either for each benefit period for Part A, or each year for Part B. These amounts can change every year. See [Benefit Period](#); [Medicare Part A](#); [Medicare Part B](#).

Deductible Period - Specified amount of time at the beginning of a disability during which covered services are received, but for which the policy will not pay benefits (also known as an Elimination Period or Benefit Waiting Period). A Service Day Deductible Period is satisfied by each day of the period on which you receive covered services. A Calendar Day or Disability Day Deductible Period doesn't require that you receive covered services during the entire deductible period, but only requires that you meet the policy's benefit triggers during that time period.

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Deficit Reduction Act Of 2005 - Legislation passed by the U.S. Congress and signed into law in December 2005 that is designed to trim the Federal deficit. It includes major changes in the Federal Medicaid policy.

Demand Bill - When a provider determines that the care to be provided is not covered, the beneficiary must be notified in writing. If a beneficiary is unwilling to accept the providers' decision of non coverage, the beneficiary may request a bill to be submitted to intermediary on their behalf. All "demand bills" are reviewed 100% by Medicare for a coverage decision.

Determination - A decision made to either pay in full, pay in part, or deny a claim. See [Initial Claim Determination](#).

Developmental Disability (DD) - A disability which originates before age 18, can be expected to continue indefinitely, and constitutes a substantial handicap to the individual's ability to function normally.

Diagnostic And Statistical Manual Of Mental Disorders (DSM) - A tool used by the medical and psychological communities to identify and classify behavioral, cognitive, and emotional problems according to a standard numerical coding system of mental disorders.

Direct Cost - A cost which is identifiable directly with a particular activity, service, or product of the program experiencing the costs. These costs do not include the allocation of costs to a cost center which are not specifically attributable to that cost center.

Direct Data Entry - Under HIPAA, this is the direct entry of data that is immediately transmitted into a health plan's computer.

Disability - For Social Security purposes, the inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or to last for a continuous period of not less than 12 months. Special rules apply for workers aged 55 or older whose disability is based on blindness. The law generally requires that a person be disabled continuously for 5 months before he or she can qualify for a disabled worker cash benefit. An additional 24 months is necessary to qualify under Medicare.

Disabled Enrollee - An individual under age 65 who has been entitled to disability benefits under Title II of the Social Security Act or the Railroad Retirement system for at least 2 years and who is enrolled in the SMI program.

Discharge - A formal termination of inpatient care.

Disclosure - Release or divulgence of information by an entity to persons or organizations outside of that entity.

Disclosure Form - (also called Outline of Coverage) Description of benefits, exclusions, and provisions of a long-term care insurance policy. Most state laws specify the format and content of the Outline of Coverage. The Outline of Coverage must be provided to a prospective applicant for insurance before the application is taken.

Disclosure History - Under HIPAA this is a list of any entities that have received personally identifiable health care information for uses unrelated to treatment and payment.

Discount Drug List - A list of certain drugs and their proper dosages. The discount drug list includes the drugs the company will discount.

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Discrimination - Difference in treatment of one group of persons by other persons usually based in age, gender, race, religion, disability, sexual preference.

Domicile - For tax purposes; a person's permanent legal residence.

DNH Order (Do Not Hospitalize) - A document signed by a doctor that is put into place when an individual no longer wants to be transported to the hospital when care can be provided in their current living situation.

DNR/DNI Order (Do Not Resuscitate/Intubate) - Written order from a doctor that resuscitation should not be attempted if a person suffers cardiac or respiratory arrest. A DNR order may be instituted on the basis of an Advance Directive from a person, or from someone entitled to make decisions on their behalf, such as a health care proxy. In some jurisdictions, such orders can also be instituted on the basis of a physician's own initiative, usually when resuscitation would not alter the ultimate outcome of a disease. Any person who does not wish to undergo lifesaving treatment in the event of cardiac or respiratory arrest can get a DNR order, although DNR is more commonly done when a person with a fatal illness wishes to die without painful or invasive medical procedures.

Durable Power Of Attorney - A legal document that enables you to designate another person, called the attorney-in-fact, to act on your behalf, in the event you become disabled or incapacitated.

E

Earnings - Unless otherwise qualified, all wages from employment and net earnings from self-employment, whether or not taxable or covered.

Effective Date - Under HIPAA, this is the date that a final rule is effective, which is usually 60 days after it is published in the Federal Register.

Elder Abuse - An act or omission which results in serious physical or emotional injury to an elderly person; this includes financial exploitation. Protective Service Agencies receive and investigate reports of elder abuse or neglect. The purpose of Protective Services is to prevent, eliminate or remedy the effects of abuse to an elderly person.

Eldercare - Public, private, formal, and informal programs and support systems, government laws, and finding ways to meet the needs of the elderly, including: housing, home care, pensions, Social Security, long-term care, health insurance, and elder law.

Elder Law Attorneys - Have a specialized understanding of estate planning documents; wills, power of attorney and trusts. They also have an in depth knowledge of social security, retirement benefits, and planning for MassHealth (Medicaid). They can also represent individuals in cases involving elder abuse.

Eligibility - Refers to the process whereby an individual is determined to be eligible for programs.

Employee Retirement Income Security Act (ERISA) - A federal act, passed in 1974, that established new standards and reporting/disclosure requirements for employer-funded pension and health benefit programs.

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EMTALA (Emergency Medical Treatment And Active Labor Act) - The Emergency Medical Treatment and Active Labor Act, codified at 42 U.S.C. § 1395dd. EMTALA requires any Medicare-participating hospital that operates a hospital emergency department to provide an appropriate medical screening examination to any patient that requests such an examination. If the hospital determines that the patient has an emergency medical condition, it must either stabilize the patient's condition or arrange for a transfer; however, the hospital may only transfer the patient if the medical benefits of the transfer outweigh the risks or if the patient requests the transfer. CMS regulations at 42 C.F.R. §§ 489.24(b) and 413.65(g) further clarify the statutory language.

Enactment - A bill or resolution that has been passed by Congress or the Legislature and signed into law by the President or the Governor. See [Bill](#).

Equity Value - Fair market value of property minus any encumbrances on the property such as mortgages or loans.

Estate - At the time of an individual's death; all of their debts and assets.

Estate Planning - Formulation of a plan for the purpose of preparing for meeting future personal, financial, medical, residential, and/or social needs of an individual or his/her beneficiaries.

Estate Recovery - The process by which Medicaid recovers an amount of money from the estate of a person who received Medicaid. The amount Medicaid recovers cannot be greater than the amount it spent on the person's medical care.

Evidence - Signs that something is true or not true. Doctors can use published studies as evidence that a treatment works or does not work.

Executor - Also called a Personal Representative, this is a person appointed in a will to handle the probate of a deceased person's estate (assets). The Executor must make an inventory of the descendant's property, collect debts, satisfy creditors, distribute the decedent's property to beneficiaries of the will, pay any taxes due and prepare a final accounting to the probate court.

Exempt Assets - Also referred to as Non-Countable Assets. Assets whose value is not counted in determining financial eligibility for Medicaid/MassHealth. They include personal belongings, one vehicle, life insurance with a face value under a specific amount, and your home, if your spouse or child lives there or it's the equity value is less than a specific amount.

Expedited Appeal - A Medicare Advantage organization's second look at whether it will provide a health service. A beneficiary may receive a fast decision within 72 hours when life, health or ability to regain function may be jeopardized.

Expense - Funds actually spent or incurred providing goods, rendering services, or carrying out other mission related activities during a period. Expenses are computed using accrual accounting techniques which recognize costs when incurred and revenues when earned and include the effect of accounts receivables and accounts payable on determining annual income.

F

Face Amount - The death benefit stated in a life insurance policy. Usually can be found on the first page of the policy.

Fair Market Value - Value of a property if sold at the market's current prevailing price.

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Family And Medical Leave Act (FMLA) - A 1993 federal law requiring employers with more than 50 employees to provide eligible workers up to 12 weeks of unpaid leave for birth, adoptions, foster care placement, and illnesses of employees and their families.

Financial Abuse - Illegally or unethically exploiting by using funds, property or other assets of an older person for personal gain, etc.

Financial Eligibility - Assessment of an individual's available income and assets to determine if he/she meets eligibility requirements for a specific program.

Food Stamps - See [SNAP](#).

Foreclosure - A legal proceeding allowing the bank to take possession of and sell a mortgaged property when the borrower becomes delinquent on payments.

Formal Probate - Handled by a judge, it is the probate process for when there are disagreements over such things as the appointment of the personal representative or claims to the estate.

Frail Elder Waiver - For individuals who are determined clinically eligible for placement in a nursing home. This is a demonstration grant approved by the Federal government that allowed individuals 300% over the Federal poverty level in monthly income, and with a limited amount of assets, receive MassHealth benefits.

Fraud - The intentional deception or misrepresentation that an individual knows, or should know, to be false, or does not believe to be true, and makes, knowing the deception could result in some unauthorized benefit to himself or some other person(s).

Free-Look - Typically, a 30-day period following receipt of a long-term care insurance policy during which you may return it for any reason for a full refund of any premiums paid.

Freedom Of Information Act (FOIA) - A law that requires the U.S. Government to give out certain information to the public when it receives a written request. FOIA applies only to records of the Executive Branch of the Federal Government, not to those of the Congress or Federal courts, and does not apply to state governments, local governments, or private groups.

Fiduciary - An individual who holds the assets of another person. They usually have the legal duty and authority to make financial decisions regarding the other person.

G

Grace Period - A specified period, usually 30 days, during which a premium payment is due on an insurance policy, in which the policyholder may make such payment, and during which the provisions of the policy continue.

Grant - An agreement by which federal and state governments and private foundations provide funds to lower levels of government and/or non-governmental agencies to enable them to provide specified services or to carry out approved projects. See [Contract](#).

Grantor - Also referred to as a donor, an individual who conveys or transfers ownership of property.

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Grievance - A complaint about the way your Medicare health plan is giving care. For example, you may file a grievance if you have a problem calling the plan or if you are unhappy with the way a staff person at the plan has behaved toward you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered. See [Appeal Process \(Medicare\)](#).

Grievances And Complaints - Information about grievances and complaints submitted to an organization.

Group Health Plan - A health plan that provides health coverage to employees, former employees, and their families, and is supported by an employer or employee organization.

Guaranteed Issue Rights (Also Called "Medigap Protections") - Rights you have in certain situations when insurance companies are required by law to sell or offer you a Medigap policy. In these situations, an insurance company cannot deny you insurance coverage or place conditions on a policy, must cover you for all pre-existing conditions, and cannot charge you more for a policy because of past or present health problems.

Guaranteed Renewable - A right you have that requires your insurance company to automatically renew or continue your Medigap policy, unless you make untrue statements to the insurance company, commit fraud or do not pay your premiums.

Guardianship - The legal process determined by State law by which a probate court appoints one or more individuals to handle the personal and financial affairs of a minor or person determined to be mentally incompetent. The Executive Office of Elder Affairs contracts with five (5) agencies to provide Guardianship services to elders who have been abused and a court has determined to be at risk or harm, and to lack decision-making capacity. The primary objective is to act as an adjunct to protective services when no other less restrictive means are available to protect elders who are lacking the capacity to consent to services.

H

Handicapped - As defined by Section 504 of the Rehabilitation Act of 1973, any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment.

Health Care Proxy - A document by which a competent person designates another person to act as his/her health care agent with the authority to make all health care decisions (unless specifically limited) for the grantor should he/she become unable to make or communicate those decisions. Legally recognized in Massachusetts.

Health Insurance Portability And Accountability Act (HIPAA) - The privacy provisions of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), apply to health information created or maintained by health care providers who engage in certain electronic transactions, health plans, and health care clearinghouses. The Department of Health and Human Services (HHS) has issued the regulation, "Standards for Privacy of Individually Identifiable Health Information," applicable to entities covered by HIPAA. The Office for Civil Rights (OCR) is the Departmental component responsible for implementing and enforcing the privacy regulation.

Hearing - A procedure that gives a dissatisfied claimant an opportunity to present reasons for the dissatisfaction and to receive a new determination based on the record developed at the hearing.

Heir - Someone who inherits assets from an estate.

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Home - Location, other than a hospital or other facility, where the patient receives care in a private residence.

Home And Community-Based Service Waiver Programs (HCBS) - The HCBS programs offer different choices to some people with Medicaid/MassHealth. If you qualify, you will get care in your home and community so you can stay independent and close to your family and friends. HCBS programs help older adults and individuals with disabilities. These programs give quality and low-cost services.

Home Delivered Meals (HDM) - A program authorized under Title III-C of the Older Americans Act which provides, five or more days per week, at least one home delivered hot or other appropriate meal per day to elder persons who are home bound or for whom congregate meal facilities are not accessible.

Homestead Act - In place to protect the older adult's home from creditors. To file from the Homestead protection you must file a document called the "Homestead Declaration".

I

Illegal Sales Practices - Sales techniques used by insurance agents selling health insurance to supplement Medicare (Medigap) in which they mislead older adults into buying unnecessary coverage or paying premiums for no coverage.

Informal Probate - Conducted by a magistrate with very little further judicial involvement, it is a probate process for families who expect no disagreements over the will (if there is one) or the estate.

Inheritance Tax - When an individual inherits property this is the tax levied by local or state government.

In-Home Services - A category of services under the federal Older Americans Act that must be provided by all Area Agencies on Aging. In-home services include homemaker, home health aides, visiting and telephone reassurance, chore maintenance, in-home respite care (including adult day care) and minor home modifications.

Initial (Claim) Determination - The first adjudication made by a carrier or fiscal intermediary (FI) (i.e., the affiliated contractor) following a request for Medicare payment or the first determination made by a PRO either in a prepayment or post payment context.

Insolvency - When an organization has no money or other means to stay open.

Institutionalization - Admission of an individual to an institution, such as a nursing home, which he or she will reside for an extended period of time or indefinitely.

Insured - The individual or organization protected in case of loss or covered service under the terms of an insurance policy.

Insurer - An insurer of a plan is an entity that, in exchange for payment of a premium, agrees to pay for the plan's-covered services received by eligible individuals.

Interest - A payment for the use of money during a specified period.

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Inter Vivos Trust - Also referred to as a living trust; this is a revocable trust that is created during an individual's lifetime to hold assets, this way those assets are removed from probate at the death of the individual.

Intestate - When an individual dies without a legal will.

Irrevocable Trust - A trust that cannot be changed or revoked without consent from the beneficiary.

J

Joint And Survivor Annuity - Also called a joint life annuity, this is an annuity issued on two individuals where payments continue until both people die, whether in whole or part.

Joint Life Policy - A life insurance policy which covers two or more lives. Payment of the proceeds is issued upon the first occurrence of death among the persons insured.

Joint Ownership - Situation in which two or more people share ownership of property, securities, or rights.

L

Lapse - Termination of an insurance policy when a renewal premium is not paid.

Last Will And Testament - The legal declaration of a person's wishes concerning the disposal of his/her property after death.

Legal Services Program For The Elderly - Under Title IIIB of the Older Americans Act, federal funding is provided through the Executive Office of Elder Affairs and regional Area Agencies on Aging to ten Legal Assistance Program Grantees for the Elderly. Legal advice, counseling and representation provided by an attorney or other person under the supervision of an attorney. These programs provide free legal assistance to people sixty years of age and older in civil matters, prioritizing those elders in the greatest economic and social need. Although each Legal Assistance office establishes its own case priorities with its Area Agency on Aging, the following types of cases are generally handled on behalf of elderly clients: Denials or termination of government benefits (such as Medicare, Medicaid, Social Security, SSI, Veteran's Benefits), tenant's rights issues (including defense against eviction), denials of applications to public and subsidized housing, defense against unwarranted guardianships or conservatorships, and nursing home resident's rights.

Lesbian Gay Bisexual Transgender Initiative (LGBT) - A state wide initiative to provide information, supportive services and education to the older adult LGBT community.

Liability Insurance - Liability insurance is insurance that protects against claims for negligence or inappropriate action or inaction, which results in injury to someone or damage to property.

Licensed (Licensure) - This means a long-term care facility has met certain standards set by a State or local government agency.

Life Estate - Refers to when an older adult transfers ownership of their property to another individual but still remains in control of the property until their death.

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Limited Policy - Type of insurance policy which only pays for specific benefits named in the policy.

Line Item - Service or item specific detail of claim.

Living Benefit - Also referred to as Accelerated or Advanced Benefits, it is proceeds through the life insurance policy that are paid to the policy holders while the individuals are still alive.

Living Will - A legal document also known as a medical directive or advance directive. It states your wishes regarding life-support or other medical treatment in certain circumstances, usually when death is imminent. Not recognized as a legal document in Massachusetts.

Long-Term Care Ombudsman - An advocate (supporter) for nursing home and assisted living facility residents who works to resolve problems between residents and nursing homes or assisted living facilities.

Long-Term Disability - A disability that lasts for more than 90 days.

Loss - The basis for a claim under an insurance policy. In health insurance, loss refers to expenses incurred resulting from an illness or injury.

M

Mandate - A policy or program which is required by law, either federal, state or local. Mandated Services, in general, refers to services which must be provided under a federal or state law. Services which are not mandatory are considered optional or discretionary.

Massachusetts Bar Association - A non-profit organization that provides a lawyer referral service.

Massachusetts Circuit Breaker Tax Credit - For Massachusetts home owners and renters 65 years of age or older. This credit is designed for Massachusetts residents who have low-to-moderate income and have a real estate tax that is greater than 10% of their income.

Massachusetts Uniform Probate Code (MUPC) - The new effective law concerning probate in the state of Massachusetts.

MassHealth - A public health insurance program for low- to medium-income residents of Massachusetts. The national health insurance program called Medicaid, and the Children's Health Insurance Program (CHIP) are combined in one program in Massachusetts called MassHealth.

MassHealth Spousal Waiver - Under the MassHealth Spousal Waiver Program an older adult who would be eligible for placement in a long term care facility can remain in the community with services. The income and assets of the older adult's spouse would not be counted towards his/her MassHealth eligibility.

Meals On Wheels (MOW) - A program for providing home-delivered meals to elderly and individuals with a disability without regard to income. The program is funded through a combination of federal funds through Title III C of the Older Americans Act and state funding.

Mediate - To settle differences between two parties.

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Medicaid - A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid. This program is known as MassHealth in Massachusetts.

Medically Indigent - People who cannot afford needed health care because of insufficient income and/or lack of adequate health insurance.

Medical Power of Attorney - Legal document that allows you to name someone to make health care decisions for you if, for any reason and at any time, you become unable to make or communicate those decisions for yourself. Known in Massachusetts as a Health Care Proxy.

Medicare Appeal (Reconsideration) - Procedure by which a beneficiary who disagrees with the amount of Medicare Part B reimbursement can challenge the Medicare carrier or intermediary within six months of the date of the Explanation of Medicare Benefits (EOMB).

Medicare Coverage - Made up of two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). [See Medicare Hospital Insurance \(Part A\)](#); [Medicare Medical Insurance \(Part B\)](#)

Medicare Handbook - The Medicare Handbook provides information on such things as how to file a claim and what type of care is covered under the Medicare program. This handbook is given to all beneficiaries when first enrolled in the program.

Medicare Health Plan - A plan offered by a private company that contracts with Medicare to provide you with your Medicare Part A and/or Part B benefits. Medicare Health Plans include Medicare Advantage plans (including HMO, PPO, or Private Fee-for-Service Plans); Medicare Cost Plans; PACE plans; and special needs plans.

Medicare Hospital Insurance (Part A) - The Medicare program that covers specified inpatient hospital services, post hospital skilled nursing care, home health services, and hospice care for older adults and individuals with a disability who meet the eligibility requirements.

Medicare Medical Insurance (Part B) - Medicare medical insurance that helps pay for doctors, services, outpatient hospital care, durable medical equipment, and some medical services that are not covered by Part A.

Medicare Part A - See [Medicare Hospital Insurance](#).

Medicare Part B - See [Medicare Medical Insurance](#).

Medicare Savings Programs - There are programs that help millions of people with Medicare save money each year. States have programs for people with limited incomes and resources that pay Medicare premiums. Some programs may also pay Medicare deductibles and coinsurance. You can apply for these programs if you have Medicare Part A (Hospital Insurance), you are an individual or a couple with limited resources below a certain amount and you are an individual with a monthly income below a certain amount.

Minimum Monthly Maintenance Needs Allowance (MMNA) - Amount of income a community spouse is allowed to retain each month. The amount is based on a federally regulated formula that takes into account the community spouse's actual housing costs.

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Misappropriation Of Patient Or Resident Property - The deliberate misplacement, exploitation or wrongful, temporary or permanent use of a patient's or resident's belonging or money without such patient's or resident's consent.

Mistreatment - Any action that is likely to harm an individual. Mistreatment may be in the forms of the use of medications or treatments, isolation, or physical or chemical restraints which harm or are likely to harm the patient or resident.

Money Management Program - A program to help individuals manage their money. Helps with setting budgets, balancing checkbooks, paying bills, etc.

N

National Academy Of Elder Law Attorneys (NAELA) - A professional association of attorneys who are dedicated to improving the quality of legal services provided to people as they age and people with special needs. The NAELA membership is comprised of attorneys in the private and public sectors who deal with legal issues affecting people as they age and people with disabilities. Members also include judges, professors of law, and students.

Neglect - When caregivers do not give a person the care or the goods or services needed to avoid harm or illness. It may also refer to when an older adult does not recognize the negative consequences of not accessing goods or services for him/herself which may result in harm or illness.

No-Fault Insurance - No-fault insurance is insurance that pays for health care services resulting from injury to you or damage to your property regardless of who is at fault for causing the accident.

Non-Cancelable Policy - Insurance contract that cannot be cancelled by the insurance company and the rates cannot be changed by the insurance company. Except for a single pay (paid-up) policy, no insurer today currently offers non-cancelable long-term care policies.

Non-Countable Assets - Also called exempt asset. Assets whose value is not counted in determining financial eligibility for programs.

O

Office For Civil Rights - This office is part of HHS. Its HIPPA responsibilities include oversight of the privacy requirements.

Office Of Inspector General (OIG) DHHS - The agency within the U.S. Department of Health and Human Services responsible for the investigation of suspected fraud and abuse and performing audits and inspections of HHS.

Older Americans Act (OAA) - The 1965 federal legislation authorizing funding for services for older Americans. This Act provides money and direction for a multitude of services designed to enrich the lives of senior citizens, for example, adequate housing, income, employment, nutrition and health care. The "OAA" is the basis for funding support services (known as Title IIIB), nutritional services (known as Title IIIC), health promotion (known as Title IIID) and the senior aide employment program (Title V).

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Organizational Determination - A health plan's decision on whether to pay all or part of a bill, or to give medical services, after you file an appeal. If the decision is not in your favor, the plan must give you a written notice. This notice must give a reason for the denial and a description of steps in the appeals process. See [Appeals Process \(Medicare\)](#).

Out Of State Group Policies - The group policy holder is not located in this state. These policies are regulated by the laws of the state in which the policy was issued rather than this state's law.

Outline Of Coverage - Also called Disclosure Form. Description of benefits, exclusions, and provisions of a long-term care insurance policy. Most state laws specify the format and content of the Outline of Coverage. The Outline of Coverage must be provided to a prospective applicant for insurance before the application is taken.

P

Passive Neglect - Unintentional failure to fulfill a caretaking obligation; infliction of distress without conscious or willful intent; etc.

Patient Advocate - A hospital employee whose job is to speak on a patient's behalf and help patients get information or services they need.

Payer - In health care, an entity that assumes the risk of paying for medical treatments. This can be an uninsured patient, a self-insured employer, a health plan, or an HMO.

Payroll Taxes - Taxes levied on the gross wages of workers.

Pension Rights - Laws designed to protect persons eligible for pensions.

Personal Health Record - Medical record that contains a summary of all accurate medical and health history.

Personal Needs Allowance - Designated portion of monthly income that a person receiving Medicaid/MassHealth long-term care services may retain for personal needs. This amount includes food and shelter costs for persons receiving home and community-based waiver services. The amount allowed varies from state to state.

Personal Representative - Also called an Executor, this is a person appointed in a will to handle the probate of a deceased person's estate (assets). The Personal Representative must make an inventory of the descendant's property, collect debts, satisfy creditors, distribute the decedent's property to beneficiaries of the will, pay any taxes due and prepare a final accounting to the probate court.

Physical Abuse - Infliction of physical pain or injury, physical coercion; confinement; slapping, bruising, sexually molesting, cutting, lacerating, burning, restraining, pushing, shoving; etc.

Physician Payment Reform - Physician Payment Reform, which began January 1, 1991, requires that all physicians and practitioners who accept Medicare, whether participating or not, use the Medicare approved amount to determine their actual charges, which can be set at no more than 115 percent above the Medicare approved amount. This legislation also established a national Physician Fee Schedule.

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Physical Injury - Includes but not limited to death, brain damage, or disfigurement, or any non-trivial injury including but not limited to fracture of a bone, skin bruising, intramuscular injury, puncture wound, abrasion, laceration, burn, bleeding, impairment of a bodily system or organ, excessive bedsores or similar condition or harmful symptoms resulting from the use of medication or chemicals without informed consent or authorization, nonconsensual sexual touching, sexual penetration or sexual exploitation.

Pour-Over - A provision in an individual's will that states that certain assets will be transferred to a trust upon the death of that individual.

Power Of Attorney - A power of attorney is a document that lets you appoint someone you trust to make decisions about your financial care.

Prescription Advantage - The nation's first state-sponsored prescription drug insurance plan for elders and younger people with disabilities. Prescription Advantage is available to all Massachusetts residents age 65 and older, as well as younger individuals with disabilities who meet income and employment guidelines.

Privacy Act Of 1974 - Without the written consent of the individual, the Privacy Act prohibits release of protected information maintained in a system of records unless one of the 12 disclosure provisions apply.

Probate - The legal proceeding determined by the State law in which the probate court determines the validity of the decedent's will and that the provisions of the will are properly carried out.

Property Essential to Self Support - Property, such as a farm, that is essential to trade or business and is currently being used by and/or providing income to the Medicaid/MassHealth applicant or the applicant's spouse.

Protected Health Information - Individually identifiable health information transmitted or maintained in any form or medium, which is held by a covered entity or its business associate. Identifies the individual or offers a reasonable basis for identification. Is created or received by a covered entity or an employer. Relates to a past, present, or future physical or mental condition, provision of health care or payment for health care.

Protective Services Program - Investigates and, when appropriate, intervenes in cases where there is evidence that an elder has been neglected, abused or financially exploited by someone in a domestic setting. The protective services system is anchored by a 24 hour, seven day a week emergency hotline. It is empowered by Massachusetts General Law Chapter 19A to take steps that ensure that elder victims of physical and emotional abuse, neglect, and financial exploitation receive protective and supportive services. Elders must consent to services, but in situations where an elder lacks the capacity to provide consent, court ordered services may be provided.

Psychological Abuse - Infliction of mental anguish by demeaning, name calling, insulting, ignoring, humiliating, frightening, threatening, isolating, etc.

Q

Qualified Long-Term Care Insurance Policy - Also referred to as a Tax-Qualified Long-Term Care Insurance Policy; this is a policy that conforms to federal law and may offer federal tax advantages.

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Qualifying Income Trust - Also called Miller trust. An income trust that is used in states that require a Medicaid recipient's income to be less than a state-designated level. Such trusts must contain a provision allocating all monies remaining in the trust (up to the amount paid for medical assistance) to the state upon the death of the recipient.

Quality of Life - Includes self perceived health status, mental status, sexual function and stress level, helps to explain an individual's general well-being.

R

Railroad Retirement - A federal insurance program similar to Social Security designed for workers in the railroad industry. The provisions of the Railroad Retirement Act provide for a system of coordination and financial interchange between the Railroad Retirement program and the Social Security program.

Reasonable And Necessary Care - The amount and type of health services generally accepted by the health community as being required for the treatment of a specific disease or illness.

Reconsideration Or Review - The first step in the Medicare Part A and Part B appeal processes. Beneficiary sends a written request to the intermediary showing his or her disagreement with the Part A or Part B payment allowed for claim and asks that the payment decision be reviewed.

Religious Accommodation - No person shall be considered to be abused or neglected for the reason that such person, in accordance with his/her express or implied consent, is being furnished or relies upon treatment by spiritual means through prayer alone in accordance with a religious method of healing in lieu of medical treatment.

Reopening - An action taken, after all appeal rights are exhausted, to re-examine or question the correctness of a determination, a decision, or cost report otherwise final.

Representative Payee - A person or organization authorized to manage Social Security income for recipients who are deemed incapable of managing their own funds.

Retiree - An individual who has retired, or withdrawn, from work.

Reverse Mortgage - A home loan that allows the individual to continue home ownership but converts some of the home equity into cash.

Review Of Claims - Using information on a claim or other information requested to support the services billed, to make a determination.

Revocable Trust - A trust where the grantor can revoke or change the trust.

Rider - A legal document which modifies the protection of an insurance policy, either extending or decreasing its benefits, or which adds or excludes certain conditions from the policy's coverage.

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S

Sanctions - Administrative remedies and actions (e.g., exclusion, Civil Monetary Penalties, etc.) available to the OIG to deal with questionable, improper, or abusive behaviors of providers under the Medicare, Medicaid, or any State health programs.

Section 8 Housing - Housing assistance from the federal government for low income individuals. Can be either a section 8 housing project which is a specific building or in the form of rental vouchers.

Senior Aide - An individual 55 years or older who is enrolled in the Senior Community Service Employment Program. See [Senior Community Service Employment Program](#).

Senior Centers - Focal points within a city/town that coordinate a comprehensive set of services where older adults can, receive advocacy, socialization, nutritional meals, health services and participate in activities that will enhance their involvement in and with the community. They may offer outreach services to homebound older adults. Not every city/town in Central Massachusetts has an established Senior Center.

Senior Community Service Employment Program (Senior Aides) - Part-time employment for elder persons who meet specified income criteria. Funded under Title V of the Older Americans Act, the program of Labor, and on the local level by the Executive Office of Elder Affairs, the National Council of Senior Citizens, and the National Council on Aging. Work sites and activities are within the aging and other social service networks and provide a compliment to existing services to elders.

Senior Tax Work-Off Program - A program offered in many cities/towns in the state of Massachusetts that allows older adults to volunteer in their city/town to offset the cost of property taxes. Each participating city/town in Massachusetts has different eligibility guidelines, application processes and deduction amounts.

Sliding Fee - A fee for services that fluctuates according to the income of the person receiving the service and utilization of certain home care services.

SNAP (Supplemental Nutrition Assistance Program) (Formally Known as Food Stamps) - Provides financial assistance to individuals with low or no income to buy food. Individuals use an Electronic Benefit Transfer (EBT) card to purchase food. The EBT card works like a credit or debit card.

Social Security Act - Public Law 74-271, enacted on August 14, 1935, with subsequent amendments. The Social Security Act consists of 20 titles, four of which have been repealed. The HI and SMI programs are authorized by Title XVIII of the Social Security Act.

Social Security Benefits - People contribute to this fund during their working years. After you apply for benefits you may receive monthly checks if you are retired at you full retirement age, permanently disabled or a dependent of a retired or permanently disabled worker, working past age 62 but make less than the annual exemption, over 70 regardless of income, age 60 and a widow/widower of a beneficiary, a dependent of a deceased individual entitled to benefits.

Social Security Disability Insurance (SSDI) - A system of federally provided payments to eligible workers (and, in some cases, their families) when they are unable to continue working because of a disability. Benefits begin with the sixth full month of disability and continue until the individual is capable of substantial gainful activity.

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Special Needs Trust - Trust established by a parent, grandparent, court, or legal guardian solely for the benefit of a disabled individual who was under the age of 65 when it was created. The trust must contain a provision that the state be named beneficiary upon the death of the disabled individual in an amount up to the amount spent by Medicaid on the individual's behalf.

Spend-Down - Medicaid financial eligibility requirements are strict. Individuals may need to spend down/use up assets or if they are over income meet a deductible until they reach the eligibility level.

Spousal Impoverishment Law - If one member of a married couple becomes a nursing home resident, the property and assets of the married couple will be combined, regardless of who owns the asset, and divided in half, according to HCFA standards. This process protects the community spouse from becoming impoverished. The division of marital assets can be appealed by the community spouse under certain conditions.

State Law - A constitution, statute, regulation, rule, common law, or any other State action having the force and effect of law.

State Licensure Agency - A State agency that has the authority to terminate, sanction, or prosecute fraudulent providers under State law.

Supplemental Needs Trust - Created during a grantor's life or in their will. This trust allows the grantor to provide for an individual with a disability.

T

Tax Basis - For income tax purposes, the value of an asset.

Tax Exemptions - Reduction or deferral of the amount of taxes levied against the real property of certain older persons, veterans, surviving spouses or minors, blind persons or others who cannot pay due to age, infirmity or poverty.

Taxable Earnings - Taxable wages and/or self-employment income under the prevailing annual maximum taxable limit.

Taxable Payroll - A weighted average of taxable wages and taxable self-employment income. When multiplied by the combined employee-employer tax rate, it yields the total amount of taxes incurred by employees, employers, and the self-employed for work during the period.

Taxable Self-Employment Income - Net earnings from self-employment-generally above \$400 and below the annual maximum taxable amount for a calendar or other taxable year-less any taxable wages in the same taxable year.

Taxable Wages - Wages paid for services rendered in covered employment up to the annual maximum taxable amount

Testamentary Trust - A trust in which the grantor can set aside funds for a spouse. It is part of the grantor's will and has no power until the grantor has died and the will has gone through the probate process.

Testate - When an individual dies with a legally valid will.

Testator - An individual who makes the will.

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Title III - Refers to Title III of the Older Americans Act. This Act provides federal funding for social services to older adults.

Title V - See [Senior Aides](#).

Title XVIII - That portion of the Social Security Act which clearly defines the provisions of Medicare.

Title XIX - That portion of the Social Security Act which establishes that Social Security funds will be used to fund, on a federal/state cost sharing basis, a general medical assistance program, known as Medicaid.

Trust - A legal arrangement where an individual gives fiduciary control of property to an institution or person for the benefit of beneficiaries.

Trustee - The organization or individual that is designated in the trust document to manage the assets of the trust.

Trustor - Also called a grantor or donor, this is the person who creates a trust.

U

Undue Hardship - With respect to the provision of accommodation for an individual with a disability under the Americans with Disabilities Act-significant difficulty or expense, considered in light of the employer's financial resources, facilities, workforce, and business operations.

Usual, Reasonable, Customary Charges - In "insurance language" this is the maximum amount a company will pay on a claim as determined by their guidelines. Similar to Medicare's "approved charge".

V

Veteran's Benefits - There are Veteran's pensions for eligible veterans who are permanently or totally disabled. Eligibility depends on assets and income limits. Qualifying Veterans must have war time service.

Viatical Settlement - This offers terminally ill individuals a percent of the face value of the policy while they are still living. The life insurance policy is sold to a Viatical settlement company; they become the beneficiary to the policy, pay the premiums and collect the face value when the original policy holder dies.

W

Will - The legal document in which a person specifies how his/her estate (assets) will be distributed following his /her death.

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Workers' Compensation Program - State-mandated system under which employers assume the cost of medical treatment and wage losses for employees who suffer job-related illnesses or injuries, regardless of who is at fault. In return, employees are generally prohibited from suing employers, even if the disabling event was due to employer negligence. U.S. government employees, harbor workers, and railroad workers are not covered by state workers' compensation laws, but instead by various federally administered laws.

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