Professional Certificate in Patient Advocacy

Navigating the Healthcare System

Accountable Care Organization (ACO)
Related terms: Bundled Payments, Value-Based Care
An ACO is a network of doctors, hospitals, and other health care providers that voluntarily comes together to provide coordinated high-quality care to Medicare patients. By aligning incentives, ACOs aim to reduce unnecessary services while improving outcomes. Example: A patient with diabetes receives coordinated care through a primary physician, a dietitian, and a retinal specialist within the same ACO, simplifying referrals. Challenge: Navigating differing contractual rules between participating providers can be confusing for patients and advocates.

Advance Directive
Related terms: Living Will, Health Care Proxy
A legal document that outlines a person's wishes regarding medical treatment if they become unable to communicate decisions. It may include preferences on life-sustaining measures, resuscitation, and organ donation. Example: An advocate helps a patient complete an advance directive before elective surgery, ensuring the care team respects their wishes. Challenge: Many health systems lack a standardized location for storing these documents, leading to delays in access during emergencies.

Adverse Event
Related terms: Patient Safety, Root Cause Analysis
Any unintended injury or complication caused by health care management rather than the underlying disease. Reporting adverse events is essential for quality improvement. Example: A medication error resulting in a rash is documented, prompting a review of prescribing protocols. Challenge: Patients may fear retaliation, so advocates must encourage transparent reporting while protecting patient confidentiality.

Affordable Care Act (ACA)
Related terms: Marketplace, Essential Health Benefits
A comprehensive health reform law enacted in 2010 that expanded insurance coverage, created health insurance exchanges, and introduced consumer protections such as prohibiting denial for pre-existing conditions. Example: An advocate assists a newly unemployed individual in selecting a Marketplace plan that covers mental health services. Challenge: Ongoing policy changes and state-level variations can make navigation complex.

Beneficiary
Related terms: Medicare, Medicaid
An individual who receives benefits from a government health program, such as Medicare or Medicaid. Beneficiaries have specific rights and responsibilities, including enrollment periods and cost-sharing

requirements. Example: A senior citizen enrolls in Medicare Part B to cover outpatient services. Challenge: Understanding eligibility criteria and coordination between multiple programs can be overwhelming.

Beneficiary Identification Number (BIN)
Related terms: Insurance Card, Member ID
A numeric code on an insurance card that helps pharmacies and providers process claims. It is distinct from the policy number and often required for electronic transactions. Example: A pharmacy technician inputs the BIN to verify coverage before dispensing medication. Challenge: Errors in entering the BIN can cause claim rejections and delays in medication access.

Benefit Design
Related terms: Copayment, Deductible, Out-of-Pocket Maximum
The structure of health insurance coverage, detailing what services are covered, at what cost-sharing levels, and any limits on benefits. Example: A high-deductible health plan may lower monthly premiums but increase out-of-pocket costs before insurance kicks in. Challenge: Advocates must translate complex benefit sheets into understandable language for patients.

Bundled Payment
Related terms: Accountable Care Organization (ACO), Episode of Care
A single, predetermined payment that covers all services related to a specific treatment or condition over a set time period. It encourages providers to coordinate care and avoid unnecessary services. Example: A knee replacement episode includes surgeon fees, hospital stay, and post-acute rehab under one payment. Challenge: Determining which services are included can be opaque, leading to surprise bills for patients.

Capitation
Related terms: Fee-for-Service, Risk Adjustment
A payment model where providers receive a fixed amount per patient per month, regardless of how many services are rendered. It incentivizes preventive care and efficient resource use. Example: A primary care practice receives a monthly stipend for each enrolled patient, encouraging routine check-ups. Challenge: Patients may fear limited access if providers cut services to stay within budget.

Case Management
Related terms: Care Coordination, Discharge Planning
A collaborative process in which a case manager assesses, plans, implements, and evaluates services to meet a patient's health needs. It often involves navigating insurance, arranging specialty referrals, and ensuring continuity of care. Example: A case manager helps a patient with multiple chronic conditions secure home health services after hospitalization. Challenge: Limited staffing ratios can reduce the depth of support an advocate can provide.

Centers for Medicare & Medicaid Services (CMS)
Related terms: Medicare, Medicaid, Quality Measures

The federal agency within the Department of Health and Human Services that administers Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). CMS also sets standards for health care quality and data reporting. Example: An advocate reviews CMS star ratings to recommend high-performing Medicare Advantage plans. Challenge: Regulatory updates are frequent, requiring continuous education.

Certified Patient Advocate (CPA)
Related terms: Professional Certificate, Continuing Education
A credential indicating that an individual has completed formal training and met competency standards in patient advocacy, often including ethics, health law, and system navigation. Example: A CPA assists a cancer patient in understanding clinical trial enrollment options. Challenge: Not all insurers recognize the credential, limiting reimbursement for advocacy services.

Clinical Pathway
Related terms: Evidence-Based Medicine, Standard of Care
A multidisciplinary plan that outlines the optimal sequencing and timing of interventions for a specific diagnosis or procedure, based on best-available evidence. Example: A pathway for acute myocardial infarction specifies rapid administration of aspirin, beta-blockers, and PCI within 90 minutes. Challenge: Rigid pathways may not accommodate individual patient preferences, requiring advocacy to personalize care.

Co-Pay
Related terms: Deductible, Out-of-Pocket Maximum
A fixed amount a patient pays for a covered health service at the time of care, typically after any deductible has been met. Example: A $20 co-pay for a primary care visit under a commercial plan. Challenge: Unexpected co-pay amounts can deter patients from seeking needed care.

COBRA (Consolidated Omnibus Budget Reconciliation Act)
Related terms: Continuation Coverage, Eligibility Period
A federal law that allows employees and their families to continue group health coverage for a limited time after job loss, reduction in hours, or other qualifying events. Example: An employee who loses a job elects COBRA for 18 months to maintain coverage for ongoing chemotherapy. Challenge: Premiums are often 102 % of the full group rate, making them costly for individuals.

Coordination of Benefits (COB)
Related terms: Primary Payer, Secondary Payer
The process by which multiple insurance policies are ordered to determine which plan pays first and which pays second, preventing duplicate payments. Example: A patient with both employer-sponsored insurance and a spouse's plan has the primary payer identified based on plan rules. Challenge: Misidentifying the primary payer can result in delayed reimbursement and patient balance bills.

Continuity of Care

Related terms: Care Transitions, Medical Home
The degree to which a patient experiences seamless, consistent, and coherent health services across different settings and over time. Example: A patient discharged from the hospital receives a follow-up appointment with their primary care physician within 7 days. Challenge: Gaps in communication between providers often lead to medication errors or readmissions.

Copayment Assistance Programs
Related terms: Patient Assistance Programs (PAP), Manufacturer Discounts
Programs, often sponsored by pharmaceutical manufacturers, that help patients cover co-pay costs for high-priced prescription drugs. Example: A patient with rheumatoid arthritis receives a $50 co-pay card for their biologic therapy. Challenge: Eligibility criteria can be strict, and programs may change annually, requiring advocates to stay current.

Cost-Sharing
Related terms: Deductible, Co-Pay, Coinsurance
The portion of health care expenses that a patient must pay out of pocket, including deductibles, co-pays, and coinsurance. Example: A 20 % coinsurance means the patient pays 20 % of the allowed amount for each service after the deductible is met. Challenge: High cost-sharing can lead to medication non-adherence, especially for low-income patients.

Critical Illness Insurance
Related terms: Disability Insurance, Life Insurance
A supplemental policy that provides a lump-sum payment if the insured is diagnosed with a severe illness such as cancer, stroke, or heart attack. Example: An advocate helps a patient obtain a $50,000 benefit to cover out-of-pocket costs during chemotherapy. Challenge: Policy exclusions and definitions of “critical” can limit payout eligibility.

Diagnosis-Related Group (DRG)
Related terms: Bundled Payment, Hospital Reimbursement
A classification system that groups hospital cases with similar clinical characteristics and resource use, used to determine reimbursement rates under Medicare’s prospective payment system. Example: A DRG for uncomplicated pneumonia determines the hospital’s fixed payment for the stay. Challenge: Hospitals may be incentivized to discharge patients early, risking inadequate recovery.

Discharge Planning
Related terms: Care Coordination, Transition of Care
A systematic process that prepares a patient to leave a health care setting safely, ensuring they have the necessary medications, follow-up appointments, and support services. Example: An advocate verifies that a patient’s home health nurse is scheduled before discharge. Challenge: Inadequate planning can lead to readmission, especially for patients with complex medication regimens.

Electronic Health Record (EHR)
Related terms: Health Information Exchange (HIE), Patient Portal
A digital version of a patient's paper chart that is shared across authorized health-care settings, allowing real-time access to medical history, lab results, and treatment plans. Example: An advocate accesses the patient's EHR to confirm allergies before a procedure. Challenge: Interoperability gaps between EHR vendors can hinder information flow.

Eligibility Verification
Related terms: Insurance Authorization, Pre-Certification
The process of confirming that a patient's insurance plan covers a specific service, procedure, or medication before it is delivered. Example: A clinic staff checks that a scheduled MRI is covered under the patient's plan prior to scheduling. Challenge: Delays in verification can postpone needed diagnostics, causing patient anxiety.

Employer-Sponsored Insurance (ESI)
Related terms: Group Health Plan, Open Enrollment
Health coverage provided by an employer to its employees and often their dependents, typically offered at a lower group rate than individual market plans. Example: A young adult receives coverage through a parent's ESI until age 26. Challenge: Changes in employment status can abruptly alter coverage, requiring rapid navigation of alternatives.

Encounter
Related terms: Claim, Visit
Any interaction between a patient and a health-care provider that results in the provision of services, which may be billed to an insurer. Example: A telehealth visit counts as an encounter for billing purposes. Challenge: Incorrect coding of encounters can lead to claim denials.

Evidence-Based Medicine (EBM)
Related terms: Clinical Guidelines, Systematic Review
The conscientious use of current best evidence in making decisions about the care of individual patients. Example: An advocate cites EBM guidelines to support the use of a newer anticoagulant for atrial fibrillation. Challenge: Translating complex research findings into plain language for patients can be difficult.

Facility Fee
Related terms: Hospital Charge, Service Line
A charge billed by a hospital or outpatient facility for the use of its physical space, equipment, and staff during a patient's stay or procedure. Example: A patient's surgery includes a facility fee in addition to the surgeon's professional fee. Challenge: Facility fees can be high and sometimes not transparent to patients before services.

Fee-for-Service (FFS)

Related terms: Capitation, Value-Based Payment
A payment model where providers are reimbursed for each individual service performed, encouraging volume of care. Example: A dermatologist bills per skin biopsy performed. Challenge: FFS can lead to overutilization, increasing costs without improving outcomes.

Formulary
Related terms: Preferred Drug List, Tiered Pricing
A list of prescription medications covered by a health-insurance plan, organized by therapeutic class and cost tiers. Example: A generic antihypertensive is placed on Tier 1, while a brand-name specialty drug may be Tier 4. Challenge: Patients may face high out-of-pocket costs if their needed medication is non-formulary, requiring appeals.

Health Care Proxy (HCP)
Related terms: Advance Directive, Durable Power of Attorney
A legal document that designates another person to make health-care decisions on behalf of the patient if they become incapacitated. Example: An adult child is named as HCP for an elderly parent. Challenge: Some providers may not recognize the proxy without proper documentation, delaying decision-making.

Health Care Reform
Related terms: Affordable Care Act (ACA), Medicaid Expansion
Broad policy initiatives aimed at improving access, quality, and affordability of health services. Example: State-level reforms that expand Medicaid eligibility to 138% of the federal poverty level. Challenge: Ongoing political shifts create uncertainty around coverage continuity for vulnerable populations.

Health Information Exchange (HIE)
Related terms: Electronic Health Record (EHR), Interoperability
A network that enables the electronic sharing of health-information among disparate health-care organizations. Example: A rural clinic accesses a patient's hospital discharge summary via the regional HIE. Challenge: Participation varies, and data standards differ, limiting comprehensive exchange.

Health Literacy
Related terms: Patient Education, Plain Language
The ability of individuals to obtain, process, and understand basic health information needed to make appropriate health decisions. Example: An advocate uses simple language to explain a complex surgical procedure. Challenge: Low health literacy is linked to poorer outcomes and higher utilization, making clear communication essential.

Health Maintenance Organization (HMO)
Related terms: Preferred Provider Organization (PPO), Network
A type of managed-care insurance plan that requires members to receive health services from a network of designated providers and typically requires a primary care physician referral for specialty care. Example: A

patient must obtain a referral from their PCP before seeing a cardiologist. Challenge: Out-of-network care may be denied, leading to unexpected bills.

Health Savings Account (HSA)
Related terms: High-Deductible Health Plan (HDHP), Tax-Advantaged Savings
A tax-free savings account that patients can use to pay qualified medical expenses, often paired with a high-deductible health plan. Example: A patient contributes pre-tax dollars to an HSA to cover future cataract surgery costs. Challenge: Funds roll over year-to-year, but contribution limits can restrict ability to cover large expenses.

Health Insurance Portability and Accountability Act (HIPAA)
Related terms: Privacy Rule, Security Rule
Federal legislation that protects patient health information from unauthorized disclosure and ensures the portability of health insurance coverage. Example: An advocate assists a patient in filing a HIPAA complaint after a breach of their medical records. Challenge: Interpreting the nuances of the privacy rule can be difficult for both providers and patients.

Health Plan Network
Related terms: In-Network, Out-of-Network
The collection of doctors, hospitals, and other health-care providers contracted with an insurer to provide services at negotiated rates. Example: A specialist who is “in-network” under a patient’s plan will result in lower co-payments. Challenge: Network changes can occur without patient awareness, causing coverage gaps.

Health Risk Assessment (HRA)
Related terms: Preventive Screening, Wellness Program
A questionnaire used to evaluate an individual’s health status and risk factors, often to guide preventive interventions. Example: An employer offers an HRA to identify employees who could benefit from smoking cessation programs. Challenge: Participation rates are low, limiting the tool’s effectiveness.

Hospital Readmission
Related terms: Transition of Care, Quality Metric
An admission to a hospital within a specified period (often 30 days) after discharge for the same or related condition, commonly used as a quality indicator. Example: A patient with heart failure is readmitted due to medication non-adherence. Challenge: Reducing readmissions requires coordinated post-discharge support, which may be lacking.

Informed Consent
Related terms: Patient Autonomy, Shared Decision-Making
The process by which a patient voluntarily agrees to a proposed medical intervention after receiving comprehensive information about risks, benefits, and alternatives. Example: A surgeon explains the potential

complications of a laparoscopic procedure before obtaining consent. Challenge: Complex language and time constraints can impede true understanding.

Insurance Authorization
Related terms: Prior Authorization, Pre-Certification
A formal approval from an insurer that a specific service, medication, or procedure is medically necessary and covered under the patient's plan. Example: A rheumatologist obtains authorization for a biologic infusion before scheduling the appointment. Challenge: Lengthy authorization processes can delay treatment initiation.

Interoperability
Related terms: Health Information Exchange (HIE), Application Programming Interface (API)
The ability of different health-information systems and software applications to communicate, exchange data, and use the exchanged information effectively. Example: An EHR can push lab results to a patient's mobile health app via an API. Challenge: Lack of standardized data formats leads to fragmented records.

Iron Triangle of Health Care
Related terms: Cost, Quality, Access
A conceptual model that posits health-care systems must balance three competing goals: cost containment, quality improvement, and access expansion. Example: Expanding coverage may increase costs, prompting policymakers to seek efficiency gains. Challenge: Achieving equilibrium often requires trade-offs that affect patient experience.

Key Performance Indicator (KPI)
Related terms: Quality Metric, Benchmark
A measurable value that demonstrates how effectively an organization is achieving key health-care objectives, such as patient satisfaction or readmission rates. Example: A hospital tracks its KPI for average length of stay to improve throughput. Challenge: Over-reliance on KPIs can incentivize "gaming" the system rather than genuine improvement.

Limited Formulary
Related terms: Formulary, Step Therapy
A drug list that restricts coverage to a narrow set of medications, often requiring prior authorization or step-therapy protocols before higher-cost drugs are approved. Example: A patient with depression must first try a generic SSRI before a newer agent is covered. Challenge: Delays in accessing appropriate medication can worsen clinical outcomes.

Managed Care Organization (MCO)
Related terms: Health Maintenance Organization (HMO), Preferred Provider Organization (PPO)
An entity that provides or arranges for health-care services for its members, typically using contracts with a network of providers and employing utilization management techniques. Example: A state Medicaid MCO

oversees the delivery of services to enrolled beneficiaries. Challenge: MCOs may limit provider choice, prompting patient dissatisfaction.

Medicaid
Related terms: Medicare, CHIP
A joint federal and state program that offers health coverage to low-income individuals, pregnant women, children, and people with disabilities. Eligibility and benefits vary by state. Example: A child qualifies for Medicaid and receives immunizations at no cost. Challenge: Complex enrollment processes and varying benefits across states can impede access.

Medicare
Related terms: Medicaid, Part A, Part B, Part D
A federal health-insurance program for people 65 years or older, certain younger individuals with disabilities, and those with end-stage renal disease. It is divided into parts covering hospital care (A), medical services (B), and prescription drugs (D). Example: A senior enrolls in Medicare Part D to obtain coverage for insulin. Challenge: Understanding the separate parts and associated costs can be overwhelming for beneficiaries.

Medicare Advantage (MA) Plan
Related terms: Medicare Part C, Star Ratings
A private-insurance alternative to traditional Medicare that provides all Part A and Part B benefits, often with added services such as vision or dental, through a contracted network. Example: An MA plan includes a gym membership as a wellness benefit. Challenge: Network restrictions may limit access to preferred specialists.

Medicare Part D
Related terms: Prescription Drug Coverage, Formulary
The voluntary outpatient prescription drug benefit for Medicare beneficiaries, offered through private plans that negotiate formularies and cost-sharing structures. Example: A beneficiary selects a Part D plan with a low premium but higher co-pay for specialty drugs. Challenge: “Donut hole” coverage gaps can result in higher out-of-pocket costs.

Medical Home (Patient-Centered Medical Home, PCMH)
Related terms: Continuity of Care, Care Coordination
A model of primary care that emphasizes comprehensive, accessible, and coordinated services centered on the patient’s needs, often using a team-based approach. Example: A family physician leads a PCMH team that includes nurses, pharmacists, and behavioral health specialists. Challenge: Implementing PCMH requires significant practice transformation and may involve new payment models.

Medical Necessity
Related terms: Prior Authorization, Utilization Review
A standard used by insurers to determine whether a service or procedure is appropriate based on

evidence-based guidelines and the patient's clinical condition. Example: An MRI is deemed medically necessary for a patient with unexplained neurological symptoms. Challenge: Determinations can be subjective, leading to disputes and delayed care.

Medication Adherence
Related terms: Compliance, Pharmacy Refill
The extent to which patients take medications as prescribed, in terms of dose, timing, and frequency. Example: An advocate monitors refill dates to ensure a diabetic patient maintains consistent insulin use. Challenge: Cost, side effects, and complex regimens often hinder adherence.

Medication Therapy Management (MTM)
Related terms: Pharmacist Intervention, Adverse Drug Event
A service provided by pharmacists to optimize therapeutic outcomes, involving medication review, patient education, and coordination with prescribers. Example: A pharmacist conducts MTM for a patient taking multiple antihypertensives, identifying a duplicate therapy. Challenge: Insurance coverage for MTM varies, limiting patient access.

Medicare Part A
Related terms: Hospital Insurance, Inpatient Coverage
Covers inpatient hospital stays, skilled nursing facility care, hospice, and some home health services for eligible beneficiaries. Example: A patient's 5-day hospital stay after a hip fracture is covered under Part A, subject to deductible. Challenge: Patients may be unaware of the separate deductible and potential coinsurance after a certain number of days.

Medicare Part B
Related terms: Medical Insurance, Outpatient Services
Provides coverage for physician services, outpatient care, preventive services, and some medical equipment. Example: A routine colonoscopy is covered under Part B with a $20 co-pay. Challenge: Beneficiaries must pay a monthly premium and an annual deductible, which can be confusing.

Medicare Part C (Medicare Advantage)
Related terms: Private Medicare Plans, Network
See "Medicare Advantage (MA) Plan." This term reinforces that Part C is the alternative option offered by private insurers.

Medicare Part D Coverage Gap (Donut Hole)
Related terms: Out-of-Pocket Costs, Catastrophic Coverage
A temporary period in which beneficiaries pay a larger share of prescription drug costs after reaching a certain spending threshold, until catastrophic coverage begins. Example: After spending $4,000 on drugs, a patient enters the donut hole and pays 25 % of costs. Challenge: Unexpected expense spikes can lead to medication non-adherence.

Member Services Representative (MSR)
Related terms: Customer Support, Call Center
A staff member employed by an insurance carrier who assists members with enrollment, benefits questions, and claim status inquiries. Example: An MSR helps a patient understand why a claim was denied. Challenge: Inconsistent knowledge among representatives can result in misinformation.

Network Adequacy
Related terms: In-Network Provider, Access Standards
A regulatory requirement that health-plan networks contain enough qualified providers to ensure timely access to covered services. Example: A state health department audits a plan's network to verify it meets the 30-day specialist appointment standard. Challenge: Rural areas often struggle to meet adequacy standards, limiting patient options.

Non-Formulary Drug
Related terms: Formulary, Prior Authorization
A medication not included on a plan's approved drug list, typically requiring additional justification for coverage. Example: A patient's oncologist requests a non-formulary targeted therapy, prompting a prior-authorization appeal. Challenge: Approval processes can be lengthy, delaying treatment.

Out-of-Network (OON) Services
Related terms: Balance Billing, Network
Health-care services rendered by providers who do not have a contract with the patient's insurance plan, often resulting in higher cost-sharing or denied claims. Example: An emergency physician treats a patient at a non-network hospital; the patient receives a bill for the difference. Challenge: Patients may be unaware they are OON until after services are rendered.

Patient Advocacy
Related terms: Patient Rights, Health Navigation
The act of supporting patients in understanding their health-care options, exercising their rights, and obtaining appropriate care, often by bridging communication gaps between patients and providers. Example: An advocate assists a patient in filing an appeal for denied surgery. Challenge: Limited reimbursement for advocacy services can restrict availability.

Patient-Centered Outcomes
Related terms: Quality of Life, Patient-Reported Outcome Measures (PROMs)
Health outcomes that matter directly to patients, such as pain reduction, functional ability, and satisfaction with care. Example: A PROM questionnaire measures improvement in mobility after joint replacement. Challenge: Collecting and integrating these outcomes into clinical workflows requires additional resources.

Patient Portal
Related terms: Electronic Health Record (EHR), Secure Messaging

A secure online website that gives patients access to personal health information, test results, appointment scheduling, and direct communication with providers. Example: A patient reviews lab results via the portal and messages the physician with questions. Challenge: Digital literacy and access disparities can limit portal utilization.

Pharmacy Benefit Manager (PBM)
Related terms: Formulary Management, Rebate
A third-party administrator of prescription drug benefits for health-plan sponsors, responsible for negotiating drug prices, developing formularies, and processing pharmacy claims. Example: A PBM implements a step-therapy protocol for a new cholesterol medication. Challenge: Lack of transparency in rebate structures can affect drug pricing and patient out-of-pocket costs.

Plan of Care
Related terms: Care Plan, Interdisciplinary Team
A documented strategy that outlines the patient's health goals, required services, responsible providers, and timelines for interventions. Example: A rehabilitation team creates a plan of care for a stroke survivor focusing on mobility and speech therapy. Challenge: Updating the plan as the patient's condition evolves requires coordinated communication.

Pre-Authorization (Prior Authorization)
Related terms: Insurance Authorization, Utilization Management
A health-plan requirement that a provider obtain approval before a service, medication, or procedure is delivered to confirm medical necessity and coverage. Example: A surgeon submits a prior-authorization request for a spinal fusion. Challenge: Administrative burden can delay care and increase provider workload.

Primary Care Physician (PCP)
Related terms: Gatekeeper, Medical Home
A health-care professional who delivers comprehensive, first-contact, and continuous care, often coordinating referrals to specialists. Example: A patient's PCP manages hypertension and refers the patient to a cardiologist for further evaluation. Challenge: PCP shortages can limit timely access to primary care.

Quality Measure
Related terms: Key Performance Indicator (KPI), Benchmark
A standardized metric used to assess the effectiveness, safety, efficiency, or patient experience of health-care services. Example: The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey gauges patient satisfaction. Challenge: Overemphasis on certain metrics can lead to "teaching to the test" rather than holistic improvement.

Referral Management
Related terms: Care Coordination, Specialist Access
The process of directing a patient from a primary care setting to a specialist or ancillary service, ensuring

that the referral aligns with insurance network requirements and clinical necessity. Example: An advocate verifies that a cardiology referral is in-network before scheduling the appointment. Challenge: Delays in referral approvals can postpone essential diagnostic testing.

Reimbursement Rate
Related terms: Fee Schedule, Negotiated Contract
The amount a payer agrees to pay a provider for a specific service, often expressed as a percentage of the Medicare fee schedule or a fixed dollar amount. Example: A clinic receives 80 % of the Medicare rate for an office visit. Challenge: Low reimbursement can affect provider willingness to accept certain insurance plans.

Release of Information (ROI)
Related terms: HIPAA, Medical Records
A formal request, typically in writing, that authorizes the disclosure of a patient's protected health information to a designated party. Example: A patient signs an ROI to allow a new specialist to review prior imaging studies. Challenge: Processing ROI requests can be time-intensive, delaying care coordination.

Resource Utilization Review (RUR)
Related terms: Utilization Management, Medical Necessity
An evaluation performed by an insurer or third-party reviewer to determine whether health-care services are appropriate, necessary, and cost-effective. Example: A RUR assesses the necessity of an inpatient stay for a patient with pneumonia. Challenge: RUR decisions may conflict with clinician judgment, prompting appeals.

Risk Adjustment
Related terms: Capitation, Population Health
A statistical method that modifies payments to health-plan providers based on the health status and demographic characteristics of enrolled members, aiming to prevent selection bias. Example: An ACO receives higher payments for a population with higher chronic disease burden. Challenge: Accurate coding of diagnoses is essential; errors can lead to payment penalties.

Self-Pay
Related terms: Uninsured, Out-of-Pocket
A billing status where the patient is responsible for the full cost of services because they do not have insurance coverage or the provider does not accept the patient's insurance. Example: A patient pays cash for a cosmetic procedure not covered by insurance. Challenge: Patients may face high costs without financial assistance options.

Service Line
Related terms: Revenue Cycle, Clinical Department
A grouping of related health-care services that are delivered by a specific department or specialty, often used for financial reporting and strategic planning. Example: The orthopedic service line tracks revenue from

joint replacements, fracture care, and sports medicine. Challenge: Aligning service-line goals with patient-centered care can be difficult.

Social Determinants of Health (SDOH)
Related terms: Health Equity, Community Resources
Non-clinical factors such as socioeconomic status, education, neighborhood, and access to food that influence health outcomes. Example: An advocate connects a patient with transportation vouchers to attend medical appointments. Challenge: Addressing SDOH requires cross-sector collaboration beyond traditional health-care settings.

Specialist Referral
Related terms: Primary Care Physician (PCP), Referral Management
A directed recommendation for a patient to see a health-care professional with expertise in a particular area of medicine. Example: A PCP refers a patient with persistent migraines to a neurologist. Challenge: Insurance network restrictions may limit which specialists are available.

Standard of Care
Related terms: Clinical Guidelines, Medical Necessity
The level and type of care that a reasonably competent health-care professional, with a similar background and in the same medical community, would provide under comparable circumstances. Example: Administering aspirin within 30 minutes of a confirmed myocardial infarction is considered the standard of care. Challenge: Variations in practice settings can lead to differing interpretations.

State Medicaid Agency (SMA)
Related terms: Medicaid, Managed Care Organization (MCO)
The state-level authority that administers the Medicaid program, establishes eligibility criteria, and contracts with health-plan providers. Example: The SMA issues Medicaid expansion guidelines to increase coverage for low-income adults. Challenge: State-specific regulations can create complexity for patients who move across state lines.

Step Therapy
Related terms: Formulary Management, Prior Authorization