CHAPTER 2: IMPORTANT TERMINOLOGY & DOCUMENTS

1. **Beneficiary**: An individual who receives benefits. Someone who is a member of a health plan and receives health plan benefits from that plan is a health plan beneficiary. For purposes of this toolkit, beneficiary and patient may be used interchangeably at times.[1]

2. **Benefits**: The health services, treatment, or other types of care that your health insurance plan covers and pays for.

3. **Blanket coverage exclusion**: Blanket coverage exclusion refers to an insurance policy that excludes coverage for a specific benefit or service regardless of medical necessity. This may also be referred to as blanket denial, targeted exclusion, or categorical exclusion.[2]

4. **California Department of Health Care Services (DHCS)**: DHCS is California's Single State Medicaid Agency, and is the state entity who administers the Medi-Cal program.

5. **California Department of Insurance (CDI)**: CDI oversees insurance regulations and insurance markets, including most PPOs in the state. CDI regulates many different types of insurance, not just health insurance.

6. **California Department of Managed Health Care (DMHC)**: DMHC is a licensing and regulatory body that oversees most of California's HMOs and EPOs, and some PPOs, including most Medi-Cal managed care plans.

7. **California Department of Social Services (CDSS)**: CDSS oversees and administers public benefits and social safety net programs in the state. While CDSS does not administer nor oversee the Medi-Cal program, they are tasked with oversight of the State Hearings Division which handles Medi-Cal related State Fair Hearings.

---

[1] Medicare Rights Ctr., *Medicare Interactive, Beneficiary,* *https://www.medicareinteractive.org/glossary/beneficiary* (last visited Oct. 8, 2025); 17 C.C.R. § 6814.

[2] Advocates for Trans Equality, *Trans Health Project: Health Insurance – Understanding a Denial* (2021), https://transhealthproject.org/trans-health-insurance-tutorial/understanding-denials/#targeted-exclusion-in-plan-document.

8. **Cisgender**: Describes a person whose gender identity aligns with the sex they were assigned at birth, based on societal expectations. The term cisgender is derived from the Latin preposition *cis,* which means "on this side of," and is the antonym of *trans*, which means "across" or "beyond."[3]

9. **Deadname**: Typically the name used before a person's current name and may also be known as their "birth name" or "given name."

10. **Deadnaming**: Deadnaming is using the incorrect name to refer to a transgender, gender-diverse, or intersex person.[4] Deadnaming may occur intentionally or unintentionally.[5] The incorrect name, referred to as their deadname, is typically the name used before their current name and may also be known as their "birth name," "given name," or "name assigned at birth."[6]

11. **Employee Retirement Income Security Act (ERISA)**: The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for most voluntarily established health plans for private employers to provide protection for individuals in these plans.[7]

12. **Essential health benefits (EHB)**: Ten service categories that the Patient Protection and Affordable Care Act requires to be included in most individual and small-group health coverage policies.[8]

13. **Evidence of Coverage (EOC)**: An Evidence of Coverage is a comprehensive legal document that outlines all aspects of your health

---

[3] Nat'l LGBTQIA+ Health Education Ctr., *Glossary of Terms*, https://www.lgbtqiahealtheducation.org/glossary/en/ (last visited Oct. 8, 2025) [hereinafter Nat'l LGBTQIA+ HEC *Glossary of Terms*].

[4] Nat'l LGBTQIA+ HEC *Glossary of Terms*; Healthline, *What is Deadnaming?*, https://www.healthline.com/health/transgender/deadnaming (last visited Oct. 8, 2025) [hereinafter *What is Deadnaming?*].

[5] Nat'l LGBTQIA+ HEC *Glossary of Terms*; *What is Deadnaming?*.

[6] Nat'l LGBTQIA+ HEC *Glossary of Terms*; *What is Deadnaming?*.

[7] U.S. Dep't of Labor, *Employee Retirement Security Act (ERISA)*, https://www.dol.gov/general/topic/retirement/erisa (last visited Oct. 8 2025).

[8] HealthInsurance.Org, *Essential Health Benefits*, https://www.healthinsurance.org/glossary/essential-health-benefits/ (last visited Oct. 8 2025).

plan, including benefits, costs, and limitations, essentially serving as the full contract between you and the insurance provider or health plan.[9]

14. **Explanation of Benefits (EOB)**: An explanation of benefits is sent to a health insurance or plan member each time the insurer or plan is billed for a service(s) provided. It is the health insurer or plan's written explanation for a claim, listing the provider, the service, and the date of the service(s). Essentially, it is a statement of how the health insurer or plan calculated the individual's benefits. If the claim is denied, it will also provide a reason for the denial.[10]

15. **Fee-for-service**: A method of receiving and paying for care where someone can get services from any provider that accepts an individual's health coverage program. The health coverage program pays the provider a set rate for the services rendered.[11]

16. **Fully-Insured plan**: An employer can purchase coverage from an insurer to cover their employees for a set premium. In this "fully-insured" arrangement, the insurer bears the financial risk if that group of employees ends up costing more than expected; these plans are regulated by the state in which they are sold.[12]

17. **Gatekeeping**: Gatekeeping refers to the practice of a medical provider or health insurance plan placing unnecessary barriers on GAC. Examples of gatekeeping include: requiring a letter from a mental health professional

---

[9] Cal. Dep't of Ins., *Understanding Your Policy*, https://www.insurance.ca.gov/01-consumers/110-health/30-have/understand-policy.cfm (last visited Oct. 8, 2025).

[10] Cal. Dep't of Ins., *Common Health Insurance Terms*, https://www.insurance.ca.gov/01-consumers/110-health/10-basics/terms.cfm (last visited Oct. 8, 2025) [hereinafter *Common Health Insurance Terms*].

[11] Jen Flory et al., Western Ctr. on Law & Poverty, *Getting and Keeping Health Coverage for Low-Income Californians: A Guide for Medi-Cal Advocates* 338 (2016), https://wclp.org/wp-content/uploads/2019/07/Western_Center_2016_Health_Care_Eligibility_Guide_Full_rev.1.pdf [hereinafter WCLP, *A Guide for Medi-Cal Advocates*].

[12] Kaye Pestaina, Rayna Wallace, & Michelle Long, *The Regulation of Private Health Insurance*, KFF (updated July 29, 2024), https://www.kff.org/health-policy-101-the-regulation-of-private-health-insurance [hereinafter *The Regulation of Private Health Insurance*].

An Advocate's Guide to Access GAC in CA

or using "medical readiness" as an eligibility requirement to accessing GAC and/or GAS. Although plans can legally require these prerequisites in certain situations, they are not required to. This became the standard practice under WPATH's Standards of Care with the intent to avoid "transition regret." However, the concern of transition regret is much higher than the rate of transition regret and there is no evidence that gatekeeping prevents regret. Advocacy to shift into an informed consent model of care for adults continues.[13]

18. **Gender-Affirming Care (GAC)**: Gender-affirming care is patient-centered health care that may include a range of interventions that help people align their gender identity with their physical traits. This can look different for every person. Essentially, GAC is determined on a case-by-case basis.[14]

19. **Gender-Affirming Surgery (GAS)**: "These are surgeries to modify a person's body to be more aligned with that person's gender identity. Types of GAS include chest and genital surgeries, facial feminization, body sculpting, and hair removal."[15]

20. **Gender dysphoria**: A condition where a person experiences significant distress and discomfort due to a mismatch between their body's physical presentation and their gender identity.[16] Gender dysphoria can be diagnosed by a medical professional. Having a diagnosis is often a prerequisite to obtaining gender-affirming care.

21. **Gender Identity**: A person's gender identity is their inner sense of their gender. A person's gender identity may or may not align with the gender or sex they were assigned at birth. Examples of identities may be

---

[13] Verbeek, Wesley et al., *"Mental Readiness" and Gatekeeping in Trans Healthcare*, 67 Can. J. Psych. 828 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC9561692.

[14] Nat'l LGBTQIA+ HEC *Glossary of Terms*.

[15] Nat'l LGBTQIA+ HEC *Glossary of Terms*.

[16] Am. Psychiatry Ass'n, *What is Gender Dysphoria?*, https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria (last visited Oct. 8, 2025); Nat'l LGBTQIA+ HEC *Glossary of Terms*.

woman, man, non-binary, and/or having no gender. This is how a person sees themselves and how they identify their gender.[17]

22. **Health Maintenance Organization (HMO)**: An HMO is a collection of hospitals, doctors, and other health services all organized under one network. You usually pay only small co-pays when using services, no matter how many or what kind of services you use. In return, you must usually use the hospital(s), doctors, and other health providers in the HMO's network. In an HMO, you select a primary care provider. If you need a specialist, the primary care provider usually must first refer you to that specialist before you can see them. HMOs in California are regulated by DMHC. Most Medi-Cal managed care plans are HMOs.[18]

23. **In-Network**: An in-network provider or facility has a contract with a person's health insurer or plan.[19]

24. **Knox-Keene Act (KKA)**: A set of laws passed by the California state legislature providing DMHC with the authority to regulate health care service plans. Among these regulations are consumer protection laws, such as grievance and appeal processes.

25. **Letter of Agreement (LOA)**: A letter of agreement, sometimes referred to as a "Single Case Agreement," is a limited contract between a health insurer or plan and an out-of-network provider to provide a health care service to the health insurer or plan's member.[20]

26. **Misgendering**: Refers to the act of incorrectly assigning a gender identity to another person. This can happen explicitly or indirectly, and intentionally or unintentionally, through gendered language and deadnaming. Referring to a person as a "boy" or "man" or using "he/him" pronouns when that person self-identifies as a woman or girl is

---

[17] Nat'l LGBTQIA+ HEC *Glossary of Terms*.

[18] *Common Health Insurance Terms*.

[19] U.S. Ctr. for Medicare & Medicaid Servs., *Glossary of Health Coverage and Medical Terms* at 3, https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf (last visited Oct. 8, 2025) [hereinafter CMS, *Glossary of Health Coverage and Medical Terms*].

[20] Operant Billing Solutions, *What is a Single Case Agreement (SCA) for Out of Network Providers?*, https://operantbilling.com/what-is-a-single-case-agreement-sca-for-out-of-network-providers (last visited Oct. 8, 2025) [hereinafter *What is a Single Case Agreement (SCA)*].

an example of explicit misgendering. Another example includes a refusal to use the pronouns a person uses for themselves, such as refusing to use gender neutral pronouns. It is possible to directly or indirectly misgender people through gendered language such as mother/father, brother/sister, or Mr./Mrs./Ms. or in settings where colloquial language – such as referring to a group of people as "guys" or "ladies" – is used.

27. **Network**: A network is a group of health care providers and facilities that contract with a health insurer or plan to provide covered services for their members.[21]

28. **Notice of Action (NOA)**: A Notice of Action is "the official [written] notice the county must send to a beneficiary anytime the County is taking any action to start, stop, or change the beneficiary's Medi-Cal eligibility."[22]

29. **Notices**: A written letter that notifies health consumers or enrollees of any actions or determinations made on their case or their coverage. Notices must include information about the action taken, the reason, and due process rights, such as grievance/appeal acknowledgment, grievance/appeal resolution letter, adverse benefit determination.

30. **Out-of-Network (OON)**: An out-of-network provider or facility is a provider or facility that is not contracted with a person's health insurer or plan network.[23]

31. **Primary care provider (PCP)**: A primary care provider is a healthcare professional who practices general medicine (this can include Internal Medicine doctors, Pediatricians, General Practitioners, Nurse Practitioners, and other providers). This is the provider a person goes to for routine checkups and care. They may refer their patients to other providers to receive specialty and ancillary care.[24]

32. **Prior Authorization (PA)**: Prior authorization is an advanced approval required by a health insurer or plan before it will pay for a requested health care service, treatment, or prescription drug. Prior authorization

---

[21] CMS, *Glossary of Health Coverage and Medical Terms* at 3-4; *Common Health Insurance Terms.*

[22] WCLP, *A Guide for Medi-Cal Advocates* at 343.

[23] CMS, *Glossary of Health Coverage and Medical Terms* at 3-4.

[24] CMS, *Glossary of Health Coverage and Medical Terms* at 4.

is also referred to as "pre-approval," "prior approval," "preauthorization," or "precertification."[25]

33. **Pronouns**: the words that take the place of a person's name to refer to that person. Examples include: they/them, she/her, he/him, ze/zirs, and more.

34. **Provider directory:** A list of health care providers that are in-network with an HMO or PPO, or a list of "preferred" providers for a PPO.

35. **Self-Funded / Self-Insured plan**: A self-insured employer uses a large pool of their money to pay for the health care of its employees. The employer most often contracts with insurance companies or third party administrators to manage the health benefits. Most self-insured plans are under the jurisdiction of the Department of Labor and some self-insured plans may be state-based.[26] These plans are sometimes called "ERISA plans" since they are governed by the Employee Retirement Income Security Act of 1974 (ERISA).

36.　　**Single Case Agreement (SCA):** Also known as a letter of agreement, a Single Case Agreement is a limited contract between a health insurer or plan and an out-of-network provider to provide a health care service to the health insurer or plan's member.[27]

37. **TGI**: TGI stands for transgender, gender-diverse, and intersex. The term is an abbreviation intended to serve as an umbrella term for people who feel that the gender assigned to them at birth does not match their chosen gender or gender identity.[28]

38. **Utilization Management Controls**: Refers to the use of various techniques and strategies, such as prior authorization requirements, which allow health insurance plans to ensure that all benefits or services are medically appropriate for the beneficiary based upon evidence-based criteria or guidelines before those benefits or services are provided.

---

[25] CMS, *Glossary of Health Coverage and Medical Terms* at 4; *Common Health Insurance Terms.*

[26] *Common Health Insurance Terms.*

[27] *What is a Single Case Agreement (SCA).*

[28] TGI Network of Rhode Island, *What is TGI?*, https://www.tginetwork.org/what-is-tgi (last visited Oct. 8, 2025).

39. **World Professional Association for Transgender Health (WPATH)**: A 501(c)(3) non-profit, interdisciplinary professional and educational organization devoted to transgender health.[29]

40. **WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC)**: Guidelines published by WPATH for practitioners who provide GAC that represent a professional consensus about the psychiatric, psychological, medical, and surgical management of gender dysphoria and help professionals understand the parameters within which they may offer assistance to those with these conditions.[30]

---

[29] World Prof'l Ass'n for Transgender Health, *About WPATH,* *https://wpath.org/about/mission-and-vision* (last visited Oct. 8, 2025) [hereinafter *About WPATH*].

[30] *About WPATH*.