



## DEFINITION OF TERMS

**Cancer** – a class of diseases in which a group of cells display uncontrolled growth (division beyond the normal limits), invasion (intrusion on and destruction of adjacent tissues), and sometimes metastasis (spread to other locations in the body via lymph or blood). These three malignant properties of cancers differentiate them from benign tumors, which are self-limited, do not invade or metastasize. Most cancers form a tumor but some, like leukemia, do not.

**Cancer Care Delivery System** – the various sources of cancer care available including community oncologists, hospital based oncologists and cancer care centers, and academic or teaching institutions.

**Cancer Survivor** – a living individual with cancer of any type, current or past.

**Chemotherapy** - treatment of disease by chemicals that kill cells, specifically those of microorganisms or cancer. In most cases, chemotherapy works by interfering with the cancer cell's ability to grow or reproduce.

**Community Oncologist** – an oncologist working in private practice, alone or as part of a group, who is free-standing and not part of a hospital or academic or teaching institution.

**Co-insurance** – amount that may be required for services after any health insurance plan deductibles are paid. In Medicare Plan, this is a percentage (usually 20%) of the Medicare approved amount. In a Medicare Prescription Drug Plan, the coinsurance will vary depending on how much already spent. For cancer care under Medicare, the co-insurance often can run into the tens of thousands of dollars.

**Co-payment** - in some Medicare health and prescription drug plans, the amount paid for each medical service, like a doctor's visit, or prescription. A co-payment is usually a set amount. For example, this could be \$10 or \$20 for a doctor's visit or prescription. Co-payments are also used for some hospital outpatient services in the Original Medicare Plan and are commonplace in most government and private insurance plans.

**Deductible** - amount paid for health care or prescriptions, before Original Medicare, a prescription drug plan, or other insurance begins to pay. For example, in Original Medicare, a new deductible is paid for each benefit period for Part A, and each year for Part B. These amounts can change every year.

**Formulary** – a list of drugs covered by an insurance plan.

**Hospice** - a special way of caring for people who are terminally ill. Hospice care involves a team-oriented approach that addresses the medical, physical, social, emotional, and spiritual needs of the patient. Hospice also provides support to the patient's family and/or caregiver as well. Hospice care is covered under Medicare Part A (Hospital Insurance).

**Inpatient Care** - health care received when a patient is admitted to a hospital or skilled nursing facility.

**Medicare** - a government-run, fee-for-service health plan that allows patients to go to any doctor, hospital, or other health care supplier who accepts Medicare and who is accepting new Medicare patients. Patients must pay the deductible. Medicare pays its share of the Medicare-approved amount, and the patient pays his share (coinsurance). The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

**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 for those who qualify for both Medicare and Medicaid.

**Non-Formulary drugs** - drugs not on a plan-approved drug list.

**Oncology** – the branch of medicine concerned with the study, diagnosis, treatment, and prevention of cancer.

**Oncologist** – a physician who specializes in the study, diagnosis, treatment, and prevention of cancer.

**Outpatient care** - medical or surgical care furnished by a hospital for patients who have not been admitted as an inpatient but are registered on hospital records as an outpatient. Typically, this care is delivered at the hospital but does not involve an overnight stay.

**Patient Component** - that portion of the cost of medical care for which the patient is responsible after insurance.

**Pre-existing condition** – a health problem in existence before the date that a new insurance policy starts.

**Radiotherapy** – use of radiation in the form of a special kind of x-ray, gamma rays, or electrons – to damage cancer cells so that they cannot multiply. Radiotherapy may sometimes be the only treatment needed, or it may be used with other therapies, such as surgery.

**Under-insured** – not having proper or sufficient health insurance to cover medical expenses related to the diagnosis and treatment of an illness or injury.

**Uninsured** – a person without health insurance coverage.