Medicaid Glossary

"at-risk" or "high-risk" - Maternal and child home visiting programs may apply criteria to assess the level of risk for poor health or developmental outcomes posed to mothers and children by developmental, educational, and environmental factors. These criteria may follow guidelines set forth by national home visiting program models or may be defined by an individual home visiting program.

1905(a) Services - Section 1905(a) of the Social Security Act [42 U.S.C. 1396d] — the federal Medicaid statute — defines and provides guidance on "medical assistance" services, or services provided to Medicaid beneficiaries, that are paid for in part by the federal Medicaid program.

1915(b) Freedom of Choice Waivers - Section 1915(b) of the Social Security Act [42 U.S.C. 1396n] permits states to contract with managed care entities to provide services to Medicaid recipients and thus waive the rights recipients otherwise have to choose their providers and plans. States may use the waiver to:

- [1915(b)(1)] - Implement a managed care delivery system that restricts the types of providers that people can use to get Medicaid benefits
- [1915(b)(2)] - Allow a county or local government to act as a choice counselor or enrollment broker in order to help people pick a managed care plan
- [1915(b)(3)] - Use the savings that the state gets from a managed care delivery system to provide additional services
- [1915(b)(4)] - Restrict the number or type of providers who can provide specific Medicaid services (such as disease management or transportation).

Administrative Case Management (ACM) - Section 1903(a) of the Social Security Act defines case management as Medicaid reimbursable activities deemed necessary for the "proper and efficient administration of a state's Medicaid plan." Eligible activities may include those provided for eligibility determinations, outreach, and securing authorizations needed to access Medicaid services. Administrative case management activities may not include those activities directly associated with providing a medical assistance service.

Centers for Medicare and Medicaid Services (CMS) - is a branch of the U.S. Department of Health and Human Services. CMS is the federal agency that administers Medicare, Medicaid, and the Children's Health Insurance Program.

Children's Health Insurance Program (CHIP) - provides health coverage to uninsured children up to age 19 in families with incomes that exceed income eligibility requirements for the Medicaid program. States administer their CHIP programs, which are jointly funded by federal and state governments. States may administer CHIP programs as Medicaid expansion programs, separate CHIP programs, or as a combination of these two approaches.

Deficit Reduction Act of 2005 (DRA) - affects many aspects of federal entitlement programs, including Medicaid. The DRA amended Section 1937 of the Social Security Act to give states the flexibility, with CMS approval, to define alternate benefit packages, known as benchmark plans, for targeted populations of Medicaid enrollees. Some protected populations, such as pregnant women, have the option to enroll in their states' benchmark plans or remain in the regular Medicaid benefit program.

Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) - is the component of Medicaid designed to improve the health of low-income children. EPSDT services are required to be offered by every state, and finance appropriate and necessary pediatric services, including medical assistance services that may not be in the state's plan and not available to adults.

Federal Medical Assistance Percentage (FMAP) - determines the amount of federal matching funds for state expenditures for the Medicaid program. FMAPs are published annually for each state. Section 1905(c) of the Social Security Act specifies the formula used to calculate the FMAP for each state. In FY 2011, the FMAP ranged from 50% to 74.73%.

Fee-for-Service (FFS) - is a health insurance payment method that reimburses providers per unit of service provided, rather than on a per-person-per-month or other basis.

Individuals with Disabilities Education Act Part C (IDEA Part C) - authorizes states to "develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families." Early Intervention services may include state home visiting that addresses infants' or toddlers' developmental needs (i.e. physical, cognitive, communicative, social or emotional, or adaptive.)

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) - Authorized by the Affordable Care Act, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was designed to improve health and development outcomes for at-risk children through evidence-based home visiting programs. In 2011, federal MIECHV funds were awarded to all states through a formula grant and additional competitive funds were awarded to 22 states.

Medicaid Managed Care - In this system, states contract with organizations that agree to offer all or most Medicaid services to beneficiaries in exchange for an agreed-upon payment from the state. Managed care entities include 'managed care organizations' that agree to provide most Medicaid services to beneficiaries in exchange for a per-member monthly payment; 'limited benefit plans' that provide specific Medicaid benefits like mental health or dental services in exchange for a per-member monthly payment; and 'primary care case managers' who act as a patient's primary care provider and also receive a small monthly payment for helping to coordinate referrals and other medical services. States may require Medicaid beneficiaries to enroll in managed care or enrollment may be voluntary.

Medicaid Section 1115 Family Planning Demonstration Waiver - can be used, upon approval from CMS, to provide family planning services to individuals deemed ineligible for state Medicaid or CHIP programs. Section 2303 of the Affordable Care Act allows states to also offer family planning services to persons not otherwise eligible for Medicaid by filing a State Plan Amendment.

National Academy for State Health Policy (NASHP) - is a nonpartisan, nonprofit organization with a mission of promoting excellence in state health policy and practice. NASHP conducts analytic and technical assistance work designed to support states in their efforts to improve health care and health.

Patient Protection and Affordable Care Act (ACA) - is the federal law, passed in 2010, that aims to ensure quality and affordable care for all Americans. Specific objectives of the law include promoting health insurance market reforms, establishing consumer protections in health insurance markets, increasing access to health insurance coverage for eligible and special populations, and providing funds for health programming to promote the public's health.

Section 1915(c) Medicaid Home and Community Based Services Waiver (HCBS) - can be used to provide care and community-based services to targeted state Medicaid populations. Approved programs can offer medical and non-medical services, including case management supports and service coordination. Section 1915(I) of the Deficit Reduction Act of 2005 allows state Medicaid programs to also offer HCBS by filing a State Plan Amendment.

State Plan Amendment (SPA) - States operate their Medicaid programs under agreements with CMS known as state plans. The state plan defines the state's Medicaid eligibility guidelines and describes benefits offered. Any changes to a state plan, known as a state plan amendment, must be approved by CMS.

Targeted Case Management (TCM) - consists of those medical assistance services that help beneficiaries gain access to medical, social, educational, and other services. TCM includes four components: assessment services, development of a care plan, referrals and scheduling, and monitoring and follow-up for Medicaid enrollees.

Temporary Assistance for Needy Families (TANF) - is a block grant program designed to provide federal funds to needy families in states, tribes, and territories. These funds are used to cover benefits and services to needy families, such as programs that support economic self-sufficiency and family services.

Title V Maternal and Child Health Services Block Grant - Administered by the Maternal and Child Health Bureau at the Health Resources and Services Administration, the Title V Maternal and Child Health Services Block Grant Program aims to ensure the health of the nation's mothers, women, children and youth, and children with special health care needs. Programs supported by this federal block grant program increase access to quality health care services for low-income women and mothers, and include funds for direct care services, enabling services, population-based services, and infrastructure building services.