Health Care Reform Training Glossary

Advanced Premium Tax Credit (APTC)
An advance payment of the premium tax credit from the Internal Revenue Service that is applied towards the cost of purchasing a Qualified Health Plan.

Adults Without Children
An MA basis of eligibility for individuals who are **all** of the following:

- Are age 21 or older and under age 65.
- Are not pregnant.
- Is not a parent or caretaker relative.
- Are not entitled to or enrolled in Medicare.
- Are not receiving SSI.
- Have income at or below 133% FPG.

Affordable Care Act (ACA)
The Patient Protection and Affordable Care Act was signed into law in 2010. The ACA calls for states to establish health benefit exchanges to increase access to health insurance.

Agent/Broker
A person required to be licensed under the laws of this state to sell, solicit, or negotiate insurance. Also known as an insurance producer.

Apparently MAGI
Enrollees in the MAXIS system who are identified as potentially eligible using a parent/caretaker relative, child, pregnant woman, or adult without children MA basis of eligibility.

Application Case
The application case holds the information provided by the application filer until eligibility is determined for the people who request assistance on the online or paper application.

Application Filer
A person who is any of the following:

- An adult filling out the application (applicant) for himself.
- An adult who is in the applicant's household or family.
- An authorized representative.
- If the applicant is a minor or is incapacitated, someone acting responsibly for her.

Asset Limit
The amount of net countable assets a client may own or have available to them and remain eligible for a health care program.

Assets
Real and personal property owned wholly or in part by the client.

Authorized Representative
A person authorized to act on a client's behalf for any of the Minnesota Health Care Programs (MHCP). An authorized representative may be designated by the client and may exercise all the rights and responsibilities of a client.

Automated Renewal
A Medical Assistance for Families with Children and Adults or MinnesotaCare renewal for enrollees who have their eligibility redetermined using available information, such as information contained in the enrollee's case file and information received from trusted electronic data sources.

Basis of Eligibility
An identifying characteristic of a category of people specified as potentially eligible for Medical Assistance. Examples of characteristics include age, medical status or relationship to other household members.

Benefit Year
The calendar year in which coverage is provided by a health plan.

Caretaker Relative
A caretaker relative is a relative of a child (an individual under age 19) by blood, adoption or marriage with whom the child is living and who assumes primary responsibility for the child's care. The spouse of a caretaker relative is also considered a caretaker relative.

Center for Victims of Torture (CVT)
A Minnesota-based private, nonprofit, nonpartisan organization founded in 1985. CVT exists to heal the wounds of government-sponsored torture on individuals, their families, and communities and to stop its practice.

Certification Period
The time between regularly scheduled redeterminations of eligibility. The end of the certification period indicates when a renewal of eligibility is required.

Certified Application Counselors (CACs)
Certified Application Counselors are trained and certified to help people with MNsure questions. They do this as part of their jobs with organizations such as:

- Hospitals.
- Clinics.
- Associations.
- Other groups.

CACs are not insurance agents or brokers. They help people work through the process of applying and enrolling in the context of their daily job duties.

Cost Sharing Reduction (CSR)
A reduction in cost sharing (e.g. deductibles, coinsurance, copayments, or similar charges) for an eligible individual.

County of Financial Responsibility (CFR)
See Financial Responsible Agency (FRA).

County-Based Purchasing (CBP)
An option that allows counties to choose to assume the responsibility for purchasing health services for enrollees who are eligible for PMAP.

Data Hub
Interfaces with electronic data sources made available through the state or federal government to verify certain information provided by the consumer.

Disability Linkage Line
A phone line which provides free, statewide, information, referral and assistance service for people with disabilities or chronic illnesses, and their representatives.

eDocs
The web-based document repository tool that provides Minnesota Department of Human Services' stakeholders access to forms and documents in multiple languages.

Emancipated Minor
A person under the age of 18 who is or was married, is on active duty in the uniformed services, or has been declared emancipated by a court. In Minnesota, a person is an adult at age 18 and adults are considered "emancipated" from their parents.

Federal Poverty Guidelines (FPG)
See definition of Federal Poverty Level.

Federal Poverty Level (FPL)
The amount of income below which a household of a given size is considered impoverished. The federal government updates the FPL annually. Also known as Federal Poverty Guidelines (FPG).

Fee-For-Service
A method of payment for health services. The medical provider bills the insurer and is paid for specific individual services.

Financial Responsible Agency (FRA)
The county or agency responsible for paying the county share of Medicaid services. Also known as the County of Financial Responsibility (CFR).

Health Care Programs Manual (HCPM)
The manual that provides Medical Assistance eligibility policy requirements not found in the Insurance Affordability Programs Manual.

Health Plan
An organization contracting with the State to provide health services to enrollees covered by a Minnesota Health Care Program in exchange for a monthly capitation payment. A health plan may be a HMO or other defined group of medical providers. Also referred to as a managed care organization (MCO).

HealthQuest
An e-tool used by eligibility workers to submit program eligibility policy questions to DHS.

Home and Community-Based Services
Services not normally covered by MA which are covered under a waiver program, including case management, homemaker services, home health aide, personal care, adult day health treatment, habilitation, respite care, and day treatment for individuals with chronic mental illness. Also known as waivered services.

Household Composition
The people who are counted in a person's family or household size.

Household Income
Sum of a taxpayers modified adjusted gross income plus the aggregate modified adjusted gross income of all other individuals who are included in the taxpayers' household; and who are expected to be required to file a tax return for the taxable year.

Household Size
The number of people included in a health care household. This number is used to determine income and asset eligibility and premium amount, if applicable.

Immigrant
A person who leaves another country to settle permanently in the U.S.

Incarcerated Person
A person who resides in the following correctional facilities:

- City, county, state and federal correctional and detention facilities for adults. This includes inmates who are:
  - In a work release program that requires they return to the facility during non-work hours.
  - Admitted to an acute care medical hospital for medical treatment or to give birth, but required to return to the facility when treatment or convalescence is completed.
  - Sent by the court or penal institution to a chemical dependency residential treatment program while serving a sentence and are required to return to the correctional facility after completing treatment.
  - Secure juvenile facilities licensed by the Department of Corrections (DOC) that are for holding, evaluation, and detention purposes.
  - State-owned and operated juvenile correctional facility.
- Publicly-owned and operated juvenile residential treatment and group foster care facilities licensed by the DOC with more than 25 non-secure beds.

Income Standards
The federal poverty guideline limits used to determine a person's eligibility for the Insurance Affordability Programs.

Inconsistent Information
Data or other information received that does not match the information provided by the client or other information on file.

Institution for Mental Diseases (IMD)
A facility for the treatment of mental diseases.

Insurance Affordability Programs (IAPs)
Programs that make insurance more affordable to individuals and families, including Medical Assistance, MinnesotaCare and Advanced Premium Tax Credit/Cost Sharing Reductions.

Insurance Affordability Programs Manual (IAPM)
The manual that provides eligibility policy requirements for the Insurance Affordability Programs: MA for Families with Children and Adults, MinnesotaCare and Advanced Premium Tax Credit/Cost Sharing Reduction.

Insurance Producer
See Agent/Broker.

Integrated Case
The integrated case is the container for the case evidence and product delivery cases associated with the application filer once eligibility has been determined for one or more applicants.

Lawfully Present Noncitizen
A noncitizen who is present in the United States in accordance with immigration laws, who has not violated the terms of his or her status.

Limited English Proficient (LEP) Individuals
Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type of service, benefit, or encounter.

Levels of Coverage
Term used to denote the level of coverage that is provided by a health plan. The four levels are:

- Bronze: the plan must cover 60% of expected costs for the average individual.
- Silver: the plan must cover 70% of expected costs for the average individual.
- Gold: the plan must cover 80% of expected costs for the average individual.
- Platinum: the plan must cover 90% of expected costs for the average individual.

LinkVet
A phone hotline for Minnesota veterans and their family members to find services and to ensure immediate crisis intervention.

Long-Term Care Facility (LTCF)
A place such as a skilled nursing facility, Intermediate Care Facility for the Developmentally Disabled (ICF/MR) or medical hospital in which the individual receives skilled nursing services. Group Residential Housing (GRH) and Housing with Services Establishments are not long-term care facilities.

Long-Term Care (LTC) Services
LTC services include skilled nursing facility (SNF) care, nursing facility care in an inpatient medical hospital or intermediate care facility (ICF, ICF/DD), or services covered by home and community-based waiver programs (CAC, CADI, DD, EW, and BI).

MAGI Income (Methodology)
The income methodology used to determine financial eligibility for MinnesotaCare and APTC. MAGI is based on adjusted gross income (AGI) with modifications.

MAGI-based Income (Methodology)
The income methodology used to determine financial eligibility for MA for parents, caretaker relatives, pregnant women, children and adults without children. MAGI-based is the MAGI income methodology with the following exceptions:

- Lump sum.
- Education scholarships, awards, or grants.
- American Indian/Alaskan Native excepted income.

MA for Employed Persons with Disabilities (MA-EPD)
Program which provides Medical Assistance coverage to certain employed disabled people who would not otherwise be eligible.

MA for Families with Children and Adults
The name for the group of people who have a Medical Assistance basis of eligibility of parent, pregnant woman, caretaker relative, child under 21, or adult without children.

MA for People who are Age 65 or Older, Blind or Disabled
The name for the group of people who have a Medical Assistance basis of eligibility of age 65 or older, or certified as blind or disabled by the Social Security Administration or the State Medical Review Team.

Managed Care
A health care delivery system under which enrollees receive most medical services through a health plan or network of providers which coordinates the services provided. DHS pays a fixed rate in advance for each enrollee.

Managed Care Organization (MCO)
An organization certified by the Minnesota Department of Health which agrees to provide all defined health care benefits to individuals in return for a capitated payment. MCOs are also referred to as Health Plans.

Medical Assistance (MA)
Medical Assistance is Minnesota's name for the federal Medicaid program. It provides health care coverage to children under the age of 21, parents or relative caretakers of dependent children, pregnant women, people who are age 65 or older and people who have a certified disability. It is one of the Insurance Affordability Programs.

Medicare
A federal health insurance program for people who are age 65 or older, disabled, blind, or have permanent kidney failure.

Medicare Saving Programs (MSP)
A collective term for the following MA programs: Qualified Medicare Beneficiary, Services Limited Medicare Beneficiary, Qualified Individual and Qualified Working Disabled Adult (QWD). The MSPs provide payment for some Medicare premiums and other costs.

MinnesotaCare (MCRE)
MinnesotaCare is a premium-based program that provides health care coverage to eligible people who are not eligible for Medical Assistance. It is one of the Insurance Affordability Programs.

Minnesota Health Care Programs (MHCP)
A group of health coverage programs available through the State of Minnesota to people who qualify including Medical Assistance (MA) and MinnesotaCare.

Minnesota Supplemental Aid (MSA)
A state-funded program that provides cash assistance to SSI recipients, blind people, people age 65 or older, and disabled people who are age 18 and older.

Minimum Essential Coverage (MEC)
Other health coverage such as government-sponsored programs and employer-sponsored plans.

MNsure
Minnesota's online health care marketplace where individuals, families and small businesses can shop for quality, affordable health coverage.

Modified Adjusted Gross Income (MAGI)
Income methodology that uses the Internal Revenue Service methodology, with some exceptions, to determine adjusted gross income.

Navigator
A person who or an organization that is certified by MNsure to help individuals and families achieve successful enrollments into health plans through the MNsure marketplace.

Noncitizen
A person present in the United States who has not attained U.S. citizenship by birth or naturalization.

Nonimmigrant
A noncitizen who seeks temporary entry to the United States for a specific purpose. The person must have a permanent residence abroad (for most classes of admission) and qualify for the non-immigrant classification sought.

Non-Tax Filer
A person who does not expect to file taxes.

ONEsource
An online resource for workers who administer eligibility for the Insurance Affordability Programs (IAPs). It provides a one-stop-shop for finding IAPs eligibility policy, procedures, and system instructions.

Premium
An amount paid, usually monthly, for a contract of insurance.

Pre-populated Renewal
A Medical Assistance for Families with Children and Adults or MinnesotaCare renewal for enrollees who's eligibility could not be auto-renewed. The system generates a Renewal Form that is pre-populated with available household information and sends it to the enrollee. The enrollee must complete, sign and return the form.

Product Delivery Case
The product delivery case delivers benefits to the individuals who are eligible for a specific program, i.e. Medical Assistance, MinnesotaCare, APTC, within the Integrated Case.

Qualified Health Plan (QHP)
Certified health insurance coverage provided by a licensed health insurance issuer that is purchased by eligible individuals or small group employers through the MNsure marketplace.

Qualified Individual (QI)
A Medicare Savings Program which pays for the Medicare Part B premium.

Qualified Medicare Beneficiary (QMB)
A Medicare Savings Program which pays for some Medicare expenses including premiums, co-payments and deductibles.

Qualified Working Disabled Adult (QWD)
A person eligible for payment of the Medicare Part A premium. The person cannot receive Medical Assistance or Qualified Medicare Beneficiary benefits.

Reasonable Compatibility
A standard set by the State that defines the allowable amount or quantity of difference between an individual's attestation and information obtained from electronic data source(s).

Reconsideration Period
The period of time in which a late renewal can be processed without requiring a new application. The period is the first day of the renewal month through the last day of the month three months after the renewal month.

Renewal
The process to determine a household's continued eligibility for the Minnesota Health Care Programs (MHCP).

Renewal Cutoff
The date the new eligibility system triggers a message to MMIS that closes Medical Assistance for Families with Children and Adults or MinnesotaCare coverage effective the end of the current month. The renewal closing notice is sent by this day to inform the enrollee of their coverage closing. This date is on or before 10 calendar days from the end of the month.

Renewal Month
The first month following the end of the current certification period. It is the month for which eligibility is being renewed and the first month of the new certification period.

Retroactive Coverage
Medical Assistance coverage that is requested and provided for up to three months prior to the month of application.

Seasonal Income
Income that is regularly received for only part of the year.

Senior Linkage Line
A phone line which provides free, statewide, comprehensive information and assistance services for people age 65 and over.

Self-Attestation
A verbal or written statement provided by an individual, which affirmatively states what that individual believes to be true.

Self-Employment
Employment in which people generally work for themselves rather than an employer and are responsible for their own work schedule. Self-employed people must file specific schedules as part of their federal tax returns.

Services Limited Medicare Beneficiary (SLMB)
A Medicare Savings Program that pays for the Medicare Part B premium.

Silver-Level Coverage
See Level of Coverage.

Special Enrollment Period
Period of time, granted by MNsure under special circumstances, in which an individual may apply or change QHPs outside of open enrollment.

Sponsor
For purposes of Minnesota Health Care Program eligibility, a sponsor is a U.S. citizen or lawful permanent resident (LPR) who signs a USCIS form I-864, Affidavit of Support, on behalf of a noncitizen as a condition of the noncitizen's entry into the U.S.

Sponsor Income
The income of the sponsor and his or her spouse if applicable.

State Medical Review Team (SMRT)
A unit at DHS that determines disability in consultation with medical professionals appointed by the commissioner.

Tax Dependent
A person for whom the tax payer expects to claim an exemption as a dependent on the federal 1040 tax return.

Tax-Filer
An individual, or a married couple, who indicates that he, she or they expect to do one of the following:

- File an income tax return for the benefit year.
- File a joint tax return for the benefit year.
- That no other taxpayer will be able to claim him, her or them as a tax dependent for the benefit year.

They expect to claim a personal exemption deduction on his or her tax return for one or more applicants.

Taxable Income
Income subject to taxation.

Tax Equity and Fiscal Responsibility Act (TEFRA)
Tax Equity and Fiscal Responsibility Act. An MA option that provides eligibility to some disabled children who live with their families.

Third Party Liability
The obligation of a person or organization other than MA or MinnesotaCare to pay for a person's medical expenses. Examples of TPL include group or private health insurance, auto insurance, worker's compensation, and personal liability insurance.

TRICARE
A Department of Defense health insurance program providing coverage to active-duty and non-active duty members of the armed forces and their dependents, and certain civilian employees. This program was formerly known as CHAMPUS.

Undocumented
Term referring to people living in the U.S. without the knowledge or approval of the U.S. Citizenship and Immigration Services (USCIS).

U.S. Citizen
A person (other than the child of a foreign diplomat) born in one of the several States or in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands who has not renounced or otherwise lost his or her citizenship; or a person born outside of the United States to at least one U.S. citizen parent (sometimes referred to as a "derivative citizen''); or a naturalized U.S. citizen.

U.S. National
A person born in American Samoa or Swains Island who does not derive U.S. citizenship from a parent or acquire it from a spouse. U.S. nationals are considered U.S. citizens for purposes of Social Security and for the citizenship documentation requirement under the federal Deficit Reduction Act (DRA) of 2005.

Verification
The process and evidence used to establish accuracy or completeness of information from a client, third party, or authorized representative. Verification is also referred to as proof or documentation.

Virtual Instructor-Led Training (VILT)
An online, interactive training which is led by an instructor.

Wages
Money received in exchange for work or service.

Web-Based Training (WBT)
A training course delivered via the internet.

Webinar
An online, informational session with limited interaction.