

Module I

Training Materials

Glossary

Ambulatory Medicaid Services - include all outpatient Medicaid-covered services (see page 9). These are available to pregnant women whose income does not exceed 100% of the federal poverty levels.

Ambulatory Prenatal Care - includes all outpatient Medicaid services necessary to promote a healthy birth outcome. These are available to pregnant women whose income falls between 100% and 200% of the federal poverty level.

Expanded Eligibility - provides Medicaid coverage (full or partial) to pregnant women and infants with income in excess of current Medicaid standards, but less than or equal to 200% of the federal poverty level. Expanded eligibility is determined by local social services districts.

Facilitated Enroller – there are enrollers in your community who can help the family to fill out the application, collect the necessary documents, and select a health plan. In many cases, assistance is available during evenings and weekends. To learn the nearest location where application assistance is available, please call 1-800-698-4543.

Family Income - includes the income of the pregnant woman, any legally responsible relatives, and any legally dependent relatives with whom she resides. Please note that the income of her parents is not counted in determining the eligibility of a pregnant woman under 21.

Family Planning Benefit Program – Medicaid coverage for two years with recertification for men and women with net income \leq 200% FPL. Services provided by Medicaid-enrolled physicians, licensed midwives, pharmacies, and Article 28 clinics.

Family Planning Extension Program – eligibility for family planning services for women who were covered by Medicaid during pregnancy, limited to 26 months after end date of pregnancy.

Gross Income - income from all sources before any disregards, deductions, or exemptions have been made.

Medically Needy Standards or Levels - Medicaid-only income and resource exemption standards, which are usually revised annually in January.

Perinatal Care - includes all Medicaid services necessary to promote a healthy birth outcome from the determination of pregnancy through the postpartum period.

Postpartum Period - The postpartum period extension of Medicaid eligibility begins the day the pregnancy ends and continues until the last day of the calendar month in which the 60th day occurs. The woman is entitled to this coverage even if the pregnancy ends in miscarriage or abortion.

Presumptive Eligibility - is a means of immediately determining Medicaid eligibility for pregnant women. Under this determination process, qualified providers perform a brief assessment of a pregnant woman's financial status and, based upon guidelines established by the State Department of Health, determine whether the woman is financially eligible for Ambulatory Medicaid Services or Ambulatory Prenatal Care.

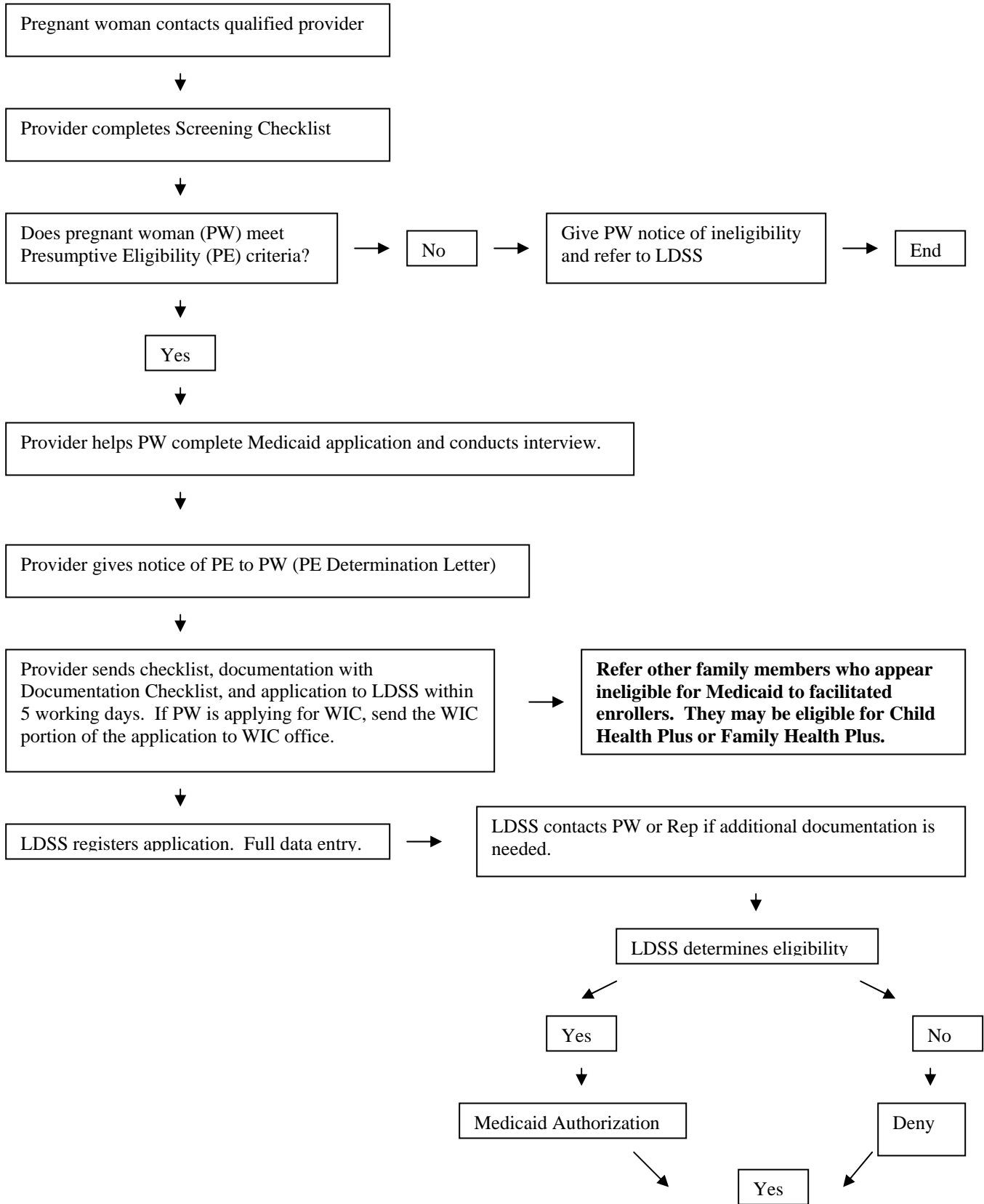
Qualified Provider - Providers must be designated by the New York State Department of Health as qualified to determine presumptive eligibility. They may be a Prenatal Care Assistance Program, Local Department of Health or Public Nursing Service, or an Article 28 facility (hospital or diagnostic and treatment center) or Certified Home Health Agency (CHHA).

Resources - property of all kinds, including real and personal property, both tangible and intangible.

Medicaid Eligibility Acronym List

CIN	Client Identification Number
EDC	Expected Date of Confinement
EMEVS	Electronic Medicaid Eligibility Verification System
FE	Facilitated Enroller
FHPlus	Family Health Plus
FPBP	Family Planning Benefit Program
FPEP	Family Planning Extension Program
LDSS	Local Department of Social Services
PE	Presumptive Eligibility
PW	Pregnant Woman
SSI	Supplemental Security Income
TA	Temporary Assistance
WIC	Special Supplemental Food Program for Women, Infants and Children

Overview of Process



Matching Exercise

1. Presumptive Eligibility	___ Income of the Pregnant Woman, any legally responsible relatives and legally dependant relatives who live with her (except parents of PW under 21)
2. Postpartum Period	___ Medicaid coverage to pregnant women and infants with income < Medicaid levels but > 200% FPL; determined by LDSS
3. LDSS	___ Client Identification Number
4. Family Income	___ Means of immediately determining Medicaid eligibility for pregnant woman; ambulatory coverage only
5. CIN	___ Family Planning Expansion Program
6. Expanded Eligibility	___ Extension of Medicaid eligibility which begins the day pregnancy ends through the last day of the calendar month in which the 60th day occurs
7. Perinatal Care	___ Women, Infants and Children program
8. FPEP	___ Local Department of Social Services
9. WIC	___ All Medicaid services necessary for health birth outcome; available to those with incomes between 100-200% FPL