

# DEFINITIONS AND ACRONYMS

## A-200 DEFINITIONS AND USE OF TERMS

**Absent Parent** - a child's parent who is not residing in the home with the child, also known as a non-custodial parent.

**Actual Income Budgeting** - actual income amounts are used for calculating benefits when a full month has passed and an eligibility determination is made for prior medical months.

**Adequate Notice** - a written notice which includes a statement of what action(s) will be taken, the reason for the intended action(s), and the specific manual reference(s) that supports the change, the right to a fair hearing and any change in federal or state law that requires the action(s).

**Advance Notice** - adequate written notice which must be mailed at least 13 days before taking an action that would adversely affect eligibility of an ongoing or open case.

**Advance Premium** - Tax Credit (APTC) - payment of the tax credits which are provided on an advance basis to an eligible individual enrolled in a Qualified Health Plan (QHP) through an exchange in accordance with the Affordable Care Act.

**Adverse Action** - any action resulting in reduction or termination of benefits. Denied cases do not require adverse action.

**Affordable Care Act (ACA)** - the Patient Protection and Affordable Care Act of 2010 - reforms that improve access to affordable health coverage for everyone and protect consumers from abusive insurance company practices. The law allows all Americans to make health insurance choices that work for them while guaranteeing access to care for our most vulnerable and provides new ways to bring down costs and improve quality of care.

**Affordable Insurance Exchanges** - this term refers to any state, regional, subsidiary, or federal exchange or marketplace. See Exchange for additional information.

**Annual Open Enrollment Period** - the period each year during which a qualified individual may enroll or change coverage in a Qualified Health Plan (QHP) through the exchange.

**Annualize** - the process of averaging income over a 12-month period.

**Annuity** - a fixed sum of money payable yearly or at other regular intervals.

**Appeal** - an applicant/customer request for a fair hearing concerning an action to reduce, deny or terminate eligibility.

**Applicant** - an individual who is seeking a medical eligibility determination for himself or herself through an application submission or a transfer from another agency or insurance affordability program.

**Application** - the formal request in writing, by phone or electronically, as determined by regulation to apply for medical assistance.

**Application Date** - the date a properly signed application is received.

**Assets** - all items owned by an individual that have a monetary value.

**Assignment** - the legal transfer of an individual's rights to benefits to the Nevada Division of Welfare and Supportive Services. This includes child/spousal and third-party liability (TPL).

**Assistance Unit** - a group of individuals whose income, resources and needs are considered as a unit for the purpose of determining eligibility.

Tax-filer - Rules associated to the household that determine the assistance unit members based on tax filing status of the members.

Non-Filer - Rules associated to the household that determine the assistance unit members based on relationship.

**Authorized Representative (AR)** – a person or organization acting responsibly for a customer in the various aspects of the application and redetermination process.

**Bendex (Beneficiary Data Exchange)** - a computer match from Social Security Administration (SSA) giving Social Security and Medicare information on DWSS customers.

**Beneficiary** - an individual who has been determined eligible and is currently receiving Medicaid.

**Benefit Month** - any month for which eligibility has been determined.

**Budget (Income) Month** - the calendar month from which income and household composition are used to determine eligibility.

**Budgeting** - a procedure used to determine eligibility based on a calculation of income and circumstances which exists, or are expected to exist, in the month benefits are authorized.

**Capital Gain** - financial profit from the sale or transfer of capital assets.

**Caretaker Relative** - relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care and who is one of the following—

1. The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
2. The spouse of such parent or relative, even after the marriage is terminated by death or divorce.
3. Another relative of the child based on blood (including those of half-blood), adoption, or marriage; the domestic partner of the parent or other caretaker relative.

**Cash Surrender Value (CSV)** - the cash surrender value of an insurance policy or similar financial instrument.

**Child Support** - money that is:

1. Ordered by a court of competent jurisdiction on behalf of a minor child or
2. Paid by the non-custodial parent, including voluntary payments.

**Child Support Enforcement Program (CSEP)** - CSEP in Nevada is responsible for the administration and oversight of child support enforcement activity.

**Collateral Contact** - person with no vested interest who the case manager can contact to verify customer information.

**Common Law Marriage** - relationship in which the parties are free to marry, are living together, and hold out to the public that they are husband and wife. Nevada does not recognize common law marriage. Tribal marriages are legally recognized marriages.

**Confidential Address Program (CAP)** - Program administered through the Division of Child and Family Services that provides protection to victims of domestic violence who are referred by a domestic violence advocacy group.

**Continued Benefits** - continuing or restoring benefits to the level authorized immediately before the notice of adverse action pending the outcome of a hearing.

**Conversion** - A process completed to change a customer's eligibility from one category to another, e.g., SSI to State Institutional case.

**Cost of Living Adjustment (COLA)** - yearly increase in benefits received from programs such as Social Security, VA, and pension benefits.

**Cost Sharing** - any expenditure required by or on behalf of an enrollee with respect to essential health benefits; such term includes deductibles, coinsurance, copayments, or similar charges but excludes premiums, balance billing amounts for non-network providers, and spending for non-covered services.

**Custodial Parent (CST)** - parent who has physical and/or legal custody of child(ren).

**Dependent Child/Children** - a child or dependent child up to the age of 19. A dependent child is used in determining relationship and eligibility for the parent/caretaker group.

**Deputy Attorney General (DAG)** - the attorney representing the Division in legal matters.

**Derivative Citizenship** - United States citizenship that is claimed by a person born outside of the U.S. to one or both U.S. citizen parents.

**Diversion Payments** - financial assistance payments designed to meet an immediate emergency need and which prevents the family from requiring ongoing cash assistance in accordance with Nevada's or another state's policy provisions. In Nevada, this is the Self-Sufficiency Grant (SSG) Program.

**Division of Health Care Financing and Policy (DHCFP)** - Agency within the Department of Health and Human Services that is responsible for the administration of the Medicaid program.

**Division of Welfare and Supportive Services (DWSS)** - Agency within the Department of Health and Human Services that is responsible for determining eligibility for public assistance programs including Medicaid.

**Domestic Partners** - domestic partnership is not a marriage but rather a new type of civil contract that is recognized in Nevada. Domestic Partners are considered "spouses" and have the same rights, protections and benefits as are granted to and imposed upon spouses. The Nevada office of the Secretary of State shall issue a certificate of domestic partnership. Any reference to a certificate of marriage shall be deemed a reference to the registration of domestic partnership.

**Earned Income** - earned income encompasses income in cash or in-kind earned by an individual through the receipt of wages, salary, commissions, or profit from activities in which s/he is engaged as a self-employed individual or as an employee.

**Earned Income Tax Credits (EITC)** - payments from IRS to persons with tax dependents and gross monthly earnings at or below levels established by the IRS.

**Early Periodic Screening, Diagnosis, and Treatment (EPSDT)** - services offered through Medicaid Support Services for Medicaid eligible children. This program is known as the Healthy Kids Program.

**Electronic Account** - an electronic file that includes all information collected and generated by the State regarding each individual's Medicaid eligibility and enrollment, including all documentation.

**Eligibility Determination** - an approval or denial of eligibility including redetermination or termination of eligibility.

**Emancipated Minor** – a person who is:

- under age 18 who has been married and the marriage has not been annulled; or
- a child under age 18 that has been emancipated by a court decree.

**Equity** - the fair market value of an item minus all money owed on it and the cost associated with its sale or transfer.

**Exchange** - a governmental agency or non-profit entity that meets applicable standards and makes Qualified Health Plans (QHPs) available to qualified individuals and qualified employers. Unless otherwise identified, this term refers to state exchanges, regional exchanges, subsidiary exchanges, and a federally facilitated exchange.

**Fair Hearing** - a meeting conducted by a state hearing officer with any applicant or customer who disagrees with and wishes to appeal some action taken on their case.

**Fair Market Value (FMV)** - amount of money an item would bring if sold in the current local market.

**Family Preservation Program (FPP)** - administered by the Aging and Disability Services Division (ADSD); provides financial assistance to family members caring for their relatives with profound or severe developmental disabilities so that the family member can remain at home avoiding costly out of home placements.

**Family Size** - the number of persons counted as members of an individual's household. In the "case of determining the family size of a pregnant woman, the pregnant woman is counted as herself plus the number of infants she is expected to deliver.

**FAMIS (Family Assistance Management Information System)** - specific federal design requirements which must be included in all new automated systems.

**Federal Benefit Rate (FBR)** - the maximum dollar amount paid to an aged, blind, or disabled person who receives Social Security Disability benefits under SSI.

**Federal Poverty Level (FPL)** - the minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. The number is adjusted for inflation and reported annually in the form of poverty guidelines.

**Fluctuating Income** - income in which the amount varies because of an increase or decrease in hours worked, rate of pay, or inclusion of a bonus.

**Good Cause** - term used to indicate that a customer had an acceptable reason for not complying with a program requirement.

**Guardianship** – person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward.

**Home Based Waiver (HBW)** - a Medicaid program which provides non-medical services in the customer's home to help them maintain independence, as an alternative to nursing home placement.

**Household Income** - the sum of the MAGI-based income of all individuals in the assistance unit.

**Housing and Urban Development (HUD)** - Federal housing agency providing funds to assist needy families/elderly/disabled individuals with housing/shelter costs/mortgages (e.g., the family pays a percentage of the rent/mortgage based on income).

**Ineligible Non-Citizen** - a non-citizen living in the United States without proper approval from USCIS (United States Citizenship & Immigration Services).

**Immigrant** - a non-citizen who is abandoning their residence in a foreign country to live in the United States as a permanent or temporary legal resident.

**Inaccessible Resources** - resources not legally available to the customer.

**Incapacitated (INCAP)** - individuals temporarily unable, due to illness/injury, to make decisions, be in attendance at interview, or sign documents. Also applies to an individual determined to be incapacitated/disabled by a certified physician(s), Social Security Administration, Veteran's Administration, Vocational Rehabilitation, or any other agency utilizing Social Security criteria.

**Incompetent** - an individual who has been declared permanently or on a long-term basis to be incapable of making legally binding decisions due to physical/mental illness or injury. This term also applies to minor children unable to make legally binding decisions until they are an adult. Statements from certified physicians, social workers, vocational rehabilitation counselors, Social Security Administration, Veterans Administration, court orders, and observation are means of verifying incompetence.

**Individual Case Identifier (ICI) Number** - the additional state unique identification number assigned to each case.

**Individual Development Account (IDA)** - Federal funds that match the amount of earnings of low-income working individuals and families which are intended to improve the economic independence and stability of individuals and families and to promote and support the transition to economic self-sufficiency.

**Informational Memorandum (IM)** - Written document from an issuing chief providing guidance and/or clarification to field staff or other identified recipients regarding current policies and/or practices.

**In-kind Contribution** - any gain or benefit to a person which is not in the form of money payable directly to the customer, such as clothing, public housing, or food.

**Inquiry** - an application form which is not signed by the applicant or their authorized representative and/or legal guardian. This can also refer to a call from a customer or their representative regarding their case and/or benefits.

**Institution for Mental Disease (IMD)** - a hospital, nursing facility or other institution of more than 16 beds which is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Individuals are severely psychotic, emotionally ill, suicidal and a danger to themselves, others or property. In Nevada, IMDs are commonly referred to as "psychiatric hospitals."

**Institution of Higher Education** - usually requires a high school diploma or equivalency certificate such as GED to enter. (E.g., business, technical, trade, beauty, or vocational school, or enrolled in regular curriculum at a college or university that offers degree programs regardless of whether a high school diploma is required. This includes correspondence and off-campus home-study enrollment.)

**Insurance Affordability Program** - a program that is one of the following:

1. A State Medicaid program.
2. A State children's health insurance program (Nevada Check-Up).
3. A State basic health program established under the Affordable Care Act.

4. A program that makes coverage in a qualified health plan through the exchange with advance payments of the premium tax credit (APTC).
5. A program that makes available coverage in a qualified health plan through the exchange with cost-sharing reductions established under the Affordable Care Act.

**Intake** - the eligibility determination process for an application for medical assistance.

**Intentional Program Violation (IPV)** - Disqualification due to a purposeful or willful misstatement of information by a customer in order to receive more benefits to which they are not entitled.

**Investigations and Recovery (I&R)** - Unit responsible for investigations, recovery of overpayments and prosecution.

**JTPA** - (Changed to Workforce Investment Act of 1998) Job Training Partnership Act is a federal program offering job training.

**Katie Beckett** - a Medicaid eligible category for at-home medical care of disabled children who are ineligible for SSI due to income and/or resources of the parents.

**Legal Parents** - mother, by having given birth to the child, or by proof of adoption; father, by proof of adoption, legal document, court adjudication, or his declaration of paternity.

**Lump Sum Payment** - a financial settlement which often involves funds accumulated over an extended period of time.

**Managed Care Health Plans** - primary managed health care given through specified medical providers. Recipients must enroll in the health plans or receive regular Medicaid coverage.

**Managed Health Care Plans** - expanded health care services/choices for Medicaid recipients.

**Managing Conservator** - a person designated by a court to have daily legal responsibility for a child.

**Medicaid** – Federal and State-paid insurance for low-income eligible individuals, families, pregnant women and children.

**Medicaid Card** - an account card provided to approved Medicaid beneficiaries to use for allowable and necessary medical services.

**Medicaid Enrolled Health Plan (Primary Care Network/PCN)** - the Medicaid Enrolled Health Plan is an alternative to the regular Medicaid program. When a recipient enrolls, they may only use doctors at the health plan facility. The health plan does not limit necessary doctor visits and prescriptions.

**Medical Review Team (MRT)** - Medicaid staff involved in making a disability determination.

**Medical Support** - the non-custodial parent may be ordered to obtain health insurance for their children who receive Medicaid when it is available at a reasonable cost. Available at a reasonable cost is usually defined as being available through the employer. **Medicare** - medical "insurance" program administered by the Social Security Administration.

Medicare Part A - Hospital coverage. Individuals who paid Medicare taxes while working may receive this coverage for free.

Medicare Part B - Medical services coverage. Individuals pay a premium each month for Medicare Part B coverage.

Medicare Part D – Prescription drug coverage. Individuals pay a premium each month for this coverage.

**Minimum Essential Coverage** - The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, Nevada Check-Up, TRICARE and certain other coverage.

**Minor Child** - a person under 18 years old. Note: for individuals applying for themselves, an application can be signed and submitted by someone age 18 or older. However, if the individual is under the age of 19, they will be considered a child and placed in the children's (CH) coverage group.

**Minor Parent** - an individual who is under the age of 19, has never been married, and is pregnant or the natural parent of a dependent child.

**Modified Adjusted Gross Income (MAGI)** - a methodology for how income is counted and how household composition and family size are determined. MAGI used for public assistance programs is not the same as MAGI used on the IRS tax form. A review of allowable deductions between the IRS and public assistance programs will make the two dollar amounts different.

**Non-Applicant** - an individual who is not seeking an eligibility determination for themselves and is included in an applicant's or beneficiary's household to determine eligibility for such applicant or beneficiary.

**Non-Custodial Parent (NCP)** - parent absent from the home or the parent without physical custody.

**Notice of Decision (NOD)** - notice sent to advise the household of a case decision.

**Patient Liability (P/L)** - a recipient's share of medical costs while residing in a medical facility or receiving at-home care.

**Pending Case** - a case in which an application has been registered and an eligibility determination has not yet been made.

**Personal Needs Allowance (PNA)** - an amount of income institutionalized Medicaid recipients are allowed to keep to meet their own needs.

**Pickle** - a Medicaid coverage group-Public Law 94-566, Pickle Amendment.



**Policy Transmittal** – a memo issued by DWSS Administration containing new or revised policy information. The policy changes are effective with the issuance of the PT until the next manual update can be made.

**Post-Medical (PM)** - Medicaid coverage that is extended for four months after ineligibility for Medicaid is caused by receipt of spousal support.

**Postpartum Period** - begins the month after the pregnancy ends, extends 12-months, then ends on the last day of the month in which the 12-month period ends.

**Power of Attorney** - a written statement allowing one person to act for another person. A power of attorney may be authorized generally for the management of a special business or enterprise or more often specifically for the accomplishment of a particular transaction. There is no court involvement or supervision in the appointment. The statement does not have to be notarized.

Standard or Non-Durable Power of Attorney - automatically becomes null and void when the appointing individual becomes incompetent.

Durable Power of Attorney - continues in effect even when the appointing individual becomes incompetent.

The power of attorney document should clearly specify if it is a durable power of attorney.

**Prepaid Burial Insurance** - insurance that pays for a specific funeral arrangement. Also known as preneed plan or prepaid funeral agreement.

**Primary Care Network (PCN)** - Medicaid enrolled health plan provider.

**Prior Medical** - medical assistance available for 3 months prior to the current Medicaid application.

**Processing Time Limits** - number of days the case manager has to complete a particular action.

**Prudent Person Principle** - reasonable decision made by staff based on the best information available and common sense in a particular situation.

**Public Administrator (PA)** - a county official named guardian to handle an incompetent person's affairs.

**Public Laws (P.L.)** - Laws enacted by specific congressional acts.

**Qualified Health Plan (QHP)** - a health plan that has in effect a certification that meets the standards described, issued or recognized by the exchange.

**Qualified Non-Citizen Sponsor** - someone who signed or signs a legal affidavit or statement agreeing to support a non-citizen as a condition of their entry into the United States. This definition includes the sponsor's spouse who lives with them even if they were not married when the legal affidavit was signed.

**Quality Control (QC) (also known as PRE - Program Review and Evaluation)** - DWSS staff who conduct and complete federally-mandated reviews and report their findings to policy-setting officials and the federal government. This unit also participates in training activities and corrective action to ensure program integrity is maintained for the programs administered by the Nevada State Division of Welfare and Supportive Services.

**Questionable Information** - information that could be considered contradictory or incomplete.

**Railroad Retirement** - the Railroad Retirement Board (RRB) is an agency of the United States government administering a social insurance program providing retirement benefits to railroad workers. The RRB serves U.S. railroad workers and their families, and administers retirement, survivor, unemployment, and sickness benefits. Railroad workers do not pay money into Social Security, nor do they receive Social Security benefits. In connection with the retirement program, the RRB has administrative responsibilities for railroad workers' Medicare coverage.

**Real Property** - land and any improvements on it.

**Redetermination (RD)** - a review or redetermination of Medicaid eligibility which is required annually.

**Reinstatement** - term used regarding the process of reinstating cases that were denied/terminated.

**Residential Treatment Centers (RTC)** - specialize in treating children with conduct, personality and emotional disorders, depression, hyperactivity, academic failure, and/or mild learning disabilities. In some situations, Medicaid can help pay for detox, addiction medications and inpatient treatment centers.

**Resources** - assets, both real and personal, which an individual owns and can, apply, either directly or by sale, to meet basic needs of food, clothing, shelter and medical costs.

**Retirement, Survivor, Disability Insurance (Title II) (RSDI)** - benefits administered by the Social Security Administration based on funds paid into the Social Security system. Benefits administered under Title II are not based on need.

**Review** - an optional case evaluative review by the case manager, supervisor, manager or investigations, based on reported/unreported changes, other customer circumstances, a future action date for updating purposes, etc.

**Rights and Responsibilities** - Instructions to the customer about their rights and responsibilities and associated penalties. These instructions are located on the application form/addendum.

**Royalty** - a payment to an individual for permitting another to use or market his property (such as mineral rights, patents, or copyrights).

**Seamless Case** - a case consisting of more than one program.

**Self-employment Income** - earned or unearned income available from one's own business, trade, or profession rather than from an employer.

**Sibling** - each of two or more children or offspring having one of both parents in common, through blood relationship or adoption.

**Special Enrollment Period** - a period during which a qualified individual or enrollee who experiences certain qualifying events may enroll in, or change enrollment in, a Qualified Health Plan (QHP) through the exchange outside of the initial and annual open enrollment periods.

**Spousal Support** - alimony or maintenance support for a spouse or former spouse.

**State Data Exchange (SDX)** - SSI information received from Social Security.

**State Online Query (SOLQ)** - a real-time online access to SSA's Social Security Number (SSN) verification service and retrieval of Title II and/or Title XVI data. SOLQ enables Nevada to rapidly obtain information needed to qualify individuals for programs.

**State Supplementary Payment (SSP)** - funds paid in addition to the federal SSI payment. SSP amounts differ from state to state.

**State Wage Information Collection Agency (SWICA)** - unemployment compensation and/or quarterly wage reporting; this data has been determined to be effective and timely in providing employment related income and eligibility data.

**Supplemental Security Income (SSI)** - a needs-based benefit administered by the Social Security Administration providing monthly income to certain aged, blind, and disabled individuals.

**Tax Dependent** - has the same meaning as the term “dependent”, an individual for whom another individual claims a deduction for a personal exemption under section 151 of the Internal Revenue Code for a taxable year.

**Term Life Insurance** - life insurance with no cash or loan value.

**Terminated** - terminology used for stopping benefits.

**Termination Month** - the last month in which DWSS issued a Medicaid benefit.

**Third-Party** - person or organization outside of the household.

**Third-Party Liability (TPL)** - a source of payment for medical expenses other than the recipient or DWSS.

**Transitional Medicaid (TM)** - Medicaid insurance coverage extended for a maximum of 12 months after termination of certain Medicaid cases because of new or increased earnings.

**Tribal Marriage** - marriages conducted under the provisions of the laws established by each Tribe. These marriages are legally recognized in Nevada.

**Trust** - property held by one person for the benefit of another. All trusts are sent to the Chief of Eligibility and Payments for evaluation.

**Unearned Income** - income received without performing work-related activities, including benefits from other programs.

**Universal Life** - life insurance which may or may not have a cash surrender value.

**Unusual Medical Expense (UME)** - The VA considers unusual medical expenses when determining some needs-based pension and compensation payments. Unusual medical expenses may include expenses of the veteran or surviving spouse and any dependents of that individual. Unusual medical expenses may result in a lump sum payment, an increase in the ongoing VA pension or compensation payment, or both.

**Vendor Payments** - payment made directly to the customer's creditor or person providing the service by a person or organization outside the household.

**Veteran's Administration (VA)** - the entity that administers veteran's benefits.

**Whole Life Insurance** — life insurance policy that has a cash surrender value. Loans may be taken out against whole life policies.

**Withdrawal** - a voluntary written retraction of an application.

**A-210      ACRONYMS**

**A&A**      Aid and Attendance

**AAU**      Administrative Adjudications Unit

**ACA**      Affordable Care Act

**ADSD**      Aging and Disability Services Division

**AGCF**      Adult Group Care Facility - Aid codes GC & HG

**AMPS**      Application Modernization & Productivity Services

**APTC**      Advance Payments of the Premium Tax Credit

**AR**      Authorized Representative

**AU**      Assistance Unit

**BE**      Best Estimate

**Bendex**      Beneficiary Data Exchange

**BDA**      Bureau of Disability Adjudication - Rehabilitation Division

**BIA**      Bureau of Indian Affairs

<b>CAP</b>	Confidential address program
<b>CCS</b>	Crippled Children's Services
<b>CHRT</b>	Centralized Hearing Representative Team
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>COBRA</b>	Consolidated Omnibus Budget Reconciliation Act of 1985
<b>COLA</b>	Cost of Living Adjustment
<b>CSEP</b>	Child Support Enforcement Program
<b>CST</b>	Custodial Parent
<b>CSV</b>	Cash Surrender Value
<b>CWS</b>	Child Welfare Services
<b>DAG</b>	Deputy Attorney General
<b>DCFS</b>	Division of Child and Family Services
<b>DETR</b>	Department of Employment, Training and Rehabilitation
<b>DHCFP</b>	Division of Health Care Financing and Policy
<b>DHHS</b>	Department of Health and Human Services
<b>DHRM</b>	Division of Human Resource Management – State of Nevada
<b>DIC</b>	Dependency and Indemnity Compensation
<b>DWSS</b>	Division of Welfare and Supportive Services
<b>E&amp;P</b>	Eligibility and Payments
<b>E&amp;T</b>	Employment and Training Program
<b>EAP</b>	Energy Assistance Program
<b>EITC</b>	Earned Income Tax Credits
<b>EITS</b>	Enterprise Information Technology Services

<b>EM</b>	Emergency Medical Assistance
<b>EOB</b>	Explanation of Benefits
<b>EPSDT</b>	Early Periodic Screening, Diagnosis, and Treatment
<b>ESI</b>	Employer Subsidized Insurance
<b>FA</b>	Future Action
<b>FAMIS</b>	Family Assistance Management Information System
<b>FBR</b>	Federal Benefit Rate
<b>FEMA</b>	Federal Emergency Management Agency
<b>FFS</b>	Fee-for-Service
<b>FMV</b>	Fair Market Value
<b>FPL</b>	Federal Poverty Level
<b>FPP</b>	Family Preservation Program
<b>FSS</b>	Family Services Specialist
<b>GA</b>	General Assistance
<b>HB</b>	Housebound
<b>HCBW</b>	Home and Community Based Waiver
<b>HHS</b>	Health and Human Services (federal)
<b>HOH</b>	Head of Household
<b>HUD</b>	Housing and Urban Development
<b>I&amp;R</b>	Investigations and Recovery
<b>ICF</b>	Intermediate Care Facility
<b>ICF/IID</b>	Intermediate care facility for individuals with intellectual disabilities.
<b>ICI</b>	Individual Case Identifier Number
<b>IDA</b>	Individual Development Account
<b>IGA</b>	Indian General Assistance

<b>IM</b>	Informational Memorandum
<b>IMD</b>	Institution for Mental Disease
<b>INCAP</b>	Incapacitated
<b>IPV</b>	Intentional Program Violation
<b>IRS</b>	Internal Revenue Service
<b>IRWE</b>	Income-related work expense
<b>JTPA</b>	(Changed to Workforce Investment Act of 1998) Job Training Partnership Act
<b>MAABD</b>	Medical Assistance to the Aged, Blind and Disabled
<b>MAGI</b>	Modified Adjusted Gross Income
<b>MCB</b>	Medicaid Breast and Cervical Cancer Program
<b>MCO</b>	Managed Care Organization
<b>MER</b>	Medicaid Estate Recovery
<b>MMIS</b>	Medicaid Management Information System
<b>MRT</b>	Medical Review Team
<b>MSP</b>	Medicare Savings Program
<b>NCP</b>	Non-Custodial Parent
<b>NCU</b>	Nevada Check Up
<b>NF</b>	Nursing Facility
<b>NMO</b>	Nevada Medicaid Office - Location: DHCFP
<b>NOD</b>	Notice of Decision
<b>NOMADS</b>	Nevada Operations of Multi-Automated Data Systems
<b>OBRA</b>	Omnibus Budget Reconciliation Act of '86; '87; '89 and '90
<b>P&amp;P</b>	Policy and Procedures
<b>PA</b>	Public Administrator
<b>PAR</b>	Payment Authorization Request

<b>PCN</b>	Primary Care Network
<b>PIN</b>	Personal Identification Number
<b>PL</b>	Patient Liability
<b>P.L.</b>	Public Law
<b>PM</b>	Post-Medical
<b>PNA</b>	Personal Needs Allowance
<b>PRE</b>	Program Review and Evaluation (also known as QC)
<b>PRO</b>	Medicaid's Peer Review Organization
<b>PRWORA</b>	Personal Responsibility and Work Opportunity Reconciliation Act of 1996
<b>PT</b>	Policy Transmittal
<b>QC</b>	Quality Control (also known as PRE)
<b>QDWI</b>	Qualified Disabled Working Individual
<b>QHP</b>	Qualified Health Plan
<b>QMB</b>	Qualified Medicare Beneficiaries
<b>RD</b>	Redetermination
<b>RRB</b>	Railroad Retirement Board
<b>RSDI</b>	Retirement, Survivors, Disability Insurance (Title II)
<b>RTC</b>	Residential Treatment Center
<b>SAVE</b>	Systematic Alien Verification for Entitlements
<b>SCHIP</b>	State Children's Health Insurance Program
<b>SDX</b>	State Data Exchange
<b>SGA</b>	Substantial Gainful Activity
<b>SLMB</b>	Special Low-Income Medicare Beneficiary
<b>SNAP</b>	Supplemental Nutrition Assistance Program



<b>SNF</b>	Skilled Nursing Facility
<b>SOLQ</b>	State Online Query
<b>SSA</b>	Social Security Administration
<b>SSHIX</b>	Silver State Health Insurance Exchange
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>SSP</b>	State Supplementary Payment
<b>SWICA</b>	State Wage Information Collection Agency
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TITLE XIX</b>	Also known as Medicaid
<b>TM</b>	Transitional Medicaid
<b>TPL</b>	Third-Party Liability
<b>TR</b>	Treasury Report
<b>UME</b>	Unusual Medical Expense
<b>UPI</b>	Unique Person Identifier
<b>UR</b>	Utilization Review
<b>USCIS</b>	United States Citizenship & Immigration Service
<b>UTL</b>	Unable to Locate
<b>VA</b>	Veteran's Administration