Medicaid Toolkit:
Glossary

ALLIES FOR CHILDREN

Medicaid Toolkit: Part 1
What is Medicaid?

CHIP (Children's Health Insurance Program):
A joint federal and state, low-cost health insurance program for children. CHIP offers plans with low-deductibles and co-pays for low-income families or families without health insurance. It covers vision, dental, and immunization services, as well as yearly check-ups. CHIP costs vary based on family income. Through Medicaid, CHIP is offered to low-income families for free.

HR1 (One Big Beautiful Bill Act):
Passed in July of 2025, this is a significant federal law that changed the structure and eligibility requirements of Medicaid (including adding stricter job requirements, new age restrictions, and renewals every 6 months instead of every year), cut subsidy funding for the Affordable Care Act to make it more costly for most Americans, amongst many other changes. Due to this Act, millions of Americans could lose the health services they previously had via Medicaid, CHIP, and ACA based health insurance, especially in vulnerable populations such as children, pregnant women, and people with disabilities. HR 1 will cut Medicaid by more than $1 trillion over a 10 year period, which is the largest cut to the program in its history.

Medicaid Expansion:
This qualifies individuals for Medicaid based on income alone, regardless of other standard qualifying factors or household size. Medicaid Expansion uses the federal poverty income guidelines to determine who qualifies for coverage, which generally includes eligible adults ages 21 to 64 in Pennsylvania with incomes up to 138% of the federal poverty level who are not pregnant and not eligible for Medicare. States who opt into Medicaid Expansion make it easier to get Medicaid coverage for most individuals. Pennsylvania expanded its Medicaid in 2015.

MAGI:
Modified Adjusted Gross Income (MAGI). This is the federal income guideline to assess what low-income individuals or families qualify for Medicaid. MAGI qualified individuals include children, pregnant women, adults under 65 or families, and is based on the household income of that family group. In example, a low-income family that has a household income 133% at or below the Federal Poverty Level (rather than basing eligibility on individual assets) qualifies. This income threshold is higher for pregnant women and children. Any individual or family that reaches the MAGI guidelines and FPL designation qualifies for Medicaid services, which can include free health insurance.

Non-MAGI:
This is any person that qualifies for Medicaid due or factors outside of income, usually based on significant health needs and specific circumstances. In example, children and adults with disabilities- as designated by the SSI qualifications - receive Medicaid benefits regardless of their income until age 18. Older adults also qualify for Medicaid through this category.

PH-95:
Is a Medicaid category, designating that children under the age of 18 who reach the social security disability guideline can receive Medicaid benefits regardless of family income (though a youth's individual income is counted). The qualification includes a physical, developmental, mental health, or intellectual disability. Once designated under PH-95, these children can then receive special home and school based services via an Individualized Education Plan (IEP) that are paid for by Medicaid through the Individuals with Disabilities Education Act (IDEA).

Medicaid Toolkit: Part 2
Medicaid for Vulnerable Populations and Behavioral Health

EPSDT:
The Early and Periodic Screening, Diagnostic, and Treatment benefit is a mandated Medicaid benefit for any individual that qualifies for Medicaid up to age 21. It ensures that children under Medicaid receive the preventive health, dental, and mental health services and care necessary for their healthy development. Services are determined through regular screenings and health check-ups identified for each child. The screenings and services needed are individualized per child's specific needs. Once needed services are identified, LEAs, community, and home services can be covered to ensure the child receives the proper care laid out, including within any IFSP, or IEP for that child.

IDEA:
Individuals with Disabilities Education Act. Created in 1975, this act guarantees the right for infants and children with disabilities to get services they need via public funding. It also guarantees early intervention services and free and public education for children age 21 and younger with disabilities. Under IDEA, Medicaid funds the needed equipment, personnel, and special education plans (called IEPs) that children with disabilities need to learn alongside other children who may not have disabilities.

IDEA Part C:
Is set aside funding for early childhood intervention services. This funding is used to assist infants and children up to age 3 with disabilities or developmental delays with the hopes of addressing those delays early to quell more needed interventions later on. Special service plans created under IDEA Part C are called Individual Family Service Plans, or IFSPs.

IFSP:
An Individualized Family Service Plan. This is a specialized plan mapping out early intervention services for infants and children with disabilities and/or developmental delays up to age 3. These plans are family-centered, and focus interventions at places in the family's natural environment (home and childcare settings). The service plans aim to address developmental delays early to reduce specialized services as the child develops.

FAPE:
Free and Appropriate Public Education. This is a special guarantee outlined in the IDEA, guaranteeing that a child has the right to a public education regardless of their developmental delays or disabilities. FAPE gives the legal right for children with disabilities to get the services and support they need to thrive in any public school setting.

IDEA Part B:
Is the funding stream used for children with disabilities ages 3-21 to get a free and appropriate public education, as outlined by FAPE. It funds and guarantees the needed services in school to meet a child's Individualized Education Plans (IEPs).

IEP:
Individualized Education Plans. These plans are given to children ages 3-21 with disabilities with the aim to support them in public school settings, giving what they need to be their best in school. IEPs lay out the personnel, transportation, and other services a school or LEA must provide for a child with disabilities to learn and grow within the school setting. Medicaid dollars are used to pay for the services and personnel outlined within the IEP.

MHPAEA (Mental Health Parity and Education Equity Act):
Passed in 2008, mental health services like therapy, substance use disorder services and counseling must be covered with the same protections that physical ailments will receive. This means that copayments, copays and deductibles for mental health are similarly priced to those of physical health needs. Likewise, the MHPAEA makes sure that medical need designations, referral authorizations, and quantitative visit limits for mental health and substance use services are on par with those of any physical ailments.

Medicaid Toolkit: Part 3
Public Health Insurance for Families and Changes Under HR 1

ACA Marketplace:
Created after the enactment of the Affordable Care Act, the "Marketplace" is an online platform that allows individuals to look at different healthcare plans, and compare costs, services, and insurance companies that are available to them through public insurance, making it easier for individuals and families using public insurance to make an informed decision on what plan they can afford based on their specific needs.

Pennie:
This is the specific insurance Marketplace for Pennsylvania. It offers plans specific to the insurers, facilities, and doctors available in PA. Individuals can compare health insurance plans, and see a more accurate cost per month based on the subsidies available in Pennsylvania.

Enhanced Premium Tax Credits (ePTC):
These are subsidies specific to ACA based insurance plans that make the plans more affordable. The ePTCs available to an individual or family is based on family income and other factors, and can greatly assist those with low incomes to afford insurance. These subsidies differ from state to state, and depending on the legislation at the time. After COVID, Premium Tax Credits greatly reduced the monthly costs of public insurance plans for most people; HR-1 recently eliminated those Premium Tax Credits, which significantly raised the cost of public insurance for most people.

Medicare:
The federally-funded health insurance program for people over 65 and some disabled people, sometimes confused with Medicaid.