

Glossary

AABD (Aid to the Aged, Blind, and Disabled) – A Medicaid eligibility category for individuals age 65 or older, or individuals determined to be disabled by the Social Security Administration.

ABE Application: Refers to the Illinois online application for Medicaid, SNAP, MSP, and AABD Cash benefits. Can be accessed at abe.illinois.gov

ACA Medicaid (Affordable Care Act Medicaid) – The Medicaid Expansion eligibility group established under the Affordable Care Act, covering adults ages 19–64 who do not qualify for another Medicaid eligibility category.

D-SNP (Dual Eligible Special Needs Plan) – A type of Medicare Advantage plan designed specifically for individuals who are enrolled in both Medicare and Medicaid.

Dual Eligible / Dual Eligibility / Dual – Terms referring to a person who is enrolled in both Medicare and Medicaid.

Extra Help – A federal program that helps pay Medicare Part D premium and prescription drug costs.

FFS (Fee-for-Service) – A payment model in which the state Medicaid agency pays providers directly for each service delivered, rather than through a Managed Care Organization.

FIDE (Fully Integrated Dual Eligible) – A type of Dual Eligible Special Needs Plan that integrates Medicare and Medicaid benefits, financing, and care coordination. All Illinois D-SNPs are FIDE SNPs.

FPL (Federal Poverty Level) – A federal income guideline used to determine eligibility for many public assistance programs, including Medicaid and Medicare Savings Programs.

HCBS (Home and Community-Based Services) – Long-term services and supports provided in a person's home or community rather than in an institutional setting.

HFS (Health and Family Services) – Refers to the Illinois Department of Healthcare and Family Services, the state agency that administers Illinois Medicaid.

LINET (Low Income Newly Eligible Transition Program) – A Medicare program that provides immediate prescription drug coverage for Medicare beneficiaries who qualify for Medicaid or Extra Help but are not yet enrolled in a Part D plan.

MLTSS (Managed Long-Term Services and Supports) – Medicaid health plans that cover Long Term Services and Supports (LTSS) who are *not* enrolled in a D-SNP. MLTSS plans only cover LTSS, some behavioral health, and some transportation.

MSP (Medicare Savings Program) – A group of Medicaid programs that help pay certain Medicare Part A and Part B costs for individuals with limited income.

QI (Qualified Individual) – A Medicare Savings Program that pays Medicare Part B premiums for eligible beneficiaries.

QMB (Qualified Medicare Beneficiary) – A Medicare Savings Program that pays Medicare Part A and Part B premiums and covers Medicare cost-sharing, including deductibles, coinsurance, and copayments.

SLMB (Specified Low-Income Medicare Beneficiary) – A Medicare Savings Program that pays Medicare Part B premiums for eligible beneficiaries.

Spendedown: A program where a beneficiary can get Medicaid coverage on a monthly basis by either submitting medical bills, paying a monthly fee, or receiving HCBS waiver services.

SNP (Special Needs Plan) – A type of Medicare Advantage plan designed to provide targeted care and services to specific populations, such as people with certain chronic conditions, individuals living in institutions, or those eligible for both Medicare and Medicaid.