

34 | 1 | 03 | MAJ MED MATERNITY
MAJOR MEDICAL MATERNITY
O I P L | N | N | N | N | N | N | N | | 0 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/0101

55 | 1 | LKCN | Locked Into Controlled
Recipient is locked out of all controlled substances.
A S G N | N | N | N | N | N | N | N | | 0 |
22 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/0101

35 | 1 | 01 | MEDICARE PART A
MEDI CARE PART A
O I P L | N | N | N | N | N | N | N | | 0 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/0101

0 | 1 | ALL | ALL BENEFIT PLANS
THIS IS A DEFAULT BENEFIT PLAN VALUE THAT APPLIES TO ALL NON-CROSSOVER CLAIMS PRIOR
TO PROCESSING SPECIFIC BENEFIT PLANS AND PROVIDER CONTRACTS. CROSSOVER CLAIMS ARE
EXEMPT FROM THIS GLOBAL EDITING. ANY SPECIFIC CROSSOVER EDITING WILL BE PERFORMED
AGAINST THE SPECIFIC BENEFIT PLANS AND PROVIDER CONTRACTS.
B N F T | N | N | N | N | N | N | N | | 0 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

1 | 1 | TXIX | Full Medicaid
This is the major program for Medicaid eligibility and for defining Medicaid FFS
services. Medicaid reimburses providers for services rendered while the recipient
is eligible for Medicaid benefits. Cross-over claims limited co-insurance and
deductible.
B N F T | N | Y | N | N | N | N | N | | 1 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

2 | 1 | XIXQ | Full Medicaid + Medicare
Premium/Deductible/Copay
All Qualified Medicare Beneficiaries with full benefit dual coverage, which includes
full Medicaid coverage plus payment of Medicare Part B premium, deductibles and
coinsurance of Medicare claims. Medicaid also may pay co-pays for Medicare
Advantage Plan
B N F T | N | Y | N | N | N | N | N | | 2 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

3 | 1 | TAWV | Full Medicaid with Private Duty Nursing
Technology Assisted Waiver- This is a benefit plan which serves those individuals
who received private duty nursing services through EPSDT program. These individuals
are no longer covered for these services when they reach age 21, but these services
are
B N F T | N | N | N | N | N | N | N | | 3 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

4 | 1 | EDWV | Elderly and Disabled Waiver
Home and Community Based Services for categorically needy elderly and disabled
individuals who are eligible for SSI (income under 100% of the Federal Benefit Rate)
or who would be eligible for SSI if not for deeming of income of parent(s) or spouse
and li
A S G N | N | N | N | N | N | N | N | | 2 |
1 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

5 | 1 | SLWV | HCBS - SAIL
Home and Community Based Services to categorically needy individuals with income no
greater than 300% of the SSI Federal Benefit Rate who are at least 18 years of age,
with specific medical diagnoses, and who meet the criteria for Medicaid coverage in
a n
A S G N | N | N | N | N | N | N | N | | 2 |
2 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

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6| 1|MRWV |HCBS - Mental Retardation
Home and Community Based Services to Medicaid categorically needy individuals age 3 or older, diagnosed with mental retardation and under 300% of the Federal Benefit Rate who would otherwise require the level of care available in an intermediate care fac
ASGN|N|N|N|N|N|N|N| | 2|
3|01/01/1900|12/31/2299|12/31/2299|01/01/1900

7| 1|LHWV |HCBS - Living at Home
Home and Community Based Services to Medicaid-eligible (SSI only-under 100% of the Federal Benefit Rate) age 3 or older, diagnosed with mental retardation or related conditions that would otherwise require the level of care available in an intermediate ca
ASGN|N|N|N|N|N|N|N| | 2|
4|01/01/1900|12/31/2299|12/31/2299|01/01/1900

8| 1|HAWV |HCBS - HA Waiver
Home and Community Based Services to Medicaid categorically needy individuals with incomes under 300% of the Federal Benefit Rate who are at least 21 years of age and have a diagnosis of HIV/AIDS and who meet the institutional level of care.
ASGN|N|N|N|N|N|N|N| | 2|
5|01/01/1900|12/31/2299|12/31/2299|01/01/1900

9| 1|ICFMR|ICF/MR
This plan provides the diagnosis, treatment or rehabilitation of the mentally retarded or persons with related conditions. The recipients are provided a protected residential setting, ongoing evaluation, planning, 24-hour supervision and coordination and
ASGN|N|N|N|N|N|N|N| | 2|
6|01/01/1900|12/31/2299|12/31/2299|01/01/1900

10| 1|SNF |Skilled Nursing Facility
Services provided by an institution which is primarily engaged in providing nursing care and related services for residents who require medical and nursing care, rehabilitation services for the rehabilitation of injured, disabled or sick persons, or, on
ASGN|N|N|N|N|N|N|N| | 2|
7|01/01/1900|12/31/2299|12/31/2299|01/01/1900

11| 1|PEC |Post Extended Hospital
Individuals who are hospitalized and are awaiting availability of a nursing home bed. These individuals must have been institutionalized for a least 30 continuous days, receiving at least 3 days acute care while in the hospital, but currently do not requ
ASGN|N|N|N|N|N|N|N| | 2|
8|01/01/1900|12/31/2299|12/31/2299|01/01/1900

12| 1|PIC |Hospice
This plan offers care to Medicaid-eligible recipients who are terminally ill with a medical prognosis of life expectancy of six months or less. Palliative care and supportive services, which address the physical, spiritual, social and economic needs of th
ASGN|N|N|N|N|N|N|N| | 2|
9|01/01/1900|12/31/2299|12/31/2299|01/01/1900

13| 1|QONLY|Medicaid pays Medicare
Premium/Deductible/Copay
Medicaid pays the Medicare Part B premiums, and any deductibles and coinsurance for Medicare crossover claims. Medicaid also may pay co-pays for Medicare Advantage Plans who have not received capitation payments.
BNFT|N|Y|N|N|N|N|N| | 4|
0|01/01/1900|12/31/2299|12/31/2299|01/01/1900

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14 | 1 | SBRW | Pregnancy/Postpartum/Family Planning Only
SOBRA eligible Medicaid women are covered for family planning services through the end of the month in which the 60th. postpartum day falls. Services are limited to pharmacy, pregnancy -related, family planning, preventive health education. Lab procedure

BNFT | N | Y | Y | N | N | N | | 5 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

15 | 1 | ES | Emergency delivery services only
This is a benefit plan for illegal alien recipients who require emergency services related to vaginal delivery only or c-section delivery only. Only CMS-1500 or UB-92 inpatient claims can be submitted.

BNFT | N | Y | Y | N | N | N | | 6 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

16 | 1 | PLNF | Family planning only
This plan is a waiver for women. This waiver extends family planning coverage for women between the ages of 19-44. Effective 10/01/2008, the age was extended to 55.

BNFT | N | Y | Y | N | N | N | | 7 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

17 | 1 | SONLY | Medicaid pays Medicare Part B premium
Specified Low Income Medicare Beneficiary with incomes between 100% - 120% of the federal poverty level and Medicaid payment only" for Medicare Part B premium."

BNFT | N | N | N | N | N | N | | 8 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

18 | 1 | QI1 | Medicaid pays Medicare Part B premium
Qualified Individuals Group 1 with incomes between 120% - 135% of the fpl. Medicaid payment of Medicare Part B premium only. This is a funds available program with an allocation from CMS.

BNFT | N | N | N | N | N | N | | 9 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

19 | 1 | QI2 | QI2
Qualifying Individuals Group 2. This program no longer exists. History is still needed.

BNFT | N | N | N | N | N | N | | 10 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

20 | 1 | QDWI | Medicaid pays Medicare Part A premium
Qualified Disabled Working Individuals with Medicaid payment only for the Medicare Part A premium

BNFT | N | N | N | N | N | N | | 11 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

21 | 1 | PONLY | Payee Only
These recipients are for payee only purposes.

BNFT | N | N | N | N | N | N | | 12 |
0 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

22 | 1 | MDADV | Medicare Advantage
This is a plan for Medicare recipients that are linked with a primary medical provider (PMP). The PMP acts as gatekeeper to provide and arrange for most of the recipient's health care needs.

ASGN | N | Y | Y | N | N | N | | 1 |
10 | 01/01/1900 | 12/31/2299 | 12/31/2299 | 01/01/1900

23 | 1 | PT1ST | Patient 1st
This is a plan, which centers around primary care case management (PCCM). Medicaid recipients are linked with a primary medical provider (PMP). The PMP acts as gatekeeper to provide and arrange for most of the recipient's health care needs.

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ASGN|N|N|N|I|Y|N| | 0|
11|01/01/1900|12/31/2299|12/31/2299|01/01/1900

56| 1|LKND1|Locked Into Neurontin/Gabapenti n
These reci pi ents have been Locked out of recei vi ng Neuronti n/Gabapenti n.

ASGN|N|N|N|N|N|N|N| | 0|
12|01/01/1900|12/31/2299|12/31/2299|01/01/0101

28| 1|LKPH |Locked In Pharmacy
These reci pi ents have been Locked into thi s pharmacy.

ASGN|N|N|N|N|N|N|N| | 2|
16|01/01/1900|12/31/2299|12/31/2299|01/01/1900

30| 1|LKND2|Locked Into Tramadol
These reci pi ents have been Locked out of recei vi ng Tramadol (UI tram).

ASGN|N|N|N|N|N|N|N| | 2|
18|01/01/1900|12/31/2299|12/31/2299|01/01/1900

31| 1|LCKIN|Locked In Physi ci an
These reci pi ents have been Locked into thi s physi ci an.

ASGN|N|N|N|N|N|N|N| | 2|
19|01/01/1900|12/31/2299|12/31/2299|01/01/1900

32| 1|MATC |Materni ty Wai ver
This is a plan to identi fy materni ty wai ver cri teri a.

ASGN|N|N|N|N|N|N|N| | 1|
20|01/01/1900|12/31/2299|12/31/2299|01/01/1900

36| 1|02 |MEDI CARE PART B
MEDI CARE PART B

OI PL|N|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

37| 1|04 |MAJ MED NO MATERNI TY
MAJOR MEDI CAL NO MATERNI TY

OI PL|N|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

38| 1|05 |MAJ MED MATERNI TY - MC
MAJOR MEDI CAL MATERNI TY - MANAGED CARE

OI PL|N|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

39| 1|06 |MAJ MED NO MATERNI TY - MC
MAJOR MEDI CAL NO MATERNI TY - MANAGED CARE

OI PL|N|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

40| 1|07 |DRUGS - COST AVOID
PRESCRI PTI ON DRUGS - COST AVOID

OI PL|N|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

41| 1|08 |DRUGS - PAY AND CHASE
PRESCRI PTI ON DRUGS - PAY AND CHASE

OI PL|N|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

42| 1|09 |DRUGS - MAI L ORDER
PRESCRI PTI ON DRUGS - MAI L ORDER

OI PL|N|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

43| 1|10 |DENTAL
DENTAL
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

44| 1|11 |DENTAL MANAGED CARE
DENTAL MANAGED CARE
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

47| 1|14 |HOSPI TAL/SURGI CAL
HOSPI TAL/SURGI CAL
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

48| 1|15 |HOSPI TAL I NDEMNI TY
HOSPI TAL I NDEMNI TY
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

49| 1|16 |LONG TERM CARE
LONG TERM CARE
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

51| 1|18 |OPTI CAL
OPTI CAL
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

52| 1|19 |MEDI CARE SUPPLEMENT
MEDI CARE SUPPLEMENT
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

53| 1|PARTD|Part D Medi care Drugs
This plan is for drug coverage for dual el i gi ble reci pi ents.
ASGN|N|N|N|N|N|N| | 0|
21|01/01/1900|12/31/2299|12/31/2299|01/01/0101

45| 1|12 |ACCI DENT
ACCI DENT
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

46| 1|13 |CANCER
CANCER
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

50| 1|17 |LTC - SKI LLED ONLY
LONG TERM CARE - SKI LLED ONLY
OI PL|N|N|N|N|N|N| | 0|
0|01/01/1900|12/31/2299|12/31/2299|01/01/0101

62| 1|MEPD |Med Emergency Psych Demonstrati on
This plan is for Medi cai d emergency inpati ent psychi atri c servi ces.
ASGN|N|N|N|N|N|N| | 0|
15|07/01/2012|12/31/2299|12/31/2299|01/01/0101

59| 1|ACWR |AL Communi ty Transi ti on ACT Wai vr
The ACT Waiver will provide services to individuals with disabilities or long term illnesses who currently live in a nursing facility and who desire to transition to

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the home or community setting.

ASGN|N|N|N|N|N|N|N| | 0|
13|01/01/1900|12/31/2299|12/31/2299|01/01/0101

60| 1|PAC |PACE

Program of All-inclusive Care for the Elderly (PACE) Program

ASGN|N|N|N|N|N|N|N| | 0|
14|10/01/2011|12/31/2299|12/31/2299|01/01/0101

61| 0|NHV |Nursing Home Ventilator

Coverage for recipients in a nursing facility who are receiving ventilator services.

ASGN|N|N|N|N|N|N|N| | 0|
1|01/16/2012|12/31/2299|12/31/2299|01/01/0101

29| 1|LKMNT|Locked out of Maintenance Supply

Recipient has been opted out of the Maintenance Supply program.

ASGN|N|N|N|N|N|N|N| | 2|
23|01/01/1900|12/31/2299|12/31/1999|01/01/1900