

# CV<sup>®</sup> 12



AHCCCS

## **REFERENCE SUBSYSTEM CODES AND VALUES**

Revised 04-04-2012

# Codes & Values 2012

**Introduction** Most of the data found in this manual is found in the PMMIS Reference Subsystem:

With proper security clearance to the PMMIS Recipient Subsystem, access to the Reference Subsystem is also possible.

```
TR: RF000                AHCCCS - REFERENCE                09/05/02
NTR: _____          REFERENCE MAIN MENU                13:35:51
                                                                RF00M000

      1.  PROCEDURE MENU
      2.  DIAGNOSIS MENU
      3.  PHARMACY ITEM MENU
      4.  HEALTH PLAN MENU
      5.  RECIPIENT MENU
      6.  PROVIDER MENU
      7.  ENCOUNTER/CLAIMS MENU
      8.  CASE MANAGEMENT MENU
      9.  UR/QA AND INFORMATION MANAGEMENT MENU
     10.  MISCELLANEOUS MENU
     11.  REPORTS/MAILING LABELS MENU
     12.  SSR MAINTENANCE MENU
     13.  IRF HELP MAINTENANCE MENU
     14.  SVES-WTPY MENU
     15.  KIDSCARE-QC MENU

          ENTER SELECTION:  __

PF: 1=HLP 2=RTN 3=CLR 4=MSG                12=ESC
```

The above Menu and the individual screens reflect what is actually in the Reference Subsystem and is the most accurate information available.

This Codes & Values document, which is updated some time after the additions or changes in PMMIS Reference Subsystem are made, may be a valuable tool in meetings and other functions where no access to the actual reference table screens is possible.

---

## Codes & Values 2012

Table of Contents		See Page
Introduction		2
Table of Contents		3 – 4
<b>NON-REFERENCE TABLE VALUES</b>		
Address County Type		5
Code Type Action		
Payment Cycle Type		
<b>PMMIS RECIPIENT SCREENS</b>		
Correspondence Codes	RP205	6
Enrollment Status	RP160	6
Medicare	RP150	6
Pended Transaction Status	RP325	6
<b>REFERENCE TABLE VALUES</b>		<b>Reference Table(s)    See Page(s)</b>
Address Type	RF527	7
Age Limit	RF533	7
Alternate ID Type	RF523	7
AZTECS Eligibility Key Codes	RF512	8
Benefit Category	RF503	9
Benefit Continuance	RF504	10
Benefit Payment Type	RF505	
Benefit Qualifier	RF506	10 – 11
Capitation Rate	RF401	12 – 24
Recipient Care Level	RF519	<a href="#">25</a>
Change Reason	RF525	26 – 29
Contract Type	RF410	29 – 30
Converted Transaction Status	RF529	30
Co-Pay Data	RF553	31
Co-Pay Eligibility Key Map– discontinued 09-30-10	RF558	
Co-Pay Eligibility Key Map	RF575	<a href="#">32 – 36</a>
Co-Pay Exception	RF554	<a href="#">37</a>
Co-Pay Level	RF555	<a href="#">37</a>
Co-Pay Payment Type	RF557	<a href="#">37</a>
Co-Pay Service	RF556	<a href="#">37 - 38</a>
Correspondence Type	RF528	<a href="#">38 – 39</a>
County & GSA Code	RF012 & RF013	<a href="#">40</a>
CTY/RHBA Assignment Codes	RF576	<a href="#">41</a>
Current Health Plan List		<a href="#">42</a>
Data Specific Source Code & Source Codes	RF546 & RF522	<a href="#">43 – 45</a>

## Codes & Values 2012

REFERENCE TABLE VALUES	Reference Table(s)	See Page(s)
Elg-Key-CD/Buy-In-Ind. ( RF508 removed – replaced with a new document)		46
Eligibility Category	RF509	47
Eligibility Key - Hierarchy (& Description)	RF538 & RF534	48 – 56
Eligibility Program	RF547	57
Eligibility Qualifier	RF510	57
Eligibility Type	RF537	58
Enrollment Type	RF513	58
Exception Code	RF539	59– 61
Function Specific Reason Codes	RF545	61 – 64
Insured Relationship	RF715	64
Language	RF514	65
Marital Status	RF515	66
Medical Condition	RF532	66 – 67
Mental Health Category	RF404	67
Mental Health Rate Code	RF402	67
MHS Site Provider	RF415	68
Pending Transaction Reason	RF530	68
Provider Assignment	RF502	68
Race Codes	RF518	68
Rate Category	RF411	69 – 70
Recipient Action Code	RF403	71 – 72
Source RF522 Listed above		
Special Program Type	RF409	73
T/RBHA Phone Number	RF416	73
TRBHA/Zip Assignment Codes	RF577	74 – 75
Tribe Name	RF536	75
Revision Log Table		76

## Codes & Values 2012

### Non-Reference Table Values

<b>Address County Type</b>	<b>Description</b>
R	Residential
F	Fiscal

<b>Code Type Action</b>	<b>Description</b>
A	Add
C	Change
T	Terminate

<b>Payment Cycle Type</b>	<b>Description</b>
15	Daily
14	Monthly
13	Retroactive

## Codes & Values 2012

### PMMIS RECIPIENT SCREENS

<b>RP205 CORRESPONDENCE CODES</b>	
D	Not processed due to death
N	Not processed
P	Processed / Printed
R	Responded
V	Verified
X	In Process

<b>RP160 ENROLLMENT STATUS</b>	
A	Active
H	History
I	Inactive
N	Inactive No Pay
P	Pended

<b>RP150 MEDICARE</b>	
A	Part A
B	Part B
C	QMB For Part A & B
D	Drug Plan

<b>RP325 PENDED TRANSACTION STATUS</b>	
A	Add
D	Delete from RP – CONV
F	Force Apply/Add to data base
P	Pended

<b>RP135 RESERVATION INDICATOR</b>	
Y	Yes
N	No

## Codes & Values 2012

### RF527 ADDRESS TYPE

Code	Description
H	Home (Residence)
M	Mailing

### RF533 AGE LIMITS

Code	Description	Age Limit	Birthday Beginning Date	Effective Beginning Date	Effective Ending Date
270	A AF Cash Foster	19		10/01/1982	
275	A AF MAO Young Adult Tr.	21		07/18/2000	
350	A AF MAO SOBRA Child	19		07/01/2001	
351	A AF MAO SC Expanded	19		07/01/2001	
355	A AF MAO DES SO NB	1		07/01/1991	
357	A AF MAO DES Newborn	1		02/01/1994	
359	DES HIFA Newborn	1		08/18/2005	
368	A KidsCare	19		11/01/1998	
428	Acute SSI Disabled MAO	18		06/01/1998	
455	A KidsCare Newborn	1		11/01/1998	
468	A KidsCare 12-Month Guar	19		11/01/1998	
560	A AF MAO BC Patient	65		01/01/2002	
565	A AF MAO CC Patient	65		01/01/2002	
570	A AF MAO CL Patient	65		01/01/2002	
750	A AF MAO	19		10/01/2009	

### RF523 ALTERNATE ID TYPE

*Where these are used:	Code	Description
<ul style="list-style-type: none"> <li>• These Alternate ID codes may be found in the PMMIS Subsystem on the RP185 Inquire Alternate ID Screen.</li> <li>• At the RP185 Add Alternate Id screen: Place the cursor on the "ID TYPE" line and depress the F1 Help Key, the entire table will be seen.</li> </ul> <p><b>**Where These Are Used" boxes are not designed to be fully comprehensive and they in no way represent all of the locations or applications of the codes shown.</b></p>	AC	Application Control Number
	AD	Alternate DOB
	AH	T19/T21 AHCCCS ID (PRISONER ONLY)
	AS	ACE System ID Number (PID)
	BD	BENDEX Claim Number
	BM	CICS (BHMIS) Alternate ID
	CL	DES Client Number (APIS/AZTEC)
	CR	Children's Rehabilitative Services
	CV	Converted From Previous System
	DC	AZ Dept Of Corrections
	FW	Freedom To Work
	KC	KEDS Client ID
	MC	Medicare Claim ID
	NB	Newborn Alternate ID
	NU	IEVS/Numident Verified SSN
	SN	Unverified SSN/PSUEDO ID

## Codes & Values 2012

### RF512 AZTECS ELIGIBILITY KEY CODES

ELG KEY	PGM	CAT	INDICATORS			BEG DATE	END DATE
			FC-AS	PQ	ES		
231	MA	31	**			01/01/1999	
232	MA	3E	**			07/01/2001	
260	MA	CB	AS			10/01/1982	
260	MA	4E	AS			10/01/1982	
265	MA	ST	AS			07/01/1998	
270	MA	4E	FC			10/01/1982	
275	MA	YA				07/18/2000	
305	MA	CB	FC			10/01/1982	
320	MA	CS	**			10/01/1982	
332	MA	FE	**			04/01/1990	
332	MA	T1	**			04/01/1990	
334	MA	SE	**			04/01/1990	
334	MA	T2	**			04/01/1990	
350	MA	SC	**			01/01/1988	
351	MA	3C	**			07/01/2001	
355		NB	**			07/01/1991	
355	MA	NB				07/01/1991	
355	MA	NB	**			07/01/1991	
357		NB	**			02/01/1994	
357	MA	NB				02/01/1994	
357	MA	NB	**			02/01/1994	
360	MA	SW	**			01/01/1988	
361	MA	3W	**			07/01/2001	
371	MA	SM				04/01/2001	
372	MA	SA				04/01/2001	
585	MA	AC				10/01/2001	
587	MA	AM				09/01/2001	
595	MA	MD				10/01/2001	
595	MA	PD				10/01/2001	
750	MA	AF	**			07/01/1991	
900	MA	**		*	Y	01/01/1993	
905	MA	SW		*	Y	01/01/1993	
905	MA	3W			Y	07/01/2001	
908	MA	3E			Y	07/01/2001	
910	MA	UG		*	Y	01/01/1993	
910	MA	UH		*	Y	01/01/1993	
915	MA	UJ		*	Y	01/01/1993	
915	MA	UK		*	Y	01/01/1993	
920	MA	UL		*	Y	01/01/1993	
920	MA	UM		*	Y	01/01/1993	
960	MA	FP				06/22/2007	

## Codes & Values 2012

### RF503 BENEFIT CATEGORY

Code	Description
AD	Adult Inmate - Non-Medicaid
AM	AHCCCS Care/MI
AP	SSI (Supplemental Security Income) Appeal
AS	Acute
BC	Breast Cancer
CC	Cervical Cancer
DA	Disabled Adult Child
DC	Disabled Child
DS	Deemed Sibling [regarded as a brother or sister]
EM	Emergency
EX	SSI Ex parte
E3	AHCCCS 6 MO Continued Coverage (3RD Extension)
E4	AHCCCS 6 MO Continued Coverage (4TH Extension)
FS	Foster
JU	Juvenile Detainee - Non-Medicaid
KC	KidsCare
NB	Newborn
NI	Non-Issuance Of AFDC (Aid For Dependant Children) Cash
PK	PICKLE
PQ	Prior Quarter
RI	RIBICOFF
RT	Retroactive
SA	State-Funded Alien
SM	SSI (AHCCCS Care)
SN	SOBRA (Sixth Omnibus Budget and Reconciliation Act) Newborn
SO	SOBRA
TP	TRANSPLANT
TW	Freedom To Work
UP	Unemployed Parent
WD	Widow Or Widower
XE	Expanded Eligibility
YG	12-Month Guarantee
4C	4 Month Continuance
6F	AHCCCS 6 Month Continued Coverage (1st Extension)
6G	Six Month Guarantee
6M	6-Month Guarantee AHC Care/MI
6S	AHCCCS 6 Month Continued Coverage (2nd Extension)
9C	9 Month Continuance

## Codes & Values 2012

### RF504 BENEFIT CONTINUANCE

CODE	DESCRIPTION	EFFECTIVE BEGIN DATE	END DATE
SH	SOBRA Child Hospitalized Age Limit	01/01/1988	
UA	Under Appeal	10/01/1982	

### RF505 BENEFIT PAYMENT TYPE

Where these are used:	Code	Description
<ul style="list-style-type: none"> <li>• These Benefit Payment Type Codes may be found in the PMMIS Subsystem on the RP250 Inquire Payment History Screen</li> <li>• At the RP250 Inquire screen: place cursor on the "Select Payment Type" line and depress F1 Help Key, the entire table may be seen.</li> </ul>	03	MHS (Mental Health Services) Capitation
	41	LTC (Long Term Care) Capitation
	42	LTC SMIB (Supplemental Medical Insurance Beneficiary Part B Medicare)
	43	LTC HIB (Hospitalization Insurance Beneficiary Part A Medicare)
	51	Acute Capitation
	91	Acute SMIB
	92	Acute HIB
	93	QI1 SMIB
	94	SLMB SMIB

### RF506 BENEFIT QUALIFIER

Code	Description
CH	Child
CM	Children's Medical Program
DP	Deprived
ER	Earnings
FP	S.O.B.R.A Women Family Planning Services
JS	JASSO Period For SSI Foster
KC	KidsCare
KH	KidsCare HIFA Parent
LE	Lesions
LT	Less Than \$10
NB	DES Newborn
NQ	Non Qualified Immigrant For ESP [Emergency Services Program]
O1	Transplant Option 1
O2	Transplant Option 2
PA	Undocumented Pregnant For ESP
PG	Pregnant
PN	Non Qualified Pregnant Immigrant For ESP
PQ	Qualified Pregnant Immigrant For ESP
P3	Pregnant 3rd Trimester

## Codes & Values 2012

### RF506 BENEFIT QUALIFIER (continued)

Code	Description
QL	Qualified Immigrant For ESP
RP	Non Qualified Pregnant Resident < 8/22/96 ESP
SH	SOBRA HIFA Parent
SU	Support
TW	Freedom To Work 6 Month Guarantee
UD	Undocumented For ESP
UP	Undocumented Pregnant For ESP
XE	Expanded Eligibility
XH	Expanded Hospitalized
XM	Expanded AHCCCS Care/MI
XP	Expanded Pregnant Eligibility
YA	Young Adult Transitional Insurance (YATI)
31	1931 Eligible
4E	Out Of State Foster 4E

## Codes & Values 2012

<b>RF401 Capitation Rate [Codes]</b>			
<b>Code</b>	<b>Description</b>	<b>Effective Date</b>	
		<b>Begin</b>	<b>End</b>
CRSH	CRS ONLY-HIGH RISK	07/01/2000	
CRSL	CRS ONLY-LOW RISK	07/01/2000	
CRSM	CRS ONLY-MEDIUM RISK	07/01/2000	
P000	PUBLIC SAFETY (AZ DEPT OF CORRECTIONS)	08/01/2004	
100A	TANF < 1 M & F WITH MEDICARE PPC	10/01/1996	
100B	TANF 01-05 M & F WITH MEDICARE PPC	10/01/1996	
100C	TANF 06-13 M & F WITH MEDICARE PPC	10/01/1996	
100D	TANF 14-20 MALE WITH MEDICARE PPC	10/01/1996	
100E	TANF 14-20 FEMALE WITH MEDICARE PPC	10/01/1996	
100F	TANF 21-44 MALE WITH MEDICARE PPC	10/01/1996	
100G	TANF 21-44 FEMALE WITH MEDICARE PPC	10/01/1996	
100H	TANF 44-64 M & F WITH MEDICARE PPC	10/01/1996	
100J	TANF 65+ M & F WITH MEDICARE PPC	10/01/1996	
100Z	TANF ALTCS WITH MEDICARE PPC	10/01/1996	
1000	TANF WITH MEDICARE	10/01/1982	
1001	TANF < 1 M & F WITH MEDICARE	10/01/1997	
1002	TANF 01-05 M & F WITH MEDICARE	10/01/1997	
1003	TANF 06-13 M & F WITH MEDICARE	10/01/1997	
1004	TANF 14-20 MALE WITH MEDICARE	10/01/1997	
1005	TANF 14-20 FEMALE WITH MEDICARE	10/01/1997	
1006	TANF 21-44 MALE WITH MEDICARE	10/01/1997	
1007	TANF 21-44 FEMALE WITH MEDICARE	10/01/1997	
1008	TANF 45-64 M & F WITH MEDICARE	10/01/1997	
1009	TANF 65+ M & F WITH MEDICARE	10/01/1997	
101A	TANF < 1 M & F NON-MEDICARE PPC	10/01/1996	
101B	TANF 01-05 M & F NON-MEDICARE PPC	10/01/1996	
101C	TANF 06-13 M & F NON-MEDICARE PPC	10/01/1996	
101D	TANF 14-20 MALE NON-MEDICARE PPC	10/01/1996	
101E	TANF 14-20 FEMALE NON-MEDICARE PPC	10/01/1996	
101F	TANF 21-44 MALE NON-MEDICARE PPC	10/01/1996	
101G	TANF 21-44 FEMALE NON-MEDICARE PPC	10/01/1996	
101H	TANF 44-64 M & F NON-MEDICARE PPC	10/01/1996	
<b>Where these are used:</b> In the PMMIS Recipient subsystem: The Capitation Rate Codes are system generated and may be seen on the RP160 Inquire Enrollment RP285 Inquire Eligibility And Enrollment RP060 Inquire Combined Enrollment Screens and others.			

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
101J	TANF 65+ N & F NON-MEDICARE PPC	10/01/1996	
101Z	TANF ALTCS NON-MEDICARE PPC	10/01/1996	
1010	TANF NON-MEDICARE	10/01/1982	
1011	TANF <1 M & F NON-MEDICARE	10/01/1997	
1012	TANF 01-05 M & F NON-MEDICARE	10/01/1997	
1013	TANF 06-13 M & F NON-MEDICARE	10/01/1997	
1014	TANF 14-20 MALE NON-MEDICARE	10/01/1997	
1015	TANF 14-20 FEMALE NON-MEDICARE	10/01/1997	
1016	TANF 21-44 MALE NON-MEDICARE	10/01/1997	
1017	TANF 21-44 FEMALE NON-MEDICARE	10/01/1997	
1018	TANF 45-64 M & F NON-MEDICARE	10/01/1997	
1019	TANF 65+ M & F NON-MEDICARE	10/01/1997	
102A	TANF < 1 M & F WITH QMB PPC	10/01/1996	
102B	TANF 01-05 M & F WITH QMB PPC	10/01/1996	
102C	TANF 06-13 M & F WITH QMB PPC	10/01/1996	
102D	TANF 14-20 MALE WITH QMB PPC	10/01/1996	
102E	TANF 14-20 FEMALE WITH QMB PPC	10/01/1996	
102F	TANF 21-44 MALE WITH QMB PPC	10/01/1996	
102G	TANF 21-44 FEMALE WITH QMB PPC	10/01/1996	
102H	TANF 44-64 M & F WITH QMB PPC	10/01/1996	
102J	TANF 65+ M & F WITH QMB PPC	10/01/1996	
102Z	TANF ALTCS WITH QMB PPC	10/01/1996	
1020	TANF WITH QMB	01/01/1989	
1021	TANF <1 M & F WITH QMB	10/01/1997	
1022	TANF 01-05 M & F WITH QMB	10/01/1997	
1023	TANF 06-13 M & F WITH QMB	10/01/1997	
1024	TANF 14-20 MALE WITH QMB	10/01/1997	
1025	TANF 14-20 FEMALE WITH QMB	10/01/1997	
1026	TANF 21-44 MALE WITH QMB	10/01/1997	
1027	TANF 21-44 FEMALE WITH QMB	10/01/1997	
1028	TANF 45-64 M & F WITH QMB	10/01/1997	
1029	TANF 65+ M & F WITH QMB	10/01/1997	
110A	TANF EXPANDED <1 M&F W/MDC PPC	04/01/2001	
110B	TANF EXPANDED 01-05 M&F W/MDC PPC	04/01/2001	
110C	TANF EXPANDED 06-13 M&F W/MDC PPC	04/01/2001	
110D	TANF EXPANDED 14-20 MALE W/MDC PPC	04/01/2001	
110E	TANF EXPANDED 14-20 FEMALE W/MDC PPC	04/01/2001	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
110F	TANF EXPANDED 21-44 MALE W/MDC PPC	04/01/2001	
110G	TANF EXPANDED 21-44 FEMALE W/MDC PPC	04/01/2001	
110H	TANF EXPANDED 45-64 M&F W/MDC PPC	04/01/2001	
110J	TANF EXPANDED 65+ M&F W/MDC PPC	04/01/2001	
1101	TANF EXPANDED <1 M& F W/MDC	04/01/2001	
1102	TANF EXPANDED 01-05 M&F W/MDC	04/01/2001	
1103	TANF EXPANDED 06-13 M&F W/MDC	04/01/2001	
1104	TANF EXPANDED 14-20 MALE W/MDC	04/01/2001	
1105	TANF EXPANDED 14-20 FEMALE W/MDC	04/01/2001	
1106	TANF EXPANDED 21-44 MALE W/MDC	04/01/2001	
1107	TANF EXPANDED 21-44 FEMALE W/MDC	04/01/2001	
1108	TANF EXPANDED 45-64 M&F W/MDC	04/01/2001	
1109	TANF EXPANDED 65+ M&F W/MDC	04/01/2001	
111A	TANF EXPANDED <1 M&F NO MDC PPC	04/01/2001	
111B	TANF EXPANDED 01-05 M&F NO MDC PPC	04/01/2001	
111C	TANF EXPANDED 06-13 M&F NO MDC PPC	04/01/2001	
111D	TANF EXPANDED 14-20 MALE NO MDC PPC	04/01/2001	
111E	TANF EXPANDED 14-20 FEMALE NO MDC PPC	04/01/2001	
111F	TANF EXPANDED 21-44 MALE NO MDC PPC	04/01/2001	
111G	TANF EXPANDED 21-44 FEMALE NO MDC PPC	04/01/2001	
111H	TANF EXPANDED 45-64 M&F NO MDC PPC	04/01/2001	
111J	TANF EXPANDED 65+ M&F NO MDC PPC	04/01/2001	
1111	TANF EXPANDED <1 M&F NO MDC	04/01/2001	
1112	TANF EXPANDED 01-05 M&F NO MDC	04/01/2001	
1113	TANF EXPANDED 06-13 M&F NO MDC	04/01/2001	
1114	TANF EXPANDED 14-20 MALE NO MDC	04/01/2001	
1115	TANF EXPANDED 14-20 FEMALE NO MDC	04/01/2001	
1116	TANF EXPANDED 21-44 MALE NO MDC	04/01/2001	
1117	TANF EXPANDED 21-44 FEMALE NO MDC	04/01/2001	
1118	TANF EXPANDED 45-64 M&F NO MDC	04/01/2001	
1119	TANF EXPANDED 65+ M&F NO MDC	04/01/2001	
112A	TANF EXPANDED <1 M&F W/QMB PPC	04/01/2001	
112B	TANF EXPANDED 01-05 M&F W/QMB PPC	04/01/2001	
112C	TANF EXPANDED 06-13 M&F W/QMB PPC	04/01/2001	
112D	TANF EXPANDED 14-20 MALE W/QMB PPC	04/01/2001	
112E	TANF EXPANDED 14-20 FEMALE W/QMB PPC	04/01/2001	
112F	TANF EXPANDED 21-44 MALE W/QMB PPC	04/01/2001	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
112G	TANF EXPANDED 21-44 FEMALE W/QMB PPC	04/01/2001	
112H	TANF EXPANDED 45-64 M&F W/QMB PPC	04/01/2001	
112J	TANF EXPANDED 65+ M&F W/QMB PPC	04/01/2001	
112I	TANF EXPANDED <1 M&F W/QMB	04/01/2001	
1122	TANF EXPANDED 01-05 M&F W/QMB	04/01/2001	
1123	TANF EXPANDED 06-13 M&F W/QMB	04/01/2001	
1124	TANF EXPANDED 14-20 MALE W/QMB	04/01/2001	
1125	TANF EXPANDED 14-20 FEMALE W/QMB	04/01/2001	
1126	TANF EXPANDED 21-44 MALE W/QMB	04/01/2001	
1127	TANF EXPANDED 21-44 FEMALE W/QMB	04/01/2001	
1128	TANF EXPANDED 45-64 M&F W/QMB	04/01/2001	
1129	TANF EXPANDED 65+ M&F W/QMB	04/01/2001	
13AD	MARICOPA ADULT INMATE - NON-MEDICAID	06/01/2007	
13JU	MARICOPA JUVENILE DETAINEE - NON-MEDICAID	06/01/2007	
2000	TMCP SSI DISABLED WITH MEDICARE	09/01/2006	
2010	TMCP SSI DISABLED NON MEDICARE	09/01/2006	
210Z	SSI AGED WITH MEDICARE PPC	10/01/1996	
2100	SSI AGED WITH MEDICARE	10/01/1982	
211Z	SSI AGED NON-MEDICARE PPC	10/01/1996	
2110	SSI AGED NON-MEDICARE	10/01/1982	
212Z	SSI AGED WITH QMB PPC	10/01/1996	
2120	SSI AGED WITH QMB	01/01/1989	
220Z	SSI DISABLED WITH MEDICARE PPC	10/01/1996	
2200	SSI DISABLED WITH MEDICARE	10/01/1982	
221Z	SSI DISABLED NON-MEDICARE PPC	10/01/1996	
2210	SSI DISABLED NON-MEDICARE	10/01/1982	
222Z	SSI DISABLED WITH QMB PPC	10/01/1996	
2220	SSI DISABLED WITH QMB	01/01/1989	
230Z	SSI BLIND WITH MEDICARE PPC	10/01/1996	
2300	SSI BLIND WITH MEDICARE	10/01/1982	
231Z	SSI BLIND NON-MEDICARE PPC	10/01/1996	
2310	SSI BLIND NON-MEDICARE	10/01/1982	
232Z	SSI BLIND WITH QMB PPC	10/01/1996	
2320	SSI BLIND WITH QMB	01/01/1989	
240Z	SSI AGED EXPANDED WITH MEDICARE PPC	04/01/2001	
2400	SSI AGED EXPANDED WITH MEDICARE	04/01/2001	
241Z	SSI AGED EXPANDED NON-MEDICARE PPC	04/01/2001	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
2410	SSI AGED EXPANDED NON-MEDICARE	04/01/2001	
242Z	SSI AGED EXPANDED WITH QMB PPC	04/01/2001	
2420	SSI AGED EXPANDED WITH QMB	04/01/2001	
250Z	SSI BLIND EXPANDED WITH MEDICARE PPC	04/01/2001	
2500	SSI BLIND EXPANDED WITH MEDICARE	04/01/2001	
251Z	SSI BLIND EXPANDED NON-MEDICARE PPC	04/01/2001	
2510	SSI BLIND EXPANDED NON-MEDICARE	04/01/2001	
252Z	SSI BLIND EXPANDED WITH QMB PPC	04/01/2001	
2520	SSI BLIND EXPANDED WITH QMB	04/01/2001	
260Z	SSI DISABLED EXPANDED WITH MEDICARE PPC	04/01/2001	
2600	SSI DISABLED EXPANDED WITH MEDICARE	04/01/2001	
261Z	SSI DISABLED EXPANDED NON-MEDICARE PPC	04/01/2001	
2610	SSI DISABLED EXPANDED NON-MEDICARE	04/01/2001	
262Z	SSI DISABLED EXPANDED WITH QMB PPC	04/01/2001	
2620	SSI DISABLED EXPANDED WITH QMB	04/01/2001	
300Z	MN/MI WITH MEDICARE PPC	10/01/1996	
3000	MN/MI WITH MEDICARE	10/01/1982	
301Z	MN/MI NON-MEDICARE PPC	10/01/1996	
3010	MN/MI NON-MEDICARE	10/01/1982	
310Z	TRANSPLANT OPTION 1 PPC	10/01/2007	
3100	TRANSPLANT OPTION 1	10/01/2008	
320Z	TRANSPLANT OPTION 2 PPC	10/01/2007	
3200	TRANSPLANT OPTION 2	10/01/2008	
330A	AHC CARE M&F < 1 W/ MDC PPC	10/01/2001	
330B	AHC CARE M&F 1-5 W/ MDC PPC	10/01/2001	
330C	AHC CARE M&F 6-13 W/ MDC PPC	10/01/2001	
330D	AHC CARE MALE 14-20 W/ MDC PPC	10/01/2001	
330E	AHC CARE FEMALE 14-20 W/ MDC PPC	10/01/2001	
330F	AHC CARE MALE 21-44 W/ MDC PPC	10/01/2001	
330G	AHC CARE FEMALE 21-44 W/ MDC PPC	10/01/2001	
330H	AHC CARE M&F 45-64 W/ MDC PPC	10/01/2001	
330J	AHC CARE M&F 65+ W/ MDC PPC	10/01/2001	
3301	AHC CARE M&F < 1 W/ MDC	10/01/2001	
3302	AHC CARE M&F 1-5 W/ MDC	10/01/2001	
3303	AHC CARE M&F 6-13 W/ MDC	10/01/2001	
3304	AHC CARE MALE 14-20 W/ MDC	10/01/2001	
3305	AHC CARE FEMALE 14-20 W/ MDC	10/01/2001	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
3306	AHC CARE MALE 21-44 W/ MDC	10/01/2001	
3307	AHC CARE FEMALE 21-44 W/ MDC	10/01/2001	
3308	AHC CARE M&F 45-64 W/ MDC	10/01/2001	
3309	AHC CARE M&F 65+ W/ MDC	10/01/2001	
331A	AHC CARE M&F < 1 NO MDC PPC	10/01/2001	
331B	AHC CARE M&F 1-5 NO MDC PPC	10/01/2001	
331C	AHC CARE M&F 6-13 NO MDC PPC	10/01/2001	
331D	AHC CARE MALE 14-20 NO MDC PPC	10/01/2001	
331E	AHC CARE FEMALE 14-20 NO MDC PPC	10/01/2001	
331F	AHC CARE MALE 21-44 NO MDC PPC	10/01/2001	
331G	AHC CARE FEMALE 21-44 NO MDC PPC	10/01/2001	
331H	AHC CARE M&F 45-64 NO MDC PPC	10/01/2001	
331J	AHC CARE M&F 65+ NO MDC PPC	10/01/2001	
3311	AHC CARE M&F < 1 NO MDC	10/01/2001	
3312	AHC CARE M&F 1-5 NO MDC	10/01/2001	
3313	AHC CARE M&F 6-13 NO MDC	10/01/2001	
3314	AHC CARE MALE 14-20 NO MDC	10/01/2001	
3315	AHC CARE FEMALE 14-20 NO MDC	10/01/2001	
3316	AHC CARE MALE 21-44 NO MDC	10/01/2001	
3317	AHC CARE FEMALE 21-44 NO MDC	10/01/2001	
3318	AHC CARE M&F 45-64 NO MDC	10/01/2001	
3319	AHC CARE M&F 65+ NO MDC	10/01/2001	
332A	AHC CARE M&F < 1 W/ QMB PPC	10/01/2001	
332B	AHC CARE M&F 1-5 W/ QMB PPC	10/01/2001	
332C	AHC CARE M&F 6-13 W/ QMB PPC	10/01/2001	
332D	AHC CARE MALE 14-20 W/ QMB PPC	10/01/2001	
332E	AHC CARE FEMALE 14-20 W/ QMB PPC	10/01/2001	
332F	AHC CARE MALE 21-44 W/ QMB PPC	10/01/2001	
332G	AHC CARE FEMALE 21-44 W/ QMB PPC	10/01/2001	
332H	AHC CARE M&F 45-64 W/ QMB PPC	10/01/2001	
332J	AHC CARE M&F 65+ W/ QMB PPC	10/01/2001	
3321	AHC CARE M&F < 1 W/ QMB	10/01/2001	
3322	AHC CARE M&F 1-5 W/ QMB	10/01/2001	
3323	AHC CARE M&F 6-13 W/ QMB	10/01/2001	
3324	AHC CARE MALE 14-20 W/ QMB	10/01/2001	
3325	AHC CARE FEMALE 14-20 W/ QMB	10/01/2001	
3326	AHC CARE MALE 21-44 W/ QMB	10/01/2001	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
3327	AHC CARE FEMALE 21-44 W/ QMB	10/01/2001	
3328	AHC CARE M&F 45-64 W/ QMB	10/01/2001	
3329	AHC CARE M&F 65+ W/ QMB	10/01/2001	
340Z	MED ELIGIBILITY W/ MDC PPC	04/01/2001	
3400	MED ELIGIBILITY W/ MDC	04/01/2001	
341Z	MED ELIGIBILITY NON-MDC PPC	04/01/2001	
3410	MED ELIGIBILITY NON-MDC	04/01/2001	
342Z	MED ELIGIBILITY W/ QMB PPC	04/01/2001	
3420	MED ELIGIBILITY W/ QMB	04/01/2001	
360A	AHC CARE/MI M&F < 1 W/ MDC PPC	04/01/2001	
360B	AHC CARE/MI M&F 1-5 W/ MDC PPC	04/01/2001	
360C	AHC CARE/MI M&F 6-13 W/ MDC PPC	04/01/2001	
360D	AHC CARE/MI MALE 14-20 W/ MDC PPC	04/01/2001	
360E	AHC CARE/MI FEMALE 14-20 W/ MDC PPC	04/01/2001	
360F	AHC CARE/MI MALE 21-44 W/ MDC PPC	04/01/2001	
360G	AHC CARE/MI FEMALE 21-44 W/ MDC PPC	04/01/2001	
360H	AHC CARE/MI M&F 45-64 W/ MDC PPC	04/01/2001	
360J	AHC CARE/MI M&F 65+ W/ MDC PPC	04/01/2001	
3601	AHC CARE/MI M&F < 1 W/ MDC	04/01/2001	
3602	AHC CARE/MI M&F 1-5 W/ MDC	04/01/2001	
3603	AHC CARE/MI M&F 6-13 W/ MDC	04/01/2001	
3604	AHC CARE/MI MALE 14-20 W/ MDC	04/01/2001	
3605	AHC CARE/MI FEMALE 14-20 W/ MDC	04/01/2001	
3606	AHC CARE/MI MALE 21-44 W/ MDC	04/01/2001	
3607	AHC CARE/MI FEMALE 21-44 W/ MDC	04/01/2001	
3608	AHC CARE/MI M&F 45-64 W/ MDC	04/01/2001	
3609	AHC CARE/MI M&F 65+ W/ MDC	04/01/2001	
361A	AHC CARE/MI M&F < 1 NO MDC PPC	04/01/2001	
361B	AHC CARE/MI M&F 1-5 NO MDC PPC	04/01/2001	
361C	AHC CARE/MI M&F 6-13 NO MDC PPC	04/01/2001	
361D	AHC CARE/MI MALE 14-20 NO MDC PPC	04/01/2001	
361E	AHC CARE/MI FEMALE 14-20 NO MDC PPC	04/01/2001	
361F	AHC CARE/MI MALE 21-44 NO MDC PPC	04/01/2001	
361G	AHC CARE/MI FEMALE 21-44 NO MDC PPC	04/01/2001	
361H	AHC CARE/MI M&F 45-64 NO MDC PPC	04/01/2001	
361J	AHC CARE/MI M&F 65+ NO MDC PPC	04/01/2001	
3611	AHC CARE/MI M&F < 1 NO MDC	04/01/2001	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
3612	AHC CARE/MI M&F 1-5 NO MDC	04/01/2001	
3613	AHC CARE/MI M&F 6-13 NO MDC	04/01/2001	
3614	AHC CARE/MI MALE 14-20 NO MDC	04/01/2001	
3615	AHC CARE/MI FEMALE 14-20 NO MDC	04/01/2001	
3616	AHC CARE/MI MALE 21-44 NO MDC	04/01/2001	
3617	AHC CARE/MI FEMALE 21-44 NO MDC	04/01/2001	
3618	AHC CARE/MI M&F 45-64 NO MDC	04/01/2001	
3619	AHC CARE/MI M&F 65+ NO MDC	04/01/2001	
362A	AHC CARE/MI M&F < 1 W/ QMB PPC	04/01/2001	
362B	AHC CARE/MI M&F 1-5 W/ QMB PPC	04/01/2001	
362C	AHC CARE/MI M&F 6-13 W/ QMB PPC	04/01/2001	
362D	AHC CARE/MI MALE 14-20 W/ QMB PPC	04/01/2001	
362E	AHC CARE/MI FEMALE 14-20 W/ QMB PPC	04/01/2001	
362F	AHC CARE/MI MALE 21-44 W/ QMB PPC	04/01/2001	
362G	AHC CARE/MI FEMALE 21-44 W/ QMB PPC	04/01/2001	
362H	AHC CARE/MI M&F 45-64 W/ QMB PPC	04/01/2001	
362J	AHC CARE/MI M&F 65+ W/ QMB PPC	04/01/2001	
3621	AHC CARE/MI M&F < 1 W/ QMB	04/01/2001	
3622	AHC CARE/MI M&F 1-5 W/ QMB	04/01/2001	
3623	AHC CARE/MI M&F 6-13 W/ QMB	04/01/2001	
3624	AHC CARE/MI MALE 14-20 W/ QMB	04/01/2001	
3625	AHC CARE/MI FEMALE 14-20 W/ QMB	04/01/2001	
3626	AHC CARE/MI MALE 21-44 W/ QMB	04/01/2001	
3627	AHC CARE/MI FEMALE 21-44 W/ QMB	04/01/2001	
3628	AHC CARE/MI M&F 45-64 W/ QMB	04/01/2001	
3629	AHC CARE/MI M&F 65+ W/ QMB	04/01/2001	
410A	EAC < 1 M & F WITH MEDICARE PPC	10/01/1996	
410B	EAC 01-05 M & F WITH MEDICARE PPC	10/01/1996	
410C	EAC 06-13 M & F WITH MEDICARE PPC	10/01/1996	
410D	EAC 14-20 MALE WITH MEDICARE PPC	10/01/1996	
410E	EAC 14-20 FEMALE WITH MEDICARE PPC	10/01/1996	
4101	EAC <1 M & F WITH MEDICARE	10/01/1997	
4102	EAC 01-05 M & F WITH MEDICARE	10/01/1997	
4103	EAC 06-13 M & F WITH MEDICARE	10/01/1997	
4104	EAC 14-20 MALE WITH MEDICARE	10/01/1996	
4105	EAC 14-20 FEMALE WITH MEDICARE	10/01/1996	
411A	EAC < 1 M & F NON-MEDICARE PPC	10/01/1996	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
411B	EAC 01-05 M & F NON-MEDICARE PPC	10/01/1996	
411C	EAC 06-13 M & F NON-MEDICARE PPC	10/01/1996	
411D	EAC 14-20 MALE NON-MEDICARE PPC	10/01/1996	
411E	EAC 14-20 FEMALE NON-MEDICARE PPC	10/01/1996	
4111	EAC <1 M & F NON-MEDICARE	10/01/1997	
4112	EAC 01-05 M & F NON-MEDICARE	10/01/1997	
4113	EAC 06-13 M & F NON-MEDICARE	10/01/1997	
4114	EAC 14-20 MALE NON-MEDICARE	10/01/1996	
4115	EAC 14-20 FEMALE NON-MEDICARE	10/01/1996	
420A	ELIC < 1 M & F WITH MEDICARE PPC	10/01/1996	
420B	ELIC 01-05 M & F WITH MEDICARE PPC	10/01/1996	
420C	ELIC 06-13 M & F WITH MEDICARE PPC	10/01/1996	
420D	ELIC 14-20 MALE WITH MEDICARE PPC	10/01/1996	
420E	ELIC 14-20 FEMALE WITH MEDICARE PPC	10/01/1996	
4201	ELIC <1 M & F WITH MEDICARE	10/01/1997	
4202	ELIC 01-05 M & F WITH MEDICARE	10/01/1997	
4203	ELIC 06-13 M & F WITH MEDICARE	10/01/1997	
4204	ELIC 14-20 MALE WITH MEDICARE	10/01/1996	
4205	ELIC 14-20 FEMALE WITH MEDICARE	10/01/1996	
421A	ELIC < 1 M & F NON-MEDICARE PPC	10/01/1996	
421B	ELIC 01-05 M & F NON-MEDICARE PPC	10/01/1996	
421C	ELIC 06-13 M & F NON-MEDICARE PPC	10/01/1996	
421D	ELIC 14-20 MALE NON-MEDICARE PPC	10/01/1996	
421E	ELIC 14-20 FEMALE NON-MEDICARE PPC	10/01/1996	
4211	ELIC <1 M & F NON-MEDICARE	10/01/1997	
4212	ELIC 01-05 M & F NON-MEDICARE	10/01/1997	
4213	ELIC 06-13 M & F NON-MEDICARE	10/01/1997	
4214	ELIC 14-20 MALE NON-MEDICARE	10/01/1996	
4215	ELIC 14-20 FEMALE NON-MEDICARE	10/01/1996	
430A	SOBRA CHILD < 1 M & F W/MEDICARE PPC	10/01/1996	
430B	SOBRA CHILD 01-05 M & F W/MEDICARE PPC	10/01/1996	
430C	SOBRA CHILD 06-13 M & F W/MEDICARE PPC	10/01/1996	
430D	SOBRA CHILD 14-20 MALE W/MEDICARE PPC	10/01/1996	
430E	SOBRA CHILD 14-20 FEMALE W/MEDICARE PPC	10/01/1996	
4301	SOBRA CHILD <1 M & F W/MEDICARE	10/01/1997	
4302	SOBRA CHILD 01-05 M & F W/MEDICARE	10/01/1997	
4303	SOBRA CHILD 06-13 M & F W/MEDICARE	10/01/1997	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
4304	SOBRA CHILD 14-20 MALE W/MEDICARE	10/01/1997	
4305	SOBRA CHILD 14-20 FEMALE W/MEDICARE	10/01/1997	
431A	SOBRA CHILD < 1 M & F NON-MEDICARE PPC	10/01/1996	
431B	SOBRA CHILD 01-05 M & F NON-MEDICARE PPC	10/01/1996	
431C	SOBRA CHILD 6-13 M&F NO MDC PPC	10/01/1996	
431D	SOBRA CHILD 14-20 MALE NON-MEDICARE PPC	10/01/1996	
431E	SOBRA CHILD 14-20 FEMALE NON-MEDICARE PP	10/01/1996	
4311	SOBRA CHILD <1 M & F NON-MEDICARE	10/01/1997	
4312	SOBRA CHILD 01-05 M & F NON-MEDICARE	10/01/1997	
4313	SOBRA CHILD 06-13 M & F NON-MEDICARE	10/01/1997	
4314	SOBRA CHILD 14-20 MALE NON-MEDICARE	10/01/1997	
4315	SOBRA CHILD 14-20 FEMALE NON-MEDICARE	10/01/1997	
432A	SOBRA CHILD < 1 M & F WITH QMB PPC	10/01/1996	
432B	SOBRA CHILD 01-05 M & F WITH QMB PPC	10/01/1996	
432C	SOBRA CHILD 06-13 M & F WITH QMB PPC	10/01/1996	
432D	SOBRA CHILD 14-20 MALE WITH QMB PPC	10/01/1996	
432E	SOBRA CHILD 14-20 FEMALE WITH QMB PPC	10/01/1996	
4321	SOBRA CHILD <1 M & F WITH QMB	10/01/1997	
4322	SOBRA CHILD 01-05 M & F WITH QMB	10/01/1997	
4323	SOBRA CHILD 06-13 M & F WITH QMB	10/01/1997	
4324	SOBRA CHILD 14-20 MALE WITH QMB	10/01/1997	
4325	SOBRA CHILD 14-20 FEMALE WITH QMB	10/01/1997	
451E	BC PATIENT FEMALE 14-20 NO MDC	12/01/2001	
451G	BC PATIENT FEMALE 21-44 NO MDC	12/01/2001	
451H	BC PATIENT FEMALE 45-64 NO MDC	12/01/2001	
451J	BC PATIENT FEMALE 65 NO MDC	12/01/2001	
4510	BC PATIENT FOR FINANCE/FIZ SUPPORT	10/01/1982	
4515	BC PATIENT FEMALE 14-20 NO MDC	12/01/2001	
4517	BC PATIENT FEMALE 21-44 NO MDC	12/01/2001	
4518	BC PATIENT FEMALE 45-64 NO MDC	12/01/2001	
4519	BC PATIENT FEMALE 65 NO MDC	12/01/2001	
461E	CC PATIENT FEMALE 14-20 NO MDC	12/01/2001	
461G	CC PATIENT FEMALE 21-44 NO MDC	12/01/2001	
461H	CC PATIENT FEMALE 45-64 MP MDC	12/01/2001	
461J	CC PATIENT FEMALE 65 NO MDC	12/01/2001	
4610	CC PATIENT FOR FINANCE/FIZ SUPPORT	10/01/1982	
4615	CC PATIENT FEMALE 14-20 NO MDC	12/01/2001	

Continued on next page

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
4617	CC PATIENT FEMALE 21-44 NO MDC	12/01/2001	
4618	CC PATIENT FEMALE 45-64 NO MDC	12/01/2001	
4619	CC PATIENT FEMALE 65 NO MDC	12/01/2001	
500C	SOBRA PREG 09-13 FEMALE W/MEDICARE PPC	10/01/1996	
500E	SOBRA PREG 14-20 FEMALE W/MEDICARE PPC	10/01/1996	
500G	SOBRA PREG 21-44 FEMALE W/MEDICARE PPC	10/01/1996	
500H	SOBRA PREG 45-64 FEMALE W/MEDICARE PPC	10/01/1996	
5003	SOBRA PREG 09-13 FEMALE WITH MEDICARE	10/01/1997	
5005	SOBRA PREG 14-20 FEMALE WITH MEDICARE	10/01/1997	
5007	SOBRA PREG 21-44 FEMALE WITH MEDICARE	10/01/1997	
5008	SOBRA PREG 45-64 FEMALE WITH MEDICARE	10/01/1997	
501C	SOBRA PREG 09-13 FEMALE NON-MEDICARE PPC	10/01/1996	
501E	SOBRA PREG 14-20 FEMALE NON-MEDICARE PPC	10/01/1996	
501G	SOBRA PREG 21-44 FEMALE NON-MEDICARE PPC	10/01/1996	
501H	SOBRA PREG 45-64 FEMALE NON-MEDICARE PPC	10/01/1996	
5013	SOBRA PREG 09-13 FEMALE NON-MEDICARE	10/01/1997	
5015	SOBRA PREG 14-20 FEMALE NON-MEDICARE	10/01/1997	
5017	SOBRA PREG 21-44 FEMALE NON-MEDICARE	10/01/1997	
5018	SOBRA PREG 45-64 FEMALE NON-MEDICARE	10/01/1997	
502C	SOBRA PREG 09-13 FEMALE WITH QMB PPC	10/01/1996	
502E	SOBRA PREG 14-20 FEMALE WITH QMB PPC	10/01/1996	
502G	SOBRA PREG 21-44 FEMALE WITH QMB PPC	10/01/1996	
502H	SOBRA PREG 45-64 FEMALE WITH QMB PPC	10/01/1996	
5023	SOBRA PREG 09-13 FEMALE WITH QMB	10/01/1997	
5025	SOBRA PREG 14-20 FEMALE WITH QMB	10/01/1997	
5027	SOBRA PREG 21-44 FEMALE WITH QMB	10/01/1997	
5028	SOBRA PREG 45-64 FEMALE WITH QMB	10/01/1997	
5500	SOBRA FPS FEMALE WITH MEDICARE	10/01/1997	
5510	SOBRA FPS FEMALE WITH NON-MEDICARE	10/01/1997	
5520	SOBRA FPS FEMALE WITH QMB	10/01/1997	
6011	KIDS <1M&F NON MEDICARE	10/01/1998	
6012	KIDS 1-5 M & F NON-MEDICARE	10/01/1998	
6013	KIDS 6-13 M & F NON-MEDICARE	10/01/1998	
6014	KIDS 14-19 MALE NON-MEDICARE	10/01/1998	
6015	KIDS 14-19 FEMALE NON-MEDICARE	10/01/1998	
6514	SOBRA HIFA 14 - 20 MALE NON-MEDICARE	10/01/2002	
6515	SOBRA HIFA 14 - 20 FEMALE NON-MEDICARE	10/01/2002	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
		Begin	End
6516	SOBRA HIFA 21 - 44 MALE NON-MEDICARE	10/01/2002	
6517	SOBRA HIFA 21 - 44 FEMALE NON-MEDICARE	10/01/2002	
6518	SOBRA HIFA 45 - 64 MALE/FEMALE NON-MDC	10/01/2002	
6519	SOBRA HIFA 65+ MALE/FEMALE NON-MDC	10/01/2002	
6614	KC HIFA 14 - 20 MALE NON-MEDICARE	10/01/2002	
6615	KC HIFA 14 - 20 FEMALE NON-MEDICARE	10/01/2002	
6616	KC HIFA 21 - 44 MALE NON-MEDICARE	10/01/2002	
6617	KC HIFA 21 - 44 FEMALE NON-MEDICARE	10/01/2002	
6618	KC HIFA 45	10/01/2002	
6619	KC HIFA 65+ MALE/FEMALE NON	10/01/2002	
7000	CMHS	11/01/1992	
7100	SMI	11/01/1992	
7200	CMHS/DD/18-20	11/01/1992	
7300	CMHS/SED	11/01/1992	
7400	GENERAL MENTAL HEALTH SERVICES	10/01/1995	
7600	SUBSTANCE ABUSE MENTAL HEALTH SERVICES	10/01/1995	
8020	QMB ONLY	07/01/1989	
8040	SLMB	10/01/2007	
8050	QI1	10/01/2007	
860Z	SSI BLIND FREEDOM/WORK W/ MDC PPC	10/01/2001	
8600	SSI BLIND FREEDOM/WORK W/ MDC	10/01/2001	
861Z	SSI BLIND FREEDOM/WORK NON-MDC PPC	10/01/2001	
8610	SSI BLIND FREEDOM/WORK NON-MDC	10/01/2001	
862Z	SSI BLIND FREEDOM/WORK W/ QMB PPC	10/01/2001	
8620	SSI BLIND FREEDOM/WORK W/ QMB	10/01/2001	
870Z	SSI DISABLED FREEDOM/WORK W/ MDC PPC	10/01/2001	
8700	SSI DISABLED FREEDOM/WORK W/ MDC	10/01/2001	
871Z	SSI DISABLED FREEDOM/WORK NON-MDC PPC	10/01/2001	
8710	SSI DISABLED FREEDOM/WORK NON-MDC	10/01/2001	
872Z	SSI DISABLED FREEDOM/WORK W/ QMB PPC	10/01/2001	
8720	SSI DISABLED FREEDOM/WORK W/ QMB	10/01/2001	
9810	RURAL HOSP PMT TACI <1	10/01/2009	
9811	RURAL HOSP PMT TACI <1 Expanded	10/01/2009	
9812	RURAL HOSP PMT TACI (1-13)	10/01/2009	
9813	RURAL HOSP PMT TACI (1-13) Expanded	10/01/2009	
9814	RURAL HOSP PMT MALE	10/01/2009	
9815	RURAL HOSP PMT MALE Expanded	10/01/2009	

*Continued on next page*

## Codes & Values 2012

### RF401 Capitation Rate [Codes] (Continued)

Code	Description	Effective Date	
9816	RURAL HOSP PMT FMAL	10/01/2009	
9817	RURAL HOSP PMT FMAL Expanded	10/01/2009	
9818	RURAL HOSP PMT ADLT	10/01/2009	
9819	RURAL HOSP PMT ADLT Expanded	10/01/2009	
9820	RURAL HOSP PMT SSI W/MEDICARE	10/01/2009	
9821	RURAL HOSP PMT SSI W/0 MEDICARE	10/01/2009	
9822	RURAL HOSP PMT For SSI 2/MDC Expanded	10/01/2009	
9823	RURAL HOSP PMT For SSI NO MDC Expanded	10/01/2009	
9833	RURAL HOSP PMT For SSI AHCCCS CARE	10/01/2009	
9834	RURAL HOSP PMT For MED ELIGIBLES	10/01/2009	
9836	RURAL HOSP PMT For AHC CARE/MI	10/01/2009	
9845	RURAL HOSP PMT For BCTP	10/01/2009	
9846	RURAL HOSP PMT For CCTP	10/01/2009	
9887	RH PAYMENT FREEDOM TO WORK	10/01/2009	
9900	HOSP. KICK PAYMENT AC/XE	10/01/2001	
9901	HOSP. KICK PAYMENT AC/XW	10/01/2001	
9902	HOSP. KICK PAYMENT MD/XW	10/01/2001	
9910	TANF & SOBRA CHILDREN MAO KICK PAYMENT	10/01/1999	
9911	SB PAYMENT FOR TANF Expanded	07/01/2001	
9920	SSI W/MEDICARE KICK PAYMENT	10/01/1999	
9921	SSI W/O MEDICARE KICK PAYMENT	10/01/1999	
9922	SB PAYMENT FOR SSI Expanded W/MDC	04/01/2001	
9923	SB PAYMENT FOR SSI Expanded NO MDC	04/01/2001	
9930	EAC/ELIC & MN/MI KICK PAYMENT	10/01/1999	
9933	SB PAYMENT FOR AHCCS CARE	10/01/2001	
9934	SB PAYMENT FOR MED ELIGIBLES	04/01/2001	
9936	SB PAYMENT FOR AHC CARE/MI	04/01/2001	
9945	SB KICK PAYMENT FOR BCTP	12/01/2001	
9946	SB KICK PAYMENT FOR CCTP	12/01/2001	
9950	S.O.B.R.A. KICK PAYMENT	10/01/1999	
9960	KIDSCARE KICK PAYMENT	10/01/1999	
9965	SB HIFA NB KICK	09/01/2007	
9966	KC HIFA NB KICK	09/01/2007	
9990	SOBRA SUPPLEMENTAL PAYMENT	10/01/1997	

## Codes & Values 2012

<b>RF519 RECIPIENT CARE LEVEL</b>
-----------------------------------

Code	Description
ACH	Adult Care Home
HOC	Continuous Hospice
HOG	General Inpatient Hospice
HOI	Inpatient Hospice
HOR	Routine Hospice
ICF	Intermediate Care Facility
ICM	Intermediate Care Facility – MR
L11	PUBLIC 1,INSTIT 1 (ADC)
L12	PUBLIC 1,INSTIT 2 (ADC)
L13	PUBLIC 1,INSTIT 3 (ADC)
L14	PUBLIC 1,INSTIT 4 (ADC)
L15	PUBLIC 1,INSTIT 5 (ADC)
L21	PUBLIC 2,INSTIT 1 (ADC)
L22	PUBLIC 2,INSTIT 2 (ADC)
L23	PUBLIC 2,INSTIT 3 (ADC)
L24	PUBLIC 2,INSTIT 4 (ADC)
L25	PUBLIC 2,INSTIT 5 (ADC)
L31	PUBLIC 3,INSTIT 1 (ADC)
L32	PUBLIC 3,INSTIT 2 (ADC)
L33	PUBLIC 3,INSTIT 3 (ADC)
L34	PUBLIC 3,INSTIT 4 (ADC)
L35	PUBLIC 3,INSTIT 5 (ADC)
L41	PUBLIC 4,INSTIT 1 (ADC)
L42	PUBLIC 4,INSTIT 2 (ADC)
L43	PUBLIC 4,INSTIT 3 (ADC)
L44	PUBLIC 4,INSTIT 4 (ADC)
L45	PUBLIC 4,INSTIT 5 (ADC)
L51	PUBLIC 5,INSTIT 1 (ADC)
L52	PUBLIC 5,INSTIT 2 (ADC)
L53	PUBLIC 5,INSTIT 3 (ADC)
L54	PUBLIC 5,INSTIT 4 (ADC)
L55	PUBLIC 5,INSTIT 5 (ADC)
SN1	Skilled Nursing Facility Level 1
SN2	Skilled Nursing Facility Level 2
SN3	Skilled Nursing Facility Level 3
SRL	Supportive Residential Living

## Codes & Values 2012

### RF525 CHANGE REASON

<b>Where these are used:</b>	<b>Code</b>	<b>Description</b>
<p>These Change Reason Type Codes may be found in the PMMIS Subsystem on the RP145C Change Eligibility Summary Screen as well as other screens.</p> <p>To view change reasons: At the RP145C Change screen:</p> <ul style="list-style-type: none"> <li>• select an eligibility key code by placing the letter 's' on the line, and</li> <li>• enter.</li> </ul> <p>This will transaction travel to the next screen. The cursor will be now be found on the "Change Reason" line.</p> <ul style="list-style-type: none"> <li>• Depress F1 Help Key, the table will become visible.</li> </ul> <p>After eligibility is changed it may be seen on the RP145 I Inquire Eligibility Summary screen.</p> <p><b>Other Locations:</b> RP160 I , RP250 I, RP595 I, and others.</p>	AB	Absolute Discharge From ADJC
	AD	Adoption Final
	AE	Applied For New Eligibility
	AF	Eligible For AFDC Cash
	AG	Age Limit Exceeded for Category
	AI	Refused to Assign Medical Support
	AO	Plan Change, Administrative-Out
	AP	Co-Pay Term Due To Timely Appeal
	AR	Co-Pay Appeal Resolved/Ended
	AT	Refused to Assign or Provide TPL Info
	CA	Term Due To Increase In Co-Pay
	CB	Failed Review For Continued Benefits
	CD	Term Due To Decrease In Co-Pay
	CE	Coverage Ended
	CH	Eligibility Change Causes Disenrollment
	CI	Reported Change Causes Ineligibility
	CL	Contact Lost
	CM	Computer Match, Info Validated
	CN	1931 Conversion Project
	CO	County Move-Out
	CR	Currently Receiving MA
	CS	Excess Income = 31 Term to 4 Month Continuance
	CT	Contract Terminated
	CU	Term Due To Update Of Co-Pay Data
	CV	Converted/Higher Eligibility
	DA	Change Of Assessment
	DC	No Eligible Deprived/Dependent Child
	DE	Deceased
DF	Discharge For Cause From ADJC	
DH	Death	
DI	Incarceration	
DJ	Short Term Incarceration	
DL	Loss Of Contract	
DM	Move From RBHA (Regional Behavioral Health Authority) Area	
DN	Non-Compliance	
DO	Move Out Of State	
DP	Duplicate Record	
DQ	Disqualified for SOBRA Family Planning	

*Continued on next page*

## Codes & Values 2012

### RF525 CHANGE REASON, (Continued)

Code	Description
DR	Inter RBHA Transfer
DS	Need Additional Services
DT	Treatment Completed
DX	Administrative Closure
EC	No Eligible Deprived/Dependent
EE	Exhausted All Efforts
EI	Excessive Income
EM	End Of MD Eligibility
EO	Open Enrollment-Out
EP	ESI Participant (Employer Sponsored INS)
ER	Entered in Error (Technical Closure)
ES	Emergency Services County Termination
FF	Fleeing Felon
FH	Failed to Verify TPL (HIFA Parent)
FM	Foster/MEDICS (Medical Eligibility Determination and Information Control System) Implementation
FO	Plan Change -Out-Family Continuity
HC	Higher From Exparte
HE	Higher Eligibility
HO	Moved Out Of Health Plan Area
HT	County Term Due to KidsCare Add
IB	Ineligible Under Blind Category
IC	Incarceration
IE	Ineligible
IF	DES Interface-Created Transaction
IL	Earnings Disregard Ended
IM	Ineligible Mother
IN	Failed to Complete Initial Interview
IP	Inelig For MA, Elig For FP
IR	Referred To AHCCCS For SSI/MAO
KH	KC Immediate Termination
KT	KidsCare Termination Due To Higher Eligibility
LA	Living Arrangement
LC	Loss Of Contact /Returned Mail
LT	Eligible For AFDC MAO Long Term Care
MA	Medicare Added, Caused Termination
MB	Medical Benefits Ended--Hearing Decision
MC	TMA Closure – No Earnings
MN	Mom and Baby in New Care

*Continued on next page*

## Codes & Values 2012

### RF525 CHANGE REASON, (Continued)

Code	Description
MO	Plan Change-Out-Med Care Continued
MR	Maximum Resources Exceeded
MS	Living Arrangements Verif
NC	Non-Compliance with DCES
ND	Non-Comply DCSE
NE	No Eligible Child (HIFA Parent)
NO	No Good Faith Effort
NP	Nonpayment Of Premium
NQ	Non Qualified
NR	Newborn Does Not Live With Mom in AZ
NS	No Signature on Application
NT	Newborn Termination Due to Higher Eligibility
NW	Not Willing To Pay Premium
NX	Failed to Respond With Newborn Information
OC	Currently Receiving Assist
OM	One Month Of Elig ONLY
OS	AZ Residency not Established
OT	Other Term Reason
PE	Pregnancy Ended
PL	Paroled From ADJC
PO	End Of Contract-Out: Direct Move Method
PP	Premium Payment Not Made
PR	Failed To Comply
PT	End Of Contract-Out: %; Auto; Rule Method
QC	Refused to Cooperate with QC
RA	Retroactive Enrollment
RC	Rate Code Change
RE	Redetermination not Completed
RH	Child Returned to Parent (FC)
RI	Reside in Institution (ASH)
RM	Refuse Medical Denial Only
RO	Mental Health Services Disenrollment
RT	Retroactive Eligibility
RV	Failed to Verify Resources
SA	Sponsored Alien: Agency/Organ
SD	Disabled ES Referred to SSI MAO
SE	State Employee (HIFA Parent)
SM	DES System Maintenance-APIS Correction 2/94
SR	SSI MAO Referral

*Continued on next page*

## Codes & Values 2012

### RF525 CHANGE REASON, (Continued)

Code	Description
SS	SSN (Social Security Number) Requirements not Met
ST	Surgical Sterilization
TD	Terminated Disability
TE	Eligible for TMA 1 <sup>st</sup> Extension
TL	Eligible for AFDC 2 <sup>nd</sup> Extension
TP	Third Party Exists
TR	Term One Record
UE	Eligible AFDC MAO Unemployed Parent Coverage
UP	Eligible AFDC Unemployed Parent Coverage
US	Citizen Requirements Not Met (HIFA Parent)
VB	Voluntary Withdrawal Term EOM
VI	Failure to Comply With Proc. Req.
VK	Voluntary Withdrawal KidsCare (No 12-Month Guarantee)
VR	Loss of Contact/Whereabouts Unknown
VW	Voluntary Withdrawal Immediate Term
WU	Loss of Contact/Whereabouts Unknown
ZZ	Special EAC Terminations Tape From DES (9/23)

### RF410 Contract Type

Type	Code	Contract Code Description	Indicator	
			Cap	FFS
%	CRS/CAP	Children's Rehab Services, Capitation	Y	
@	DES/DD/RI	Des DD Reinsurance Indicator		
A	ACU/CAP	Acute Capitated	Y	
B	ACU/CAP/PAR	Acute, Partially Capitated	Y	Y
C	ACU/CAP/ACU	Acute, Capitated Acute Services Only	Y	
D	ACU/FFS/ACU	Acute, Fee-For-Service Acute Services Only		Y
E	ACU/FFS	Acute Fee-For-Service		Y
F	ACU/FFS/EMO	Acute, Fee-For-Service Emergency Services Only		Y
G	ACU/FFS/FPS	Acute, Fee-For-Service, Family Planning Services		Y
H	ACU/PPC	Acute Prior Period Coverage	Y	
I	ACU/PPC/EMO	Acute Prior Period Coverage Emergency Services	Y	
J	LTC/CAP	Long Term Care, Capitated	Y	
K	MHS/CAP/ACU	Mental Health Services, Capitated, Acute Only	Y	
L	LTC/CAP/ACU	Long Term Care Capitated Acute Only	Y	

*Continued on next page*

## Codes & Values 2012

<b>RF410 Contract Type</b> (Continued)				
Type	Code	Contract Code Description	Indicator	
			Cap	FFS
M	LTC/PPC	Long Term Care Prior Period Coverage	Y	
N	ACU/NBN	Acute Newborn Non-Capped		
O	LTC/PPC/ACU	Long Term Care Prior Period Coverage Acute	Y	
P	LTC/CAP/PAR	Long Term Care, Partially Capitated	Y	Y
Q	ACU/CAP/FPS	Acute Capitated Family Planning Services Only	Y	
R	LTC/FFS	Long Term Care Fee-For-Service		Y
S	MHS/CAP/DD	Mental Health Services, Capitated, DD (Developmentally Disabled)	Y	
T	LTC/FFS/ACU	Long Term Care Fee-For-Service Acute Only	Y	Y
U	UNDOC/FFS/EM	Undocumented Aliens, Fee-For-Service, Emergency Services Only		Y
V	MHS/CAP/KC	Mental Health Services Capitated KidsCare	Y	
W	ACU/KC/NOPAY	ADHS Direct Services KidsCare No Payment		
X	ACU/FFS/KC	Acute Fee-For-Service KidsCare		Y
Y	ACU/CAP/KC	Acute Capitated KidsCare	Y	
Z	MHS/CAP/HIFA	Mental Health Services Capitated HIFA	Y	
1	NO/PMT	No Payment Allowed		
2	LTC/VD/CAP/F	Long Term Care Vent Dependent Capitated Full Services	Y	
3	LTC/FFS/VD	Long Term Care Fee-For-Service Ventilator Dependant	Y	Y
4	LTC/VD/CAP/A	Long Term Care Vent Dependent Capitated Acute Services	Y	
5	LTC/FFS/VHA	Long Term Care, Fee-For-Service, Ventilator Dependant, Acute Services Only	Y	Y
6	MHS/CAP/TMCP	Mental Health Services, Capitated, Temp MED	Y	
7	MHS/CAP/CMDP	Mental Health Services, Capitated	Y	
8	NON/PAY	No Payment/Medicare Claims Only		Y
9	NON/AHC	Non-AHCCCS Claims Processing ONLY		Y

### RF529 CONVERTED TRANSACTION STATUS

Used only for internal processing of Pended transactions.	<b>Code</b>	<b>Description</b>
	A	Apply
	D	Delete
	F	Force Apply
	P	Pended

## Codes & Values 2012

### CO-PAY DATA - RF553

CO-PAY LEVEL: 00 NO CO-PAY				
PAYMENT TYPE	SERVICE TYPE	AMOUNT	BEGIN DATE	END DATE
N No Co-Pay	01 Generic RX	0.00	10/01/2003	09/30/2010
N No Co-Pay	02 Brand Name RX	0.00	10/01/2003	09/30/2010
N No Co-Pay	03 Non Emer Use ER	0.00	10/01/2003	09/30/2010
N No Co-Pay	04 Office Visit	0.00	10/01/2003	09/30/2010
CO-PAY LEVEL: 20 TRADITIONAL - URBAN				
PAYMENT TYPE	SERVICE TYPE	AMOUNT	BEGIN DATE	END DATE
O Nominal Co-Pay	04 Office Visit	3.40	10/01/2010	
O Nominal Co-Pay	06 Pharmacy	2.30	10/01/2010	
O Nominal Co-Pay	08 Outpatient Therapy	2.30	10/01/2010	
CO-PAY LEVEL: 21 HIFA				
PAYMENT TYPE	SERVICE TYPE	AMOUNT	BEGIN DATE	END DATE
O Nominal Co-Pay	04 Office Visit	3.40	10/01/2010	
O Nominal Co-Pay	06 Pharmacy	2.30	10/01/2010	
O Nominal Co-Pay	08 Outpatient Therapy	2.30	10/01/2010	
CO-PAY LEVEL: 25 TRADITIONAL - RURAL				
O Nominal Co-Pay	04 Office Visit	3.40	10/01/2010	
O Nominal Co-Pay	06 Pharmacy	2.30	10/01/2010	
O Nominal Co-Pay	08 Outpatient Therapy	2.30	10/01/2010	
O Nominal Co-Pay	10 Missed Appointment	0.00	04/01/2012	
CO-PAY LEVEL: 40 TWG – URBAN				
PAYMENT TYPE	SERVICE TYPE	AMOUNT	BEGIN DATE	END DATE
M Mandatory Co-Pay	01 Generic Drug	4.00	10/01/2003	
M Mandatory Co-Pay	02 Brand Name Drug	10.00	10/01/2003	
M Mandatory Co-Pay	03 Non Emer Use ER	30.00	10/01/2010	
M Mandatory Co-Pay	04 Office Visit	5.00	10/01/2003	
M Mandatory Co-Pay	09 Transportation	2.00	04/01/2012	
CO-PAY LEVEL: 45 TWG - RURAL				
M Mandatory Co-Pay	01 Generic Drug	4.00	10/01/2003	
M Mandatory Co-Pay	02 Brand Name Drug	10.00	10/01/2003	
M Mandatory Co-Pay	03 Non Emer Use ER	30.00	10/01/2010	
M Mandatory Co-Pay	04 Office Visit	5.00	10/01/2003	
CO-PAY LEVEL: 50 TMA				
PAYMENT TYPE	SERVICE TYPE	AMOUNT	BEGIN DATE	END DATE
M Mandatory Co-Pay	05 Office Visits	4.00	10/01/2010	
M Mandatory Co-Pay	06 Pharmacy	2.30	10/01/2010	
M Mandatory Co-Pay	07 Surgery	3.00	10/01/2010	
M Mandatory Co-Pay	08 Outpatient Therapy	3.00	10/01/2010	
<b>Where these are used:</b> In the PMMIS Recipient subsystem: The Co-Pay Inquiry screen, the RP701 and the Co-Pay Detail Inquiry screen, the RP702 may contain the values listed in the Co-Pay tables.				

## Codes & Values 2012

<b>CO-PAY ELIGIBILITY KEY MAP - RF575</b>
---

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
EXMPT	L SA CASH	040		00										
EXMPT	L SB CASH	050		00										
EXMPT	L SD CASH	060		00										
EXMPT	L AF CASH	080		00										
EXMPT	L AF CASH FOSTER OR ADOPT SUBSIDY	085		00										
EXMPT	L SA MAO	090		00										
EXMPT	L AF MAO CHILD	100		00										
EXMPT	L AF MAO DEPRIVED	110		00										
EXMPT	L AF MAO PREG	120		00										
EXMPT	L SB MAO	130		00										
EXMPT	L SD MAO	140		00										
NOM	A SA CASH	200		20	00	00		00		00		00	00	00
NOM	A SB CASH	210		20	00	00		00		00		00	00	00
NOM	A SD CASH	220		20	00	00		00		00		00	00	00
<del>NOM</del>	<del>A AF MAO 1931</del>	<del>231</del>		<del>20</del>	<del>00</del>	<del>00</del>		<del>00</del>		<del>00</del>		<del>00</del>	<del>00</del>	<del>00</del>
NOM	A AF MAO 1931	231	Y	20	00	00		00		00		00	00	00
NOM	A AF MAO 1931	231	N	25	00	00		00		00		00	00	00
<del>NOM</del>	<del>A AF MAO 1931 EXPANDED</del>	<del>232</del>		<del>20</del>	<del>00</del>	<del>00</del>		<del>00</del>		<del>00</del>		<del>00</del>	<del>00</del>	<del>00</del>
NOM	A AF MAO 1931 EXPANDED	232	Y	20	00	00		00		00		00	00	00
NOM	A AF MAO 1931 EXPANDED	232	N	25	00	00		00		00		00	00	00
NOM	A AF ACUTE	260		20	00	00		00		00		00	00	00
NOM	A AF ACUTE	265		20	00	00		00		00		00	00	00
NOM	A AF CASH FOSTER	270		20	00	00		00		00		00	00	00
NOM	A AF MAO YOUNG ADULT TRANSITIONAL	275		20	00	00		00		00		00	00	00
NOM	A AF COBRA (OUT OF STATE) FOSTER	305		20	00	00		00		00		00	00	00
NOM	A AF 4 MO CONT. DUE TO CHILD SUPPORT	320		20	00	00		00		00		00	00	00

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
NOM	SOBRA HIFA PARENT	325		21	00	00		00		00		00	00	00
NOM	KIDSCARE HIFA PARENT	327		21	00	00		00		00		00	00	00
TMA	A AF 6 MO CONT. TMA 1ST EXT.	332		50	00	00		00		00	00	00	00	00
TMA	A AF 6 MO CONT. TMA 2ND EXT.	334		50	00	00		00		00	00	00	00	00
NOM	A AF MAO S.O.B.R.A.CHILD	350		20	00	00		00		00		00	00	00
NOM	A AF MAO SC EXPANDED	351		20	00	00		00		00		00	00	00
NOM	A AF MAO DES SO NB	355		20	00	00		00		00		00	00	00
NOM	A AF MAO DES NEWBORN	357		20	00	00		00		00		00	00	00
NOM	DES HIFA NEWBORN	359		20	00	00		00		00		00	00	00
EXMPT	A AF MAO S.O.B.R.A. PG	360		00										
EXMPT	A AF MAO SW EXPANDED	361		00										
EXMPT	A KIDSCARE	368		00										
NOM	A SA MAO	370		20	00	00		00		00		00	00	00
NOM	SSI (AHCCCS CARE/MI)	371		20	00	00		00		00		00	00	00
NOM	SSI (AHCCCS CARE EXPANDED)	372		20	00	00		00		00		00	00	00
NOM	A SA MAO EXPANDED	375		20	00	00		00		00		00	00	00
NOM	A SA MAO PICKLE	380		20	00	00		00		00		00	00	00
NOM	ACUTE SSI AGED MAO EXPARTE	382		20	00	00		00		00		00	00	00
NOM	A SB MAO	390		20	00	00		00		00		00	00	00
NOM	ACUTE SSI BLIND MAO EXPARTE	392		20	00	00		00		00		00	00	00
NOM	A SB MAO FREEDOM TO WORK	393		20	00	00		00		00		00	00	00
NOM	ACUTE SSI BLIND MAO APPEAL	394		20	00	00		00		00		00	00	00
NOM	A SB MAO EXPANDED	395		20	00	00		00		00		00	00	00
NOM	A SB MAO PICKLE	400		20	00	00		00		00		00	00	00
NOM	A SD MAO FREEDOM TO WORK	403		20	00	00		00		00		00	00	00
NOM	A SD MAO	410		20	00	00		00		00		00	00	00
NOM	A SD MAO EXPANDED	415		20	00	00		00		00		00	00	00
NOM	A SD MAO PICKLE	420		20	00	00		00		00		00	00	00
NOM	ACUTE SSI DISABLED MAO EXPARTE	422		20	00	00		00		00		00	00	00
NOM	ACUTE SSI DISABLED MAO APPEAL	424		20	00	00		00		00		00	00	00
NOM	ACUTE SSI DISABLED MAO DAC	426		20	00	00		00		00		00	00	00
NOM	ACUTE SSI DISABLED MAO DISABLED CHILD	428		20	00	00		00		00		00	00	00
NOM	A SD MAO WIDOW/ER	430		20	00	00		00		00		00	00	00

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
NOM	A SA MAO WIDOW/ER	431		20	00	00		00		00		00	00	00
NOM	A SB MAO WIDOW/ER	432		20	00	00		00		00		00	00	00
NOM	A AF AHCCCS NEWBORN	440		20	00	00		00		00		00	00	00
NOM	A AF AHCCCS SOBRA NEWBORN	445		20	00	00		00		00		00	00	00
EXMPT	SOBRA HIFA DEEMED NEWBORN	447		00										
NOM	A SSI AHCCCS NEWBORN	450		20	00	00		00		00		00	00	00
EXMPT	A KIDSCARE NEWBORN	455		00										
NOM	A AF MAO 6MO GUAR	460		20	00	00		00		00		00	00	00
NOM	A AF MAO EXPANDED 6-MO GUARANTEE	461		20	00	00		00		00		00	00	00
NOM	A AF MAO S.O.B.R.A.CHILD 6M GUAR	462		20	00	00		00		00		00	00	00
TWG	A AHCCCS CARE > 40% FPL 6MG	463		40	00	00		00		00		00	00	00
TWG	A AHCCCS CARE > 40% FPL 6MG	463	Y	40	00	00		00		00		00	00	00
TWG	A AHCCCS CARE > 40% FPL 6MG	463	N	45	00	00		00		00		00	00	00
NOM	A AF MAO S.O.B.R.A.PREG 6M GUAR	464		20	00	00		00		00		00	00	00
TWG	A AHCCCS CARE < 40% FPL 6MG	467		40	00	00		00		00		00	00	00
EXMPT	A KIDSCARE 12-MONTH GUARANTEE	468		00										
NOM	A SA MAO 6MO GUAR	470		20	00	00		00		00		00	00	00
NOM	A SA MAO EXPANDED 6-MO GUARANTEE	471		20	00	00		00		00		00	00	00
TWG	A MED 6 MONTH GUARANTEE	472		40	00	00		00		00		00	00	00
TWG	A MED 6-MONTH GUARANTEE	472	Y	40	00	00		00		00		00	00	00
TWG	A MED 6-MONTH GUARANTEE	472	N	45	00	00		00		00		00	00	00
NOM	A SB MAO 6MO GUAR	480		20	00	00		00		00		00	00	00
NOM	A SB MAO EXPANDED 6-MO GUARANTEE	481		20	00	00		00		00		00	00	00
NOM	A SB FREEDOM TO WORK 6MO GUAR	482		20	00	00		00		00		00	00	00
NOM	A SI MAO NEWBORN 6G	485		20	00	00		00		00		00	00	00
NOM	A SD MAO 6MO GUAR	490		20	00	00		00		00		00	00	00
NOM	A SD MAO EXPANDED 6-MO GUARANTEE	491		20	00	00		00		00		00	00	00
NOM	A SD FREEDOM TO WORK 6MO GUAR	492		20	00	00		00		00		00	00	00
NOM	A AF MAO BC PATIENT	560		20	00	00		00		00		00	00	00

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
NOM	A AF MAO CC PATIENT	565		20	00	00		00		00		00	00	00
NOM	A AF MAO CL PATIENT	570		20	00	00		00		00		00	00	00
TRAN	TRANSPLANT OPTION 1	581		20	00	00		00		00		00	00	00
TRAN	TRANSPLANT OPTION 2	582		20	00	00		00		00		00	00	00
<del>TWG</del>	<del>A AHCCCS CARE</del>	<del>585</del>		<del>40</del>	<del>00</del>	<del>00</del>		<del>00</del>		<del>00</del>		<del>00</del>	<del>00</del>	<del>00</del>
TWG	A AHCCCS CARE	585	Y	40	00	00		00		00		00	00	00
TWG	A AHCCCS CARE	585	N	45	00	00		00		00		00	00	00
<del>TWG</del>	<del>A AHCCCS CARE/MI</del>	<del>587</del>		<del>40</del>	<del>00</del>	<del>00</del>		<del>00</del>		<del>00</del>		<del>00</del>	<del>00</del>	<del>00</del>
TWG	A AHCCCS CARE/MI	587	Y	40	00	00		00		00		00	00	00
TWG	A AHCCCS CARE/MI	587	N	45	00	00		00		00		00	00	00
<del>TWG</del>	<del>A MED ELIGIBILITY</del>	<del>595</del>		<del>40</del>	<del>00</del>	<del>00</del>		<del>00</del>		<del>00</del>		<del>00</del>	<del>00</del>	<del>00</del>
TWG	A MED ELIGIBILITY	595	Y	40	00	00		00		00		00	00	00
TWG	A MED ELIGIBILITY	595	N	45	00	00		00		00		00	00	00
EXMPT	L SB MAO FREEDOM TO WORK	725		00										
EXMPT	L SD MAO FREEDOM TO WORK	735		00										
NOM	A AF MAO	750		20	00	00		00		00		00	00	00
EXMPT	QMB ONLY OTHER	800		00										
EXMPT	QMB ONLY AGED	810		00										
EXMPT	QMB ONLY BLIND	820		00										
EXMPT	QMB ONLY DISABLED	830		00										
EXMPT	PART B ONLY - SLMB	840		00										
EXMPT	PART B ONLY - QI1	850		00										
EXMPT	A AFDC MAO EMER SVCE DES UNDOCUMENTED	900		00										
EXMPT	A AFDC MAO EMER PG DES UNDOCUMENTED	905		00										
EXMPT	A AF MA EXPANDED EMER SVCS	908		00										
EXMPT	A SA MAO EMER SVCS SSI UNDOCUMENTED	910		00										
EXMPT	A SA MAO EMER SVCS EXPANDED	911		00										
EXMPT	A SB MAO EMER SVCS SSI UNDOCUMENTED	915		00										
EXMPT	A SB MAO EMER SVCS EXPANDED	916		00										
EXMPT	A SD MAO EMER SVCS SSI UNDOCUMENTED	920		00										

EXMPT	A SD MAO EMER SVCS EXPANDED	921		00										
EXMPT	A SB FPS MAO	960		00										

## Codes & Values 2012

<b>CO-PAY EXCEPTION TYPE - RF554</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
AGE	Under Age 19
CMD	CMDP Enrolled
CRS	CRS Coverage
DDD	DES DDD Enrolled (not currently used)
ELG	Eligibility Exemption
FFS	FFS Enrollment
GMH	General Mental Health (TWG only)
HBC	Home and Community Based Services
HSC	Hospice
IHS	IHS Enrolled
INS	Institutionalized
ITU	ITU Exception Code
NAM	Native American HIFA Parent
PRG	Pregnant
QMD	QMB Dual Covered
SMI	SMI/SED Coverage
TRB	TRBHA Coverage (not currently used)
URB	URBAN Residence

<b>CO-PAY LEVEL TYPE - RF555</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
00	No Co-Pay
20	Traditional - Urban
21	HIFA (Health Insurance Flexibility and Accountability)
25	Traditional - Rural
40	TWG (Title XIX Waiver Group) - Urban
45	TWG (Title XIX Waiver Group) - Rural
50	TMA

<b>CO-PAY PAYMENT TYPE- RF557</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
M	Mandatory Co-Pay
N	No Co-Pay
O	Nominal Co-Pay

<b>CO-PAY SERVICE TYPE- RF556</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
01	Generic Rx
02	Brand Name Rx
03	Non Emergency Use Of ER
04	Office Visit
05	Office Visits
06	Pharmacy
07	Surgery

## Codes & Values 2012

### CO-PAY SERVICE TYPE- RF556 (continued)

CODE	DESCRIPTION
08	Outpatient Therapy
09	Transportation
10	Missed Appointment

### RF528 CORRESPONDENCE TYPE

**Where these are used:**  
**These Correspondence Type Codes may be found in the PMMIS Recipient subsystem on the RP205 Inquire Correspondence Screen.**  
 Note: the shaded codes are no longer used.

CODE	DESCRIPTION
AC	COBRA/AS Choice
AE	ACUTE AE
AH	Ad Hoc Mailing
AL	EAC (Eligible Assistance Children) Term-Age Limit Letter
AM	Acute Special Mailing
CA	Co-Pay - Adverse Action
CI	Co-Pay - Information
CP	Co-Pay - Initial
CR	Co-Pay - Hearing Rights
DN	Plan Denial Letter
EA	EAC Eligibility Notice
EI	Emergency Fee-For-Service ID Card
EK	KEDS Ended Continuing Food stamps (EAC)
ES	Emergency Services Letter
ET	EAC Termination Letter
FC	30 Day Choice Letter
FD	FPS (Family Planning Services)/Service Package Change
FE	FPS Termination Letter Due To New Eligibility
FI	AHCCCS FPS ID Card
FN	FES (Federal Emergency Services) Newborn Enrollment Notice
FP	FPS Reminder Letter for IHS
FT	SOBRA Family Planning Services Term Letter
GB	General HMO (Health Maintenance Organization) Block Notice
HE	Higher Eligibility
HT	Reporting ONLY-County Term Due To KC
IB	Initial HMO Block Notice
IC	Incarcerated Notice

## Codes & Values 2012

<b>RF528 CORRESPONDENCE TYPE (continued)</b>
--

CODE	DESCRIPTION
ID	AHCCCS ID Card
IH	IHS (Indian Health Services) Family Planning Services
JL	Exparte Letter (Was JASSO)
KB	KidsCare Newborn Notice
LE	LTC AE
LI	AHCCCS LTC ID Card
LM	LTC Special Mailing
MC	Mercy Care Family Planning Services
ME	Medicare with a Medicaid Add
MM	Notice To Dual M/M
MN	MN/MI Newborn ENRL Notice
NB	Categorical Newborn Enrollment Notice
ND	No Part D Enrollment
NQ	Newborn Questionnaire
NT	Categorical Newborn Term Notice
NU	Numident [SSA Number Identification Verification Process]
OE	Annual Enrollment Choice/Ending Health Plan
OI	Annual Enrollment Choice/(Not Available) In 1st Plan County
ON	Annual Enrollment Choice Notice
OS	Out Of State Notice
PN	MYAHCCCS PIN Number
PS	Privacy and Security Notice (HIPAA)
QB	QMB Approval Notice
QE	QMB (Qualified Medicare Beneficiary) Eligibility Notice
QI	QMB Only ID Card
QJ	QMB Termination Because Of Incarceration
QT	QMB Termination Notice
RN	ELIC (Eligible Low Income Children)/MN/MI Redetermination Notice
SA	Address change
SB	S.O.B.R.A. Newborn Enrollment Notice
SF	S.O.B.R.A. /FPS Rejection Letter
SI	SSDI/TMC Term Letter
ST	S.O.B.R.A. Termination Letter
WB	Welcome Back To AHCCCS Letter
XI	Discard Extra ID Card Letter
YG	KidsCare Year Guarantee Notice
24	Potential Medicare D for Eligibility
6G	6 Month Guarantee Letter
65	Potential Medicare D for Age

## Codes & Values 2012

### RF012 COUNTY & RF013 (General Service Area) GSA

COUNTY RF012		GSA RF013			
Code	Description	Code	Description	Begin Date	End Date
01	Apache	02	Yuma/La Paz	10/01/2003	
03	Cochise	04	Apache/Coconino/Mohave /Navajo	10/01/2003	
05	Coconino	06	Yavapai	10/01/2003	
07	Gila	08	Gila/Pinal	10/01/1997	
09	Graham	10	Pima/Santa Cruz	10/01/2003	
11	Greenlee	12	Maricopa	10/01/1997	
13	Maricopa	14	Cochise/Graham/Greenlee	10/01/2003	
15	Mohave	98	All	10/01/1997	
17	Navajo				
19	Pima				
21	Pinal				
23	Santa Cruz				
25	Yavapai				
27	Yuma				
29	La Paz				
31	Out Of State	<b>Where these are used:</b> <b>County Codes:</b> Easily seen on the RP135 I Demographic Inquire or on the RP135C Change Recipient Demographic screen, in the PMMIS Recipient subsystem. On this screen: by placing cursor on "County Code" numeral and depressing the F1 help key the table becomes visible. <b>General Service Area Codes:</b> GSA Codes: are not readily discernable in PMMIS Recipient subsystem.			
33	Out Of Country				
35	Unknown				
97	Statewide Dental Pricing (Primary)				
98	Statewide Dental Pricing (Secondary)				
99	Statewide (For Pricing)				

## Codes & Values 2012

### RF 576 CTY/RHBA Assignment [Codes]

S T	CTY CD	County Description	CTY CD	RHBA Description	Begin Date	End Date
A	01	Apache	15	Northern AZ Reg Behavioral	08/01/10	
A	03	Cochise	32	Cenpatico 3	08/01/10	
A	05	Coconino	15	Northern AZ Reg Behavioral	08/01/10	
A	07	Gila	22	Cenpatico 4	08/01/10	
A	09	Graham	32	Cenpatico 3	08/01/10	
A	11	Greenlee	32	Cenpatico 3	08/01/10	
A	13	Maricopa	07	Magellan Health Service	08/01/10	
A	15	Mohave	15	Northern AZ Reg Behavioral	08/01/10	
A	17	Navajo	15	Northern AZ Reg Behavioral	08/01/10	
A	19	Pima	26	Comm Partner SO AZ SVC AR	08/01/10	
A	21	Pinal	22	Cenpatico 4	08/01/10	
A	23	Santa Cruz	32	Cenpatico 3	08/01/10	
A	25	Yavapai	15	Northern AZ Reg Behavioral	08/01/10	
A	27	Yuma	02	Cenpatico 2	08/01/10	
A	29	LaPaz	02	Cenpatico 2	08/01/10	

## Codes & Values 2012

### Current Health Plan List 10/01/2010 Thru 10/01/2011

#### Health Plans ID Numbers & Names

Code	Name	Code	Name
	<b>ACUTE</b>		<b>LONG TERM CARE</b>
000850	Federal Emergency Services	110003	Cochise LTC
002220	AHCCCS Non-Pay	110007	DES DD LTC
003335	FFS Regular	110015	Pima LTC
008040	SLMB - PART B BUY-IN ONLY	110025	Yavapai LTC
008050	QII - PART B BUY-IN ONLY	110049	EverCare Health Systems
008690	FFS Temporary	110065	Pinal/Gila LTC
008715	AHCCCS QMB – Only	110088	Bridgeway
010088	Bridgeway Health Solutions	110097	Scan 05-01-12 ends
010124	Pima Health System	110306	Mercy Care Plan - LTC
010158	AP/IPA	190000	NACH
010166	DES CMDP	190009	White Mountain Apache
010254	Care 1 <sup>st</sup>	190017	Navajo Nation
010299	PHP/Community Connection	190025	Gila River Tribe
010306	Mercy Care Plan	190033	Tohono O’odham
010314	University Family Care	190075	Pasqua Yaqui Tribe
010383	Maricopa Health Plan	190083	San Carlos Apache
010497	Health Choice Arizona	190091	Hopi Tribe
888886	FFS LTC (Residual)		
999998	AHCCCS American Indian Health Program (AIHP)		
DOCMAT	DOC Matched Recipient		
CTYPRI	County Prisoners		
	<b>BEHAVIORAL HEALTH</b>		
079999	ADHS Behavioral Health		
999111	ADHS-CRS		
999222	TSC		
999555	AZEIP		

Note: Grayed out plans are no longer active

## Codes & Values 2012

### RF546 DATA SPECIFIC SOURCE CODES

SOURCE CODE	DESCRIPTION	INDICATORS		
		ELIGIBILITY	MEDICARE	MEDICAL CONDITION
AC	County Referral From Des	√		
AK	ACE KIDSCARE/HIFA	√		√
AS	ACE System	√	√	√
AT	ATLAS			
AZ	AZTECS	√	√	
BA	Batch Processing			
BD	BENDEX Tape		√	
CH	Capitation History (Conversion)			
CO	County	√	√	√
CV	Conversion Only	√	√	√
CY	CHILDS/ACYF	√	√	
ED	Medicare Enrollment Database		√	
EQ	Enrollment Questionnaire		√	√
ET	Eligibility Transaction Document	√	√	√
FM	Foster/Medics Implementation			
IH	IHS Medical Record			
KC	KidsCare	√		√
LC	LEDS/CATS	√	√	√
MC	Medicare (Conversion)		√	
MD	Office Of Medical Director	√	√	√
MM	Member Master (Conversion)	√		√
MS	CMS - Center For Medicare/Medicaid SVCS		√	
NU	Numident		√	
OA	On-Line, DMS	√	√	√
ON	On-Line, Newborn	√	√	√
SI	SMIB Tape		√	
SS	SSA 8019 [TPL]			
SX	SDX File	√	√	
TC	TPL Contractor			
VS	Vital Statistics Tape (Date Of Death)			

**Where these are used:** In the PMMIS Recipient subsystem: Source codes are seen on the RP145A Add Eligibility Screen. Place the cursor on "SRC" line: depress the F1 help key and the table will appear. Also, individual codes may be seen on the RP150I and other screens.

## Codes & Values 2012

### RF522 SOURCE CODES

CODE	DESCRIPTION
AC	County Referral From DES
AE	Administrative Error
AK	ACE KidsCare/HIFA
AP	AP/IPA (010158)
AS	ACE System
AT	ATLAS
AZ	AZTECS
BA	Batch Processing
BD	BENDEX Tape
BH	Behavioral Health (ADHS/BHS) (079999)
BW	Bridgeway Acute (010088)
BY	Bridgeway LTC (110088 & 550088)
CF	Care First (010254)
CH	Capitation History (Conversion)
CL	Claims Referral
CM	CMDP (010166)
CO	County
CP	Cochise LTC (110003 & 550003)
CR	Children's Rehabilitative Svc (ADHS/CRS)
CS	Child Support Enforcement Agency (CSEA)
CV	Conversion Only
CY	CHILDS/ACYF
DC	Az Department Of Corrections
DD	DES DD LTC (110007 & 550005)
ED	Medicare Enrollment DataBase
EN	Encounter Referral
EQ	Enrollment Questionnaire
ES	Evercare Select (110049 & 550047)
ET	Eligibility Transaction Document
FM	Foster/Medics Implementation
HC	Health Choice Arizona (010497)
HI	HIB Tape
IH	IHS Medical Record (999998)
JC	Juvenile Corrections
KC	Kids Care
LC	LEDS/CATS
LK	Linked Record

*Continued on next page*

## Codes & Values 2012

<b>RF522 SOURCE CODES, (Continued)</b>
--

CODE	DESCRIPTION
MA	Maricopa Managed Care (010083)
MC	Medicare (Conversion)
MD	Office Of Medical Director
ME	Mercy Care (010306)
ML	Maricopa County LTC (110023)
MM	Member Master (Conversion)
MS	CMS - Center For Medicare/Medicaid SVCS
MZ	Mercy Care LTC (110306)
NU	NUMIDENT
OA	On-Line, DMS
ON	On-Line, Newborn
PG	Pinal/Gila LTC (110065)
PH	Community Connection/PHP (010299)
PL	Pima LTC (110015)
PM	Pima Health System (010124)
SC	Scan LTC (110097)
SG	System Generated
SI	SMIB TAPE
SS	SSA 8019
SX	SDX FILE
TC	TPL Contractor
UF	University Family Care (010314)
VS	Vital Statistics Tape (Date Of Death)
YL	Yavapai LTC (110025)
13	Maricopa County – Non Medicaid

## Codes & Values 2012

RF508 Eligibility Key Code listing displays key codes and Buy/In codes for members who are eligible for Part/B premium payment due to active Medicaid and Medicare entitlement.

BUY-IN Codes: BLANK = indicates we are asking CMS for the BUY/IN code, the C = Cash, the M = MAO, the P = QMB, the L = SLMB and the U = QI-1.

DESCRIPTION SOURCE	KEY CODE	BUY-IN CODE	DESCRIPTION SOURCE	KEY CODE	BUY-IN CODE
L SA CASH (ACE)	040	BLANK	ACUTE SSI BLIND MAO EXPARTE (ACE)	392	M
L SB CASH (ACE)	050	BLANK	A SB MAO PICKLE (ACE)	400	BLANK
L SD CASH (ACE)	060	BLANK	A SD MAO (ACE)	410	M
L AF CASH FOSTER OR ADOPTION SUBSIDY (DES)	085	C	A SD MAO PICKLE (ACE)	420	BLANK
L SA MAO (ACE)	090	M	ACUTE SSI DISABLED MAO EXPARTE (ACE)	422	M
L SB MAO (ACE)	130	M	ACUTE SSI DISABLED MAO APPEAL (ACE)	424	M
L SD MAO (ACE)	140	M	ACUTE SSI DISABLED MAO DAC (ACE)	426	M
A SA CASH (SDX)	200	BLANK	ACUTE SSI DISABLED MAO DISABLED CHILD (ACE)	428	M
A SB CASH (SDX)	210	BLANK	A SD MAO WIDOW/ER (ACE)	430	M
A SD CASH (SDX)	220	BLANK	A SA MAO WIDOW/ER (ACE)	431	M
A AF MAO 1931 (ACE/DES)	231	C	A SB MAO WIDOW/ER (ACE)	432	M
A AF MAO 1931 EXPANDED (ACE/DES)	232	C	A AF MAO 6MO GUAR	460	M
A AF ACUTE (DES)	260	C	A AF MAO EXPANDED 6-MO GUARANTEE	461	M
A AF CASH FOSTER (DES)	270	C	A AF MAO S.O.B.R.A.CHILD 6M GUAR	462	M
A AF COBRA (OUT OF STATE) FOSTER (DES)	305	C	A SA MAO 6MO GUAR	470	M
A AF 4 MO CONT. DUE TO CHILD SUPPORT (ACE/DES)	320	C	A SA MAO EXPANDED 6-MO GUARANTEE	471	M
A AF 6 MO CONT. TMA 1ST EXT. (ACE/DES)	332	C	A SB MAO 6MO GUAR	480	M
A AF 6 MO CONT. TMA 2ND EXT. (ACE/DES)	334	C	A SB MAO EXPANDED 6-MO GUARANTEE	481	M
A AF MAO SC EXPANDED (ACE/DES)	351	C	A SD MAO 6MO GUAR (SDX)	490	M
A AF MAO SW EXPANDED (ACE/DES)	361	C	A SD MAO EXPANDED 6-MO GUARANTEE	491	M
A SA MAO (ACE)	370	M	QMB ONLY OTHER (ACE)	800	P
SSI (AHCCCS CARE/MI) (ACE/DES)	371	M	QMB ONLY AGED (ACE)	810	P
SSI (AHCCCS CARE EXPANDED) (ACE/DES)	372	M	QMB ONLY BLIND (ACE)	820	P
A SA MAO PICKLE (ACE)	380	BLANK	QMB ONLY DISABLED (ACE)	830	P
ACUTE SSI AGED MAO EXPARTE (ACE)	382	M	PART B ONLY - SLMB (ACE)	840	L
A SB MAO (ACE)	390	M	PART B ONLY - QI1 (ACE)	850	U

## Codes & Values 2012

<b>RF509 ELIGIBILITY CATEGORY</b>
-----------------------------------

Code	Description
AF	AFDC (Aide For Dependant Children)
BQ	Buy-In QI1
BS	Buy-In SLMB
EA	EAC (Eligible Assistance Children)
EL	ELIC (Eligible Low Income Children)
FP	SOBRA (Sixth Omnibus Budget and Reconciliation Act) Women Family Planning Services
JC	Juvenile Corrections
MI	Medically Indigent
MN	Medically Needy
PS	Public Safety (AZ Dept Of Corrections)
QA	QMB (Qualified Medicare Beneficiary) Only Aged
QB	QMB Only Blind
QD	QMB Only Disabled
QO	QMB Only Other
SA	SSI (Supplemental Security Income) Aged
SB	SSI Blind
SC	SOBRA Child
SD	SSI Disabled
SF	State Funded
SI	SSI
SO	SOBRA Woman
TA	TANF (Temporary Assistance for Needy Families)
13	Maricopa County - Non-Medicaid

## Codes & Values 2012

### RF538 Eligibility Key Hierarchy & RF534 Eligibility Key Combined

**Note:** Information in this section is based on the tables listed above but has been expanded for clarity.

**Where these are used:** In the PMMIS Recipient subsystem: The eligibility Key Codes listed on the far left of this table are found on the RP145 Inquire Eligibility Summary, RP345 Inquire Combined Eligibility, RP285 Inquire Eligibility And Enrollment screens and is seen on reports.

ELIGIBILITY	RF538	BENEFIT	CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
JCI A JC MA	JUVENILE CORRECTIONS		X	900	JC JC	10/01/08
PSI A PS MA	Public Safety (AZ Department of Corrections)		X	900	PS PS	08/01/04
040 L SA CA	LTC SSI AGED CASH		Y	120	SA SI 19	12/19/88
050 L SB CA	LTC SSI BLIND CASH		Y	120	SB SI 19	12/19/88
060 L SD CA	LTC SSI DISABLED CASH		Y	120	SD SI 19	12/19/88
085 L AF MA	LTC AFDC MAO 1931	31	Y	155	TA 19	01/01/99
090 L SA MA	LTC SSI AGED MAO		Y	150	SA SI 19	12/19/88
100 L AF MA	LTC AFDC MAO CHILD	CH	Y	155	TA 19	12/19/88
110 L AF MA	LTC AFDC MAO DEPRIVED	DP	Y	155	TA 19	12/19/88

*Continued on next page*

## Codes & Values 2012

### RF538 Eligibility Key Hierarchy & RF534 Eligibility Key Combined, Continued

ELIGIBILITY	RF538	BENEFIT	CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
120 L AF MA	LTC AFDC MAO PREG	PG	Y	155	TA 19	12/19/88
13A A 13 MA	MARICOPA CO ADULT INMATES	AD	X	900	CT CA 13	12/01/07
13J A 13 MA	MARICOPA CO JUVENILE DETAINEES	JU	X	900	CT CJ 13	12/01/07
130 L SB MA	LTC SSI BLIND MAO		Y	150	SB SI 19	12/19/88
140 L SD MA	LTC SSI DISABLED MAO		Y	150	SD SI 19	12/19/88
200 A SA CA	SSI AGED CASH		Y	230	SA SI 19	10/01/82
210 A SB CA	SSI BLIND CASH		Y	230	SB SI 19	10/01/82
220 A SD CA	SSI DISABLED CASH		Y	230	SD SI 19	10/01/82
231 A AF MA	MAO 1931	31	Y	425	TA 19	01/01/99
232 A AF MA	MAO 1931 EXPANDED	XE 31	Y	426	TA XE XE	07/01/01
260 A AF CA	IVE ADOPTION SUBSIDY	AS	Y	410	TA 19	10/01/82
265 A AF MA	STATE ADOPTION SUBSIDY	AS	Y	415	TA 19	07/01/98
270 A AF CA	CASH FOSTER	FS	Y	225	TA 19	10/01/82
275 A AF MA	MAO YATI	YA	Y	425	TA 19	07/18/00
305 A AF MA	COBRA OUT OF STATE FOSTER	4E	Y	425	TA 19	03/01/92

*Continued on next page*

## Codes & Values 2012

### RF538 Eligibility Key Hierarchy & RF534 Eligibility Key Combined, Continued

ELIGIBILITY	RF538	BENEFIT		CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY	QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
320 A AF MA	4 MONTH CONTINUANCE CHILD SUPPORT	4C	SU	Y	425	TA 19	10/01/82
325 A AF MA	SOBRA HIFA Parent	SO	SH	Y	631	KC SC H2	01/01/03
327 A AF MA	KIDSCARE HIFA Parent		KH	Y	630	KC KP H2	01/01/03
332 A AF MA	6 MO. CONTINUANCE TMA 1 <sup>ST</sup> EXTENSION	6F		Y	425	TA 19	04/01/90
334 A AF MA	6 MO. CONTINUANCE TMA 2 <sup>ND</sup> EXTENSION	6S		Y	425	TA 19	04/01/90
350 A AF MA	MAO SOBRA CHILD	SO	CH	Y	425	SC 19	01/01/88
351 A AF MA	MAO SOBRA CHILD EXPANDED	XE	CH	Y	425	SC 19	07/01/01
355 A AF MA	MAO DES SOBRA NEWBORN	SO	NB	Y	425	SC 19	07/01/91
357 A AF MA	MAO DES NEWBORN		NB	Y	425	TA 19	02/01/94
359 A AF MA	NEWBORN KIDSCARE HIFA PARENT	NB	KH	Y	630	KC 21	01/01/03
360 A AF MA	MAO SOBRA PG	SO	PG	Y	425	SO 19	01/01/88
361 A AF MA	MAO SOBRA WOMAN EXPANDED	XE	PG	Y	425	SO 19	07/01/01
368 A AF MA	KidsCare		KC	Y	456	KC 21	10/14/98
370 A SA MA	SSI AGED MAO			Y	420	SA SI 19	10/01/82
371 A SA MA	SSI (AHCCCS CARE/MI)	SM		Y	420	SA SI 19	10/01/08

*Continued on next page*

## Codes & Values 2012

<b>RF538 Eligibility Key Hierarchy &amp; RF534 Eligibility Key Combined, Continued</b>
--

ELIGIBILITY	RF538	BENEFIT		CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY	QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
372 A SA MA	SSI (AHCCCS CARE EXPANDED)	SM	XE	Y	422	SA XE XE	04/01/01
375 A SA MA	A SA MAO EXPANDED		XE	Y	421	SA XE XE	04/01/01
380 A SA MA	SSI AGED MAO PICKLE	PK		Y	420	SA SI 19	10/01/82
382 A SA MA	SSI AGED MAO EXPARTE	EX		Y	432	SA SI 19	06/01/98
390 A SB MA	SSI BLIND MAO			Y	420	SB SI 19	10/01/82
392 A SB MA	SSI BLIND MAO EXPARTE	EX		Y	432	SB SI 19	06/01/98
393 A SB MA	SSI BLIND MAO FREEDOM TO WORK	TW		Y	424	SB TW 19	10/01/01
394 A SB MA	SSI BLIND MAO APPEAL	AP		Y	430	SB SI 19	06/01/98
395 A SB MA	SSI BLIND MAO EXPANDED		XE	Y	421	SB XE XE	04/01/01
400 A SB MA	SSI BLIND MAO PICKLE	PK		Y	420	SB SI 19	10/01/82
403 A SD MA	SSI DISABLED MAO FREEDOM TO WORK	TW		Y	424	SD TW 19	10/01/01
410 A SD MA	SSI DISABLED MAO			Y	420	SD SI 19	10/01/82
415 A SD MA	SSI DISABLED MAO EXPANDED		XE	Y	421	SD XE XE	04/01/01

*Continued on next page*

## Codes & Values 2012

### RF538 Eligibility Key Hierarchy & RF534 Eligibility Key Combined, Continued

ELIGIBILITY	RF538	BENEFIT		CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY	QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
420 A SD MA	SSI DISABLED MAO PICKLE	PK		Y	420	SD SI 19	10/01/82
422 A SD MA	SSI DISABLED MAO EXPARTE	EX		Y	432	SD SI 19	06/01/98
424 A SD MA	SSI DISABLED MAO APPEAL	AP		Y	430	SD SI 19	06/01/98
426 A SD MA	SSI DISABLED MAO DISABLED ADULT CHILD	DA		Y	420	SD SI 19	06/01/98
428 A SD MA	SSI DISABLED MAO DISABLED CHILD	DC		Y	420	SD SI 19	06/01/98
430 A SD MA	SSI DISABLED MAO WIDOW/ER	WD		Y	420	SD SI 19	10/01/82
431 A SA MA	SSI AGED MAO WIDOW/ER	WD		Y	420	SA SI 19	10/01/82
432 A SB MA	SSI BLIND MAO WIDOW/ER	WD		Y	420	SB SI 19	10/01/82
440 A AF MA	AHCCCS NEWBORN	NB		Y	435	TA 19	10/01/82
445 A AF MA	AHCCCS SOBRA NEWBORN	SN		Y	435	SC 19	01/01/88
447 A AF MA	SOBRA HIFA PARENT	NB SH		Y	631	KC 21	01/01/03
450 A SI MA	SSI AHCCCS NEWBORN	NB		Y	430	TA 19	10/01/82

*Continued on next page*

## Codes & Values 2012

### RF538 Eligibility Key Hierarchy & RF534 Eligibility Key Combined, Continued

ELIGIBILITY	RF538	BENEFIT		CATE- GORICAL	PRECE- DENCE	ELIGIBILITY		DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY	QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN	
455 A AF MA	KidsCare NEWBORN	NB	KC	Y	457	KC 21	11/01/98	
460 A AF MA	AFDC 6 MO. GUARANTEE	6G		Y	445	TA 19	10/01/82	
461 A AF MA	AFDC EXPANDED 6 MO. GUARANTEE	6G	XE	Y	446	TA XE XE	07/01/01	
462 A AF MA	MAO SOBRA CHILD 6 MO. GUARANTEE	6G	CH	Y	445	SC 19	01/01/88	
463 A MI	AHCCCS CARE 6 MO. GUARANTEE	6G	XE	Y	525	AC NH XE	10/01/01	
464 A AF MA	MAO SOBRA PREGNANT 6 MO. GUARANTEE	6G	PG	Y	445	SO 19	01/01/88	
467 A MI	AHCCCS CARE / MI 6 MO GUARANTEE	6M	XE	Y	525	AC NH XW	10/01/01	
468 A AF MA	KidsCare 12 mo. GUARANTEE	YG	KC	Y	458	KC 21	11/01/98	
470 A SA MA	SSI AGED MAO 6 MO. GUARANTEE	6G		Y	440	SA SI 19	10/01/82	
471 A SA MA	SSI AGED MAO EXPANDED 6 MO. GUARANTEE	6G	XE	Y	441	SA XE XE	04/01/01	
472 A MN	MEDICALLY NEEDY 6 MO. GUARANTEE	6G	XE	Y	525	MD NH XW	10/01/01	
480 A SB MA	SSI BLIND MAO 6 MO. GUARANTEE	6G		Y	440	SB SI 19	10/01/82	

*Continued on next page*

## Codes & Values 2012

<b>RF538 Eligibility Key Hierarchy &amp; RF534 Eligibility Key Combined, Continued</b>
--

ELIGIBILITY	RF538	BENEFIT	CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
481 A SB MA	SSI BLIND EXPANDED MAO 6 MO. GUARANTEE	6G XE	Y	441	SB XE XE	04/01/01
482 A SB MA	SSI BLIND FREEDOM TO WORK 6 MO. GUARANTEE	6G TW	Y	440	SB TW 19	09/01/02
485 A SI MA	SSI MAO 6 MO GUARANTEE	6G	Y	440	TA 19	10/01/82
490 A SD MA	SSI DISABLED MAO 6 MO GUARANTEE	6G	Y	440	SD SI 19	10/01/82
491 A SD MA	SSI DISABLED MAO EXPANDED 6 MO GUARANTEE	6G XE	Y	441	SD XE XE	04/01/01
492 A SD MA	SSI DISABLED MAO FREEDOM TO WORK 6 MO GUARANTEE	6G TW	Y	440	SD TW 19	09/01/02
560 A AF MA	AFDC MAO BREAST CANCER PATIENT	BC	Y	460	BC BC 19	01/01/02
565 A AF MA	AFDC MAO CERVICAL CANCER PATIENT	CC	Y	460	BC CC 19	01/01/02
570 A AF MA	AFDC MAO CERVICAL CANCER W/ LESIONS PATIENT	CC LE	Y	460	BC CC 19	01/01/02

*Continued on next page*

## Codes & Values 2012

### RF538 Eligibility Key Hierarchy & RF534 Eligibility Key Combined, Continued

ELIGIBILITY	RF538	BENEFIT		CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY	QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
581 A AF MA	TRANSPLANT OPTION 1	TP	O1	N	485	TP O1 SO	10/01/07
582 A AF MA	TRANSPLANT OPTION 2	TP	O2	N	485	TP O2 SO	10/01/07
585 A MI	AHCCCS CARE		XE	Y	479	AC NH XE	10/01/01
587 A MI	AHCCCS CARE / MI	AM	XE	Y	479	AC NH XW	04/01/01
595 A MN	MED ELIGIBILITY		XE	Y	479	MD NH XW	04/01/01
725 L SB MA	LTC SSI BLIND MAO FREEDOM TO WORK	TW		Y	154	SB TW 19	10/01/01
735 L SD MA	LTC SSI DISABLED MAO FREEDOM TO WORK	TW		Y	154	SD TW 19	10/01/01
750 A AF MA	AFDC MAO			Y	425	TA 19	10/01/09
800 Q QO MA	QMB (QUALIFIED MEDICARE BENEFICIARY) ONLY OTHER			Q	480	QO 19	07/01/89
810 Q QA MA	QMB (QUALIFIED MEDICARE BENEFICIARY) ONLY AGED			Q	480	QA 19	07/01/89
820 Q QB MA	QMB (QUALIFIED MEDICARE BENEFICIARY) ONLY BLIND			Q	480	QB 19	07/01/89
830 Q QD MA	QMB (QUALIFIED MEDICARE BENEFICIARY) ONLY DISABLED			Q	480	QD 19	07/01/89

*Continued on next page*

## Codes & Values 2012

### RF538 Eligibility Key Hierarchy & RF534 Eligibility Key Combined, Continued

ELIGIBILITY	RF538	BENEFIT		CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY	QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
840 B BS	PART B Only – SLMB			Y	530	BO BS 19	10/01/07
850 B BQ	PART B ONLY – Q11			Y	530	BO BQ 19	10/01/07
900 A AF MA	AFDC MAO EMERGENCY SERVICES DES UNDOCUMENED	EM		Y	460	TA 19	01/01/93
905 A AF MA	AFDC MAO EMERGENCY PREGNANT DES UNDOCUMENED	EM	PG	Y	460	TA 19	01/01/93
908 A AF MA	AFDC MAO EXPANDED EMERGENCY SERVICES	EM	XE	Y	461	TA XE XE	07/01/01
910 A SA MA	SSI AGED MAO EMERGENCY SERVICES DES UNDOCUMENED	EM		Y	455	SA SI 19	01/01/93
911 A SA MA	SSI AGED MAO EMERGENCY SERVICES EXPANDED	EM	XE	Y	456	SA XE XE	04/01/01
915 A SB MA	SSI BLIND MAO EMERGENCY SERVICES DES UNDOCUMENED	EM		Y	455	SB SI 19	01/01/93
916 A SB MA	SSI BLIND MAO EMERGENCY SERVICES EXPANDED	EM	XE	Y	456	SB XE XE	04/01/01
920 A SD MA	SSI DISABLED MAO EMERGENCY SERVICES DES UNDOCUMENED	EM		Y	455	SD SI 19	01/01/93
921 A SD MA	SSI DISABLED MAO EMERGENCY SERVICES EXPANDED	EM	XE	Y	456	SD XE XE	04/01/01
960 A AF MA	SOBRA FAMILY PLANNING SERVICE MAO	SO	FP	Y	640	FP 19	10/01/97

*Continued on next page*

## Codes & Values 2012

### RF547 Eligibility Program

Code	Description
AC	AHCCCS Care
AF	AFDC (Non-SOBRA )
BC	BCCTP (Breast & Cervical Cancer Treatment Program)
BO	Part B Buy-In ONLY
CT	County TPA
EA	EAC (Eligible Assistance Children)
EL	ELIC (Eligible Low Income Children)
FP	SOBRA Woman Family Planning Services
JC	Juvenile Corrections
KC	KidsCare (State Children's Health Insurance Program)
MD	M.E.D.(Medical Expense Deduction)
MI	Medically Indigent
MN	Medically Needy
PS	Public Safety (AZ Dept Of Corrections)
QA	QMB (Qualified Medicare Beneficiary) Only Aged
QB	QMB Only Blind
QD	QMB Only Disabled
QO	QMB Only Other
SA	SSI (Supplemental Security Income) Aged
SB	SSI Blind
SC	SOBRA Child
SD	SSI Disabled
SI	SSI
SO	SOBRA Woman (Mother)
TA	TANF (Temporary Assistance for Needy Families)
TM	Temporary Coverage SSDI
TP	Transplant Program

### RF510 Eligibility Qualifier

Code	Description
CA	Cash
MA	MAO (Medical Assistance Only)

## Codes & Values 2012

### RF537 Eligibility Type

Code	Description
A	Acute
B	Buy-In Part B ONLY - SLMB/QI1
L	LTC (Long Term Care)
Q	QMB Only

### RF513 Enrollment Type

Where these are used:	Code	Description
<p>In the PMMIS Recipient subsystem:</p> <p>The RP160 Add Enrollment, Inquire Enrollment, Change Enrollment screens all feature this table's data as well as the corresponding RP560 supervisor override screens.</p> <p>On the RP160/RP560 Add screens: The cursors first position is on the "Enrollment Type" line. Depress the F1 help key and the Enrollment Type table appears.</p>	AA	Algorithm Assigned
	AE	Annual Enrollment
	CV	Conversion – Unknown
	EC	Enrollment Choice
	FA	Administrative In-Force Assigned
	FC	Family Continuity (Case)
	FE	Forced Enrollment
	FI	County In-Force Assigned
	FM	Plan Change In Medical Care - Force Assigned
	MA	Manually Assigned
	MC	County In-Manually Assigned
	MI	Administrative In-Manually Assigned
	MM	Plan Change In Medical Care - Manually Assigned
	PA	'Multiple Plan Split-Auto Assign'
	PC	Pended Choice Enrollment
	PD	'Direct Move' Evaluation Method
	PE	Pended Enrollment - No Eligibility
	PK	Pended KidsCare Enrollment
	PO	Pended Enrollment - Open Enrollment
	PP	'Multiple Plan Split-Percentage'
PW	Pend Waiting	
RA	Retroactive Enrollment	
RB	Rule-Based Assignment	
RC	Rate Code Change	
RE	Re-Enrollment	
UN	Unknown	

## Codes & Values 2012

### RF539 Exception [Codes]

Code	Description
AA	Use ALPHA Codes For Recipient Subsystem
AD	AHCCCS Care Medicare Move
AG	AHCCCS Care Age Move
AH	AHCCCS Care Diagnosis Move
AL	Alabama Hurricane Katrina Refugees
AP	<a href="#">Apache County Inmates</a>
AS	AHCCCS Care SMI Move
BO	Buy in ONLY
CA	Client Advocate Case
CC	<a href="#">Coconino County Inmates</a>
CF	Chronic Federalized
CO	<a href="#">Cochise County Inmates</a>
CR	Capitation Recovery Exists
DA	Potential DAC (Disabled Adult Child) Acute
DC	Disabled Child-SSI Recipient On 8/22/96
E0	E01, Living Arrangement Not D (E01 =SDX (State Data Exchange) Payment Status Code designating eligible for Federal and/or State benefits SDX Code D="Title XIX institution")
FM	Newborn Of FES Mother
FR	Potential Fraud
GB	General HMO Block
GH	<a href="#">Graham County Inmates</a>
GL	<a href="#">Gila County Inmates</a>
GR	<a href="#">Greenlee County Inmates</a>
HB	HMO Block
HC	<a href="#">HCBS Recipient</a>
HL	Homeless
HR	Hurricane Rita Refugees
IB	Initial HMO Block
ID	ID Card Returned
IS	Institutionalized (IMD, ASH, Hospital)
JC	Juvenile Corrections
JD	Juvenile Detention Child in CTYPRI
KA	Keep Member in AHCCCS Care
KC	<a href="#">KidsCare II Under SNCP</a>
KG	KINSHIP Guardianship IV-E
LA	Louisiana Hurricane Katrina Refugees
LP	<a href="#">LaPaz County Inmates</a>
MA	MED Adjustment Period
MC	<a href="#">Maricopa County Inmates</a>
MH	<a href="#">Mohave County Inmates</a>
MI	Medically Improved FTW
MO	SSI Cash Moved out of State
MP	Medicaid Prisoner Inpatient Services Only
MS	Mississippi Hurricane Katrina Refugees
NB	Returned Delivered Newborn Correspondence
NC	No Conversion
NS	New To State

## Codes & Values 2012

### RF539 Exception [Codes] (Continued)

Code	Description
NV	Navajo County Inmates
PM	Pima County Inmates
PN	Pinal County Inmates
RC	Review Completed
RI	Released From IMD (ASH, ETC)
RJ	Released From Jail
RM	OE Returned Mail
SC	Santa Cruz County Inmates
UD	Undocumented Alien
WW	Potential Widow/Widower
XX	Confidential Record
YA	Young Adult Transitional Insurance (YATI)
YU	Yuma County Inmates
YV	Yavapai County Inmates
00	Use Numeric Codes For Claims/Encounters
01	Recipient Enrolled In Medicare HMO
02	Review All Claims For This Recipient
03	Assaults (ADC/DOC ONLY)
04	Self Inflicted (ADC/DOC ONLY)
05	RESERVED FOR ADC/DOC
06	RESERVED FOR ADC/DOC
07	RESERVED FOR ADC/DOC
13	Legal Alien No Longer Eligible For SSA Cash
25	Review All Claims For Transplantation
26	Review All ESP Extended Care Recipients
27	Option 1 Transplant Recipient
28	Option 2 Transplant Recipient
31	Non-Cash AFDC
40	No FFP (Federal Financial Participation) Claiming Allowed
50	Allow FFS (Fee-For-Service) Claims For Capitated Enrollment
51	IRCA (Immigration Reform Control Act)
52	Recipient Authorized To Receive Hospice Services
53	IHS DD (Developmentally Disabled) Referrals
55	Contract Year 98 Enrollment
60	Potential DAC (Disabled Adult/Children)
61	Apache County Inmates
62	Cochise County Inmates
63	Coconino County Inmates
64	Gila County Inmates
65	Graham County Inmates
66	Greenlee County Inmates
67	Maricopa County Inmates
68	Mohave County Inmates

## Codes & Values 2012

### RF539 Exception [Codes] (Continued)

Code	Description
69	Navajo County Inmates
70	Pima County Inmates
71	Pinal County Inmates
72	Santa Cruz County Inmates
73	Yavapai County Inmates
74	Yuma County Inmates
75	La Paz County Inmates
90	SMI (Seriously Mentally Ill)
98	Retroactive Medicare Termination
99	Manual Price All Recipient Claims - N.R.

### RF545 Function Specific Reason Codes

Code	Description	Indicators				
		Eligibility	Enrollment	Medicare	Third Party Coverage	Special Program
AB	Absolute Discharge From ADJC	Y	Y	N	N	N
AD	Adoption Final	Y	N	N	N	N
AE	Applied For New Eligibility	N	Y	N	N	N
AF	Eligible For AFDC Cash	Y	N	N	N	N
AG	Eligibility Group Age Limit	Y	N	N	N	N
AI	Refused To Assign Medical Support	Y	Y	N	N	N
AO	Plan Change, Admin-Out	N	Y	N	N	N
AP	Co-Pay Term Due To Timely Appeal	N	N	N	N	N
AR	Co-Pay Appeal Resolved/Ended	N	N	N	N	N
AT	Refused To Assign Or Provide TPL Info	Y	Y	N	N	N
CA	Term Due To Increase In Co	N	N	N	N	N
CB	Failed Review For Continued Benefits	Y	N	N	N	N
CD	Term Due To Decrease In Co	N	N	N	N	N
CE	Coverage Ended	Y	N	Y	Y	N
CH	Eligibility Change Causes Disenrollment	N	Y	N	N	N
CI	Reported Change Causes Ineligibility	Y	N	N	N	N
CL	Contact Lost	Y	N	N	N	N
CM	Computer Match, Info Validated	Y	Y	N	N	N
CN	1931 Conversion Project	Y	N	N	N	N
CO	County Move-Out	N	Y	N	N	N
CR	Currently Receiving MA	Y	Y	N	N	Y
CS	C/S Or Alimony Exceeds Max	Y	N	N	N	N
CT	Contract Terminated	N	Y	N	N	N

## Codes & Values 2012

### RF545 Function Specific Reason Codes, (Continued)

Code	Description	Indicators				
		Eligibility	Enrollment	Medicare	Third Party Coverage	Special Program
CU	Term Due To Update Of Co-Pay Data	N	N	N	N	N
CV	Converted/Higher Eligibility	Y	Y	Y	Y	Y
DA	Change Of Assessment	N	N	N	N	N
DC	Closure Against Staff Advice	N	N	N	N	N
DE	Deceased	N	N	N	N	N
DF	Discharge for Cause From ADJC	Y	Y	N	N	N
DH	Death	N	N	N	N	N
DI	Incarceration	N	N	N	N	N
DJ	Short Term Incarceration	N	N	N	N	N
DL	Loss Of Contract	N	N	N	N	N
DM	Move From RBHA Area	N	N	N	N	N
DN	Non-Compliance	N	N	N	N	N
DO	Move Out of State	N	N	N	N	N
DP	Duplicate Record	N	Y	Y	Y	Y
DQ	Disqualified For SOBRA Family Planning	Y	N	N	N	N
DR	Inter RBHA Transfer	N	N	N	N	N
DS	Need Additional SVCS	N	N	N	N	N
DT	Treatment Completed	N	N	N	N	N
DX	Administrative Closure	N	N	N	N	N
EC	No Elig Deprived/Dependent	Y	Y	N	N	N
EE	Exhausted All Efforts	Y	N	N	N	N
EI	Earned Income Exceeds Max	Y	N	N	N	N
EM	MN/MI Eligibility Requirements Not Met	Y	N	N	N	N
EO	Open Enrollment-Out	N	Y	N	N	N
EP	ESI Participant (Employer Sponsored Ins)	Y	N	N	N	N
ER	Entered In Error	Y	Y	Y	Y	Y
ES	Emergency Services County Term	N	N	N	N	N
FH	Failed To Verify Health Insurance	Y	N	N	N	N
FM	Foster/Medics Implementation	N	N	N	N	N
FO	Plan Change-Out-Family Continuity	N	Y	N	N	N
HC	Higher From Exparte	N	N	N	N	N
HE	Higher Eligibility	N	N	N	N	N
HO	Moved Out Of Health Plan Area	N	Y	N	N	N
HT	County Termination Due To KidsCare Add	N	N	N	N	N
IC	Incarceration	Y	Y	N	N	N
IE	Ineligible	Y	N	N	N	Y
IF	DES Interface-Created Transaction	N	N	N	N	N

## Codes & Values 2012

### RF545 Function Specific Reason Codes, (Continued)

Code	Description	Indicators				
		Eligibility	Enrollment	Medicare	Third Party Coverage	Special Program
IL	Earnings Disregard Ended	Y	N	N	N	N
IM	Ineligible Mother	Y	N	N	N	N
KH	KC Immediate Termination	Y	N	N	N	N
KT	KidsCare Termination Due To Higher Eligibility	N	N	N	N	N
LA	Living Arrangement	Y	Y	N	N	N
LC	Loss Of Contact With HOH (Head of Household)	Y	N	N	N	N
LT	Eligibility For AFDC MAO Long Term Care	Y	N	N	N	N
MA	Medicare Added, Caused Termination	Y	N	N	N	N
MB	Medical Benefits Paid Pending Hearing	Y	Y	N	N	N
MC	TMA Closure No Earnings	Y	Y	N	N	N
MN	Mom and Baby in New Case	Y	Y	N	N	N
MO	Plan Change-Out-Medical Care Continued	N	Y	N	N	N
MR	Maximum Resources Exceeded	Y	Y	N	N	Y
NC	Non-Compliance	Y	N	N	N	N
NE	No Eligible Child	Y	N	N	N	N
NO	No Good Faith Effort	Y	N	N	N	N
NP	Nonpayment Of Premium	Y	N	N	N	N
NQ	Non Qualified	Y	Y	N	N	N
NR	NB Does Not Live With Mom in AZ	Y	Y	N	N	Y
NS	No signature on Application	Y	Y	N	N	N
NT	Newborn Termination Due To Higher Eligibility	N	N	N	N	N
NW	Not Willing To Pay Premium	Y	Y	N	N	N
NX	Failed To Respond With NB Information	Y	Y	N	N	N
OS	Out Of State Move	Y	N	N	N	N
OT	Other Term Reason	Y	Y	Y	Y	Y
PE	Pregnancy Ended	Y	N	N	N	N
PL	Paroled From ADJC	Y	Y	N	N	N
PO	End Of Contract-Out: Direct Move Method	N	N	N	N	N
PP	Premium Payment Not Made	Y	N	N	N	N
PR	Failure To Comply With Procedural Requirements	N	N	N	N	N
PT	End Of Contract-Out: %;Auto; Rule Method	N	N	N	N	N
QC	Refused To Cooperate With QC	Y	Y	N	N	N
RA	Retroactive Enrollment	N	Y	N	N	N
RC	Rate Code Change	N	Y	N	N	N
RE	Redetermination	Y	N	N	N	N
RH	Child Returned To Parent (FC)	Y	Y	N	N	Y
RI	Reside In Institution (ASH)	Y	Y	Y	Y	Y

## Codes & Values 2012

### RF545 Function Specific Reason Codes, (Continued)

Code	Description	Indicators				
		Eligibility	Enrollment	Medicare	Third Party Coverage	Special Program
RM	Refuse Medical Denial ONLY	Y	Y	N	N	N
RO	Mental Health Services Disenrollment	N	N	N	N	N
RT	Retroactive Eligibility	Y	Y	N	N	N
RV	Failed to Verify Resources	Y	Y	N	N	N
SA	Sponsored Alien: Agency/Organ	Y	Y	N	N	N
SD	Disabled ES Referred to SSI MAO	Y	Y	N	N	N
SE	State Employee	Y	N	N	N	N
SM	DES Sys Maintenance-APIS Correction 2/94	Y	Y	N	N	N
SR	SSI MAO Referral	Y	Y	N	N	N
SS	Failed To Supply Social Security Number	Y	N	N	N	N
ST	Surgical Sterilization	Y	N	N	N	N
TE	Eligibility For AFDC 1st Extension	N	N	N	N	N
TL	Eligible For AFDC 2nd Extension	N	N	N	N	N
TP	Third Party Or Medicare Exists	Y	N	N	N	N
UE	Eligibility AFDC MAO Unemployed Parent Coverage	N	N	N	N	N
UP	Eligibility AFDC Unemployed Parent Coverage	Y	N	N	N	N
US	Citizen REQ Not Met (HIFA Parent)	Y	Y	N	N	N
VB	Voluntary Withdraw From DES Benefits	Y	Y	N	N	N
VI	Failure To Comply With Proc Req	Y	Y	N	N	N
VK	Voluntary Withdraw KidsCare (No 12-Mo)	Y	Y	N	N	N
VR	Loss of Contact/Whereabouts Unknown	Y	Y	Y	Y	Y
VW	Voluntary Withdrawal	Y	Y	N	N	N
ZZ	Special EAC Termination Tape From DES (9/23)	Y	N	N	N	N

### RF715 Insured Relationship

Where these are used:	Code	Description
<p>In the PMMIS Recipient subsystem: RP155 Add Third Party Coverage Detail Screen's last field is where this code is found.</p> <p>Place the cursor on the "Relationship Of Policy Holder To Recipient" line: Depress the F1 help key and this table will appear.</p> <p>Entries may be viewed on the RP155 Inquire Third Party Coverage Summary Screen.</p>	A	Absent Parent (CSEA)
	C	Child
	G	Guarantor
	L	Legal Guardian
	O	Other
	P	Parent
S	Self	

## Codes & Values 2012

### RF514 Language [Code]

Code	Description
&	Yiddish
%	Vietnamese
#	Tagalog
@	Somali
A	Albanian
B	American Sign Language
C	Amharic
D	Arabic
E	English
F	Armenian
G	Cantonese
H	Chinese
I	Croatian
J	Farsi
K	Filipino
L	French
M	German
N	Greek
O	Other
P	Haitian/Creole
Q	Hindi
R	Hmong
S	Spanish
T	Hopi
U	Unknown/Unspecific
V	Hungarian
W	Indian (India)
X	Italian
Y	Japanese
Z	Khmer
0	Serbian
1	Korean
2	Laotian
3	Mandarin
4	Mon-Khmer
5	Native American
6	Navajo
7	Polish
8	Portuguese
9	Russian

## Codes & Values 2012

### RF515 Marital Status

Code	Description
M	Married
S	Single
U	Unknown/Unspecified
W	Widow/Widower

### RF532 Medical Condition

	Code	Description
<p><b>Where these are used:</b></p> <p>In the PMMIS Recipient subsystem: Transaction travel to the RP140A Add Medical Condition Screen. The cursor will be on the "Medical Condition" line. Depress the F1 help key and this table will appear.</p> <p>Once the fields on the above screen are populated: the Medical Condition Codes may be seen from the RP140I Inquire Medical Condition Summary Screen.</p>	AS	Adoption Subsidy Children
	BB	Bed-Bound
	BC	Breast And Cervical Cancer Program Member
	CC	LTC Facility Convalescent Care
	CH	Chemotherapy
	CM	Applicant Chronic Med. Cond.
	DI	Dialysis
	ER	ER-Accident/Injury Related
	HA	Hospitalized-Accident/Injury Related
	HI	Head Injury
	HK	Hospitalized, Kick Payment [To Be] Considered
	HS	Hospitalized
	NI	NICU
	NN	Newborn-Normal
	OA	Outpatient- Accident/Injury Related
	PG	Pregnant
	PR	Pregnant-High Risk
	RT	Radiation Therapy
	SI	Spinal Cord Injury
	SN	NB-Sick
	ST	Surgical Sterilization
	TP	Transplants
	XC	HEP C (FOR ADC USE ONLY)
	XD	Dialysis (FOR ADC USE ONLY)
	XG	Geriatric (FOR ADC USE ONLY)
XH	HIV (FOR ADC USE ONLY)	
XI	Insulin Dependent Diabetic (ADC ONLY)	
XL	LTC-Transition From IPC/HOSP (ADC ONLY)	
XM	Mobility Issues (FOR ADC USE ONLY)	
XO	Oxygen Needs (FOR ADC USE ONLY)	

*Continued on next page*

## Codes & Values 2012

### RF532 Medical Condition (Continued)

	XP	Pregnancy (FOR ADC USE ONLY)
	XR	Radiation/Chemo (FOR ADC USE ONLY)
	XS	Special Handling (FOR ADC USE ONLY)
	XT	TB-Interferon/RIBAVIRIN TX (ADC ONLY)
	XV	Psych-On Meds-Not SMI (FOR ADC USE ONLY)
	XW	SMI (FOR ADC USE ONLY)
	XX	MRDD (FOR ADC USE ONLY)
	XZ	Hospice (FOR ADC USE ONLY)

### RF404 Mental Health Category

**Where these are used:**

**In PMMIS Recipient subsystem: When adding Mental Health eligibility to a client record on the RP216 Inquire BHS/FYI Data, these codes are used.**

Code	Description
C	Children Services
G	General Mental Health Services
S	(SMI) Seriously Mentally Ill

### RF402 Mental Health Rate Code

Code	Tribe Code	MHS Category
7000		C
7100		S
7400		G

## Codes & Values 2012

### RF415 MHS Site Provider

Site	TI	Description	Pr ID	Name
02		Cenpatico 2	944563	Cenpatico Behav Health
07		Magellan Health Services	310691	Magellan Health Services
11	Y	Gila River Indian Tribe	415712	Gila River Indian Comm
14	Y	Navajo Nation	415837	Navajo Nation
15		Northern AZ Reg Behavioral Ser	006511	Northern AZ Regional BHF
22		Cenpatico 4	551922	Cenpatico Behav Health A
25	Y	Pascua Yaqui Tribe	409971	Pascua Yaqui Tribe
26		Comm Partner So AZ Svc Area 5	551111	CPSA
27		Comm Partner So AZ Svc Area 3	321076	CPSA
28	Y	Apache White Mountain	230351	Apache Behavioral Health
32		Cenpatico 3	560049	Cenpatico Behav Health A

### RF530 PENDING TRANSACTIONS

Code	Description
DU	Potential Duplicate
OV	Potential Overlay

### RF502 PROVIDER ASSIGNMENT

Code	Description
10	Primary Care Physician (PCP)
20	Nursing Facility
30	Hospice
40	HCBS (Home and Community Based Services)
50	Case Manager

### RF518 Race [Codes]

**Where these are used:**

**In the PMMIS Recipient subsystem: In the RP010A Add Recipient Loop, at the Add Recipient Demographics Screen. Place cursor on the "Race" line: Depress the F1 help key and this table will appear.**

AS	ASIAN/PAC ISLND
BL	BLACK
CH	CUBAN/HAITIAN
CW	CAUCASIAN/WHITE
HS	HISPANIC
NA	NATIVE AMERICAN
OT	OTHER
UN	UNKNWN/UNSPECIF

## Codes & Values 2012

### RF411 Rate Category

Code	Description
ACAD	AHC Care Adult 45+
ACCI	AHC Care Infant < 1
ACCS	AHC Care Children 1-13
ACFE	AHC Care Female 14-44
ACMA	AHC Care Male 14-44
ADLT	TANF M & F And S.O.B.R.A Females 45+
AFDC	AFDC
AFSB	AFDC & S.O.B.R.A. Woman
ALTC	TANF, SOBRA Women And Children -- ALTCS
CHLD	EAC, ELIC, & S.O.B.R.A. Child
CRSH	CRS Only-High Risk
CRSL	CRS Only-Low Risk
CRSM	CRS Only-Medium Risk
CTPA	County TPA - Non-Medicaid
FMAL	TANF, Children, SOBRA Females 14-44
HADT	HIFA Parent M & F 45+
HFML	HIFA Parent Female 14-44
HMAL	HIFA Parent Male 14-44
HS00	HS Payment AHC Care
HS01	HS Payment AHC Care /MI
HS02	HS Payment MED
KIDC	KIDS 1-13 M & F
KIDF	KIDS 14-19 Female
KIDI	KIDS < 1 M & F
KIDM	KIDS 14-19 Male
KIDS	EAC And ELIC Kids
LTCN	ALTCS - W/O MDC SOBRA Women And Children
LTCW	ALTCS - W/MDC SOBRA Women And Children
MALE	TANF, Children Males 14-44
MEDE	MED Eligibility
MNIN	MN/MI Non-Medicare
MNIW	MN/MI Medicare
MNMI	MN/MI Non-Medicare And Medicare
P000	Public Safety (AZ Dept Of Corrections)
QIBI	QI1 Buy-In Only
QMBE	QMB Only
SABN	SSI Aged, Blind Without Medicare
SABW	SSI Aged, Blind With Medicare
SBRA	S.O.B.R.A. Supplemental
SB10	Supplemental Birth (SB) Payment

*Continued on next page*

## Codes & Values 2012

### RF411 Rate Category, (Continued)

Code	Description
SB11	Supplemental Birth Payment For TANF Expanded
SB20	Supplemental Birth Payment
SB21	Supplemental Birth Payment
SB22	Supplemental Birth Payment For SSI Expanded W/ Medicare
SB23	Supplemental Birth Payment For SSI Expanded No Medicare
SB30	Supplemental Birth Payment
SB33	Supplemental Birth Payment For AHCCCS Care
SB34	Supplemental Birth Payment For MED Eligibles
SB36	Supplemental Birth Payment For AHC Care/MI
SB45	Supplemental Birth KICK Payment For BCTP
SB46	Supplemental Birth KICK Payment For CCTP
SB50	Supplemental Birth Payment
SB60	Supplemental Birth Payment
SB65	NB Kick Payment For SB HIFA
SB66	NB Kick Payment For KC HIFA
SFPS	SOBRA Family Planning Services
SLMB	SLMB Buy-In ONLY
SSAN	SSI Aged Without Medicare
SSAW	SSI Aged With Medicare
SSBN	SSI Blind Without Medicare
SSBW	SSI Blind With Medicare
SSDN	SSI Disabled Without Medicare
SSDW	SSI Disabled With Medicare
SSIN	SSI Aged, Disabled, Blind Non-Medicare
SSIW	SSI Aged, Disabled, Blind Medicare
TACI	TANF And Children M & F < 1 Year
TACS	TANF, Children And SOBRA Pregnant Female
TMCN	TMCP NON MEDICARE
TMCW	TMCP WITH MEDICARE
TRAN	TRANSPLANTS
TXCI	TANF Expanded Children M & F <1
TXCS	TANF Expanded Child & SOBRA Pregnant 1-13
XADU	TANF Expanded M & F And SOBRA Female 45+
XFEM	TANF Expanded Children Female 14-44
XMAL	TANF Expanded Children Male 14-44
XSSN	Expanded SSI Non Medicare
XSSW	Expanded SSI With Medicare

## Codes & Values 2012

<b>RF403 Recipient Action Codes</b>
-------------------------------------

Code	Description	Acton Type	Retroactive Indicator
\$P	Manual Payment	A	Y
\$R	Manual Recoupment	D	Y
AA	Algorithm Assigned	A	N
AB	New Recipient	X	N
AC	Address Change	C	N
AE	Applied For New Eligibility	D	Y
AG	Age Termination	D	Y
AI	Administrative-In	A	N
AL	Alternate ID (SSN)	X	N
AO	Administrative –Out	D	Y
BD	BENDEX Request	X	N
BI	Enrollment Block In	A	N
BO	Enrollment Block Out	D	Y
CE	Closed-Ended Eligibility	X	N
CH	Eligibility Change Causes Disenrollment	D	Y
CI	County Move-In	A	N
CO	County Move-Out	D	Y
CP	Co-Pay Notification	C	N
CX	Co-Pay Internal Review Transaction	X	N
DB	Date Of Birth Change	C	N
DE	Deceased	D	Y
DM	Demographic Change	X	N
EC	Enrollment Choice	A	N
EI	Open Enrollment-In	A	N
EL	Newly Determined Eligible	X	N
EN	Enrollment Transaction	X	N
EO	Open Enrollment-Out	D	Y
FI	Family Continuity-In	A	N
FO	Family Continuity-Out	D	Y
HC	Acute Health Plan Change	C	N
HK	Hospitalized, Kick To Be [Considered]	C	N
HO	Move Out Of Health Plan Area	D	Y
IE	Ineligible	D	Y
KC	Potential KidsCare Eligible	X	N
KD	Key Demographic Change (IEVS Request)	X	N
LC	Level Of Care Change	X	N

*Continued on next page*

## Codes & Values 2012

### RF403 Recipient Action Codes, (Continued)

Code	Description	Action Type	Retroactive Indicator
MA	Mass Adjustment Recoupment	D	Y
MC	Mental Health Change	C	N
MI	Medical Care Continuity-In	A	N
MO	Medical Care Continuity-Out	D	Y
MR	Mass Adjustment Payment	A	Y
MT	Mother Termination	X	N
NB	Newborn	A	N
NC	Name Change	C	N
NE	Normal Enrollment	A	N
NI	NICU	C	N
NP	Normal Enrollment-Prior Plan	A	N
OS	Out Of State Move	D	Y
PA	End Of Contract-In: Auto Assign	A	N
PC	Pended Choice Enrollment Action	X	N
PD	End Of Contract-In: Direct Move	A	N
PG	Pregnant Women	C	N
PO	End Of Contract-Out: Direct Move	D	Y
PP	End Of Contract-In: Percentage	A	N
PR	End Of Contract-In: Rule Matrix	A	N
PT	End Of Contract-Out: %, Auto, Rule	D	Y
RA	Retroactive Enrollment	A	N
RC	Rate Code Change	C	N
RE	Re-Enrollment	A	N
RL	Recipient Linked To Another ID	X	N
RO	Recoupment MHS	D	Y
SB	Supplement Birth Payment	C	N
SC	Share Of Cost Change	C	N
SP	Special Program Change	X	N
SX	Sex Change	C	N
TM	Mental Health Termination	C	N
VW	Voluntary Withdrawal	D	Y
XA	Admin out for Conversion	D	Y
XN	Normal Enrollment for Conversion	A	N

## Codes & Values 2012

### RF409 Special Programs

**Where these are used:**

**In the PMMIS Recipient subsystem: The Special Programs Types are seen on the RP210 Inquire Special Program screen. On the RP210 Add Special Program screen with the cursor on the "Special Program" line. Depress the F1 help key and this table appears.**

Code	Description	Effective Date	
		Begin	End
AO	Acute Eligible W/ LTC Services	10/01/1982	
CB	Cobra-Out Of State	10/01/1982	
DD	Developmentally Disabled	10/01/1982	
DP	Difficult Patient	10/01/1982	
FC	Foster Care	10/01/1982	
GI	Group Health Insurance Buy-In	06/01/1992	
HA	LTC Eligible W/Acute Services	12/19/1988	
HR	Hurricane Rita Refugees	09/01/2005	
KR	Hurricane Katrina	09/01/2005	
RN	Off Reservation Native American	10/01/1982	
RY	On Reservation Native American	10/01/1982	
VD	LTC Ventilator Dependent	01/01/1989	
07	N07/N08 Adult SSI Term In Appeal W/SSA <small>(State Data Exchange Payment Status Codes N07= Disability Ceased, N08 = Blindness Ceased)</small>	11/01/1997	

### RF416 T/RHBA Phone Numbers

Site	Description	Effective
02	1-866-495-6738 For Cenpatico	08/24/10
07	1-800-564-5465 For Magellan Health Srvs	08/24/10
11	1-800-259-3449 For Gila River	08/24/10
14	1-866-841-0277 For Navajo Nation	08/24/10
15	1-800-640-2123 For Narbha	08/24/10
22	1-866-495-6738 For Cenpatico	08/24/10
25	1-877-342-0912 For Pasqua Yaqui	08/24/10
26	1-800-771-9889 For CPSA 5	08/24/10
27	1-800-771-9889 For CPSA	08/24/10
28	1-877-336-4811 For apache White Mountain	08/24/10
32	1-866-495-6738 For Cenpatico 3	11/30/10

## Codes & Values 2012

### RF577 TRHBA/ Zip Assignment Codes

S T	ZIP	CD	TRBHA Description	Begin Date	End Date
A	85121	11	Gila River Indian Tribe	10/01/10	
A	85122	11	Gila River Indian Tribe	10/01/10	
A	85128	11	Gila River Indian Tribe	10/01/10	
A	85132	11	Gila River Indian Tribe	10/01/10	
A	85139	11	Gila River Indian Tribe	10/01/10	
A	85147	11	Gila River Indian Tribe	10/01/10	
A	85221	11	Gila River Indian Tribe	10/01/10	
A	85247	11	Gila River Indian Tribe	10/01/10	
A	85248	11	Gila River Indian Tribe	10/01/10	
A	85339	11	Gila River Indian Tribe	10/01/10	
A	85757	25	Pascua Yaqui Tribe	10/01/10	
A	85911	28	Apache White Mountain	10/01/10	
A	85926	28	Apache White Mountain	10/01/10	
A	85930	28	Apache White Mountain	10/01/10	
A	85935	28	Apache White Mountain	10/01/10	
A	85941	28	Apache White Mountain	10/01/10	
A	86020	14	Navajo Nation	10/01/10	
A	86031	14	Navajo Nation	10/01/10	
A	86033	14	Navajo Nation	10/01/10	
A	86035	14	Navajo Nation	10/01/10	
A	86040	14	Navajo Nation	10/01/10	
A	86044	14	Navajo Nation	10/01/10	
A	86045	14	Navajo Nation	10/01/10	
A	86047	14	Navajo Nation	10/01/10	
A	86053	14	Navajo Nation	10/01/10	
A	86054	14	Navajo Nation	10/01/10	
A	86502	14	Navajo Nation	10/01/10	
A	86503	14	Navajo Nation	10/01/10	
A	86504	14	Navajo Nation	10/01/10	
A	86505	14	Navajo Nation	10/01/10	
A	86506	14	Navajo Nation	10/01/10	
A	86507	14	Navajo Nation	10/01/10	
A	86508	14	Navajo Nation	10/01/10	
A	86510	14	Navajo Nation	10/01/10	
A	86511	14	Navajo Nation	10/01/10	
A	86514	14	Navajo Nation	10/01/10	
A	86515	14	Navajo Nation	10/01/10	
A	86520	14	Navajo Nation	10/01/10	
A	86535	14	Navajo Nation	10/01/10	
A	86538	14	Navajo Nation	10/01/10	

## Codes & Values 2012

### RF577 TRHBA/ Zip Assignment Codes (Continued)

S T	ZIP	CD	TRBHA Description	Begin Date	End Date
A	86540	14	Navajo Nation	10/01/10	
A	86544	14	Navajo Nation	10/01/10	
A	86545	14	Navajo Nation	10/01/10	
A	86547	14	Navajo Nation	10/01/10	
A	86556	14	Navajo Nation	10/01/10	

### RF536 Tribe Name [Code]

Where these are used:	Tribe Code	Description	Health Plan ID
In the PMMIS Recipient subsystem: In the RP010A Add Recipient Loop, at the Add Recipient Demographics Screen, place cursor on the "Tribe ID" line. Depress the F1 help key and this table will appear.	CH	Ak Chin	190000
	CO	Cocopah	190000
	CR	CRIT (Colorado River Indian Tribe)	190000
	FM	Fort Mohave	190000
	GE	Generic Tribe	190000
	GR	Gila River Indian Community	190025
	HA	Havasupai	190000
	HO	Hopi	190091
	HU	Hualapai	190000
	KP	Kaibab Paiute	190000
	MY	Fort McDowell Indian Community	190000
	NA	Navajo Nation	190017
	NC	Navajo (NACH)	190000
	PY	Pascua Yaqui	190075
	QU	Quechan (Fort Yuma)	190000
	SC	San Carlos Apache	190083
	SR	Salt River Pima-Maricopa	190000
	TA	Tonto Apache	190000
	TO	Tohono O'odham	190033
	WM	White Mountain Apache	190009
YA	Camp Verde Yavapai Apache	190000	
YP	Yavapai Prescott	190000	

## Codes & Values 2012

<b>REVISION LOG TABLE</b>			
<b>CONTRACT YEAR 2009 CHANGES MADE AFTER 1/01/2009</b>			
TABLE #	REVISION DATE	TABLE#	REVISION DATE
RF403	2/13/09	RF401	2/13/09
RF539	06/17/09	RF534	09/10/09
RF512	09/24/09	RF534	09/24/09
Health Plans Page 38	09/24/09	Total revision	09/29/09
Date Change Only	12-18-09		
<b>REVISION LOG TABLE</b>			
<b>CONTRACT YEAR 2010 CHANGES MADE AFTER 1/01/2010</b>			
RF533	04-26-10	RF539	04-26-10
RF558 deleted and renamed (RF577)	09-22-10	RF554	09-22-10
RF557	09-22-10	RF556	09-22-10
RF555	09-22-10	RF553	09-22-10
RF528	09-22-10	RF415 added	09-22-10
RF576 added	09-22-10	RF416 added	09-22-10
RF575 added	09-22-10	RF402 del some codes and verbiage	10-06-10
RF404 del some codes	10-06-10	RF414 del entire Section	10-06-10
RF518 del some codes	10-06-10	Revamp of page 5	10-06-10
RF533	10-27-10	RF575	10-27-10
RF554	10-27-10	RF555	10-27-10
<b>REVISION LOG TABLE</b>			
<b>CONTRACT YEAR 2011 CHANGES MADE AFTER 1/01/2011</b>			
RF575	09-16-11	RF554	09-16-11
Health Plan list – Page 41	09-16-11	RF508 Replaced with New document	09-16-11
RF539	09-16-11	Reference Table Values	09-16-11
<b>REVISION LOG TABLE</b>			
<b>CONTRACT YEAR 2011 CHANGES MADE AFTER 1/01/2012</b>			
Changed title dates to 2012	04-03-12	RF401 added RURAL rate codes	04-03-12
RF553	04-03-12	RF553	04-03-12
RF575	04-03-12	RF554	04-03-12
RF555	04-03-12	RF556	04-03-12
Buy-In Codes page 48	04-03-12	RF539	04-04-12

