REFERENCE SUBSYSTEM
CODES AND VALUES

2019
Revised 10-31-19
There have been numerous changes made to the Codes and Values for 2019. Information that is no longer used has been deleted from the 2018 version. If you are trying to locate certain information that is no longer listed, please reference Codes and Values 2018 dated 10-02-2018. The newest information is identified in Red.

**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.

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1. PROCEDURE MENU  
2. DIAGNOSIS MENU  
3. PHARMACY ITEM MENU  
4. HEALTH PLAN MENU  
5. RECIPIENT MENU  
6. PROVIDER MENU  
7. ENCOUNT/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 sometime 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.
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<th>Table of Contents</th>
<th>See Page</th>
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<td>Table of Contents</td>
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## PMMIS RECIPIENT SCREENS

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## PMMIS REFERENCE SCREENS

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RF523 ALTERNATE ID TYPE

*Where these are used:

- These Alternate ID codes may be found in the PMMIS Subsystem on the RP185 Inquire Alternate ID Screen.
- 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.

*"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.

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RF512 AZTECS ELIGIBILITY KEY CODES

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### Codes & Values 2019

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#### RF505 BENEFIT PAYMENT TYPE

Where these are used:
- These Benefit Payment Type Codes may be found in the PMMIS Subsystem on the RP250 Inquire Payment History Screen
- At the RP250 Inquire screen: place cursor on the "Select Payment Type" line and depress F1 Help Key, the entire table may be seen.

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### RF401 Capitation Rate [Codes]

**Where these are used:** 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.

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</tr>
<tr>
<td>L52</td>
<td>PUBLIC 5, INSTIT 2 (ADC)</td>
</tr>
<tr>
<td>L53</td>
<td>PUBLIC 5, INSTIT 3 (ADC)</td>
</tr>
<tr>
<td>L54</td>
<td>PUBLIC 5, INSTIT 4 (ADC)</td>
</tr>
<tr>
<td>L55</td>
<td>PUBLIC 5, INSTIT 5 (ADC)</td>
</tr>
<tr>
<td>SN1</td>
<td>Skilled Nursing Facility Level 1</td>
</tr>
<tr>
<td>SN2</td>
<td>Skilled Nursing Facility Level 2</td>
</tr>
<tr>
<td>SN3</td>
<td>Skilled Nursing Facility Level 3</td>
</tr>
<tr>
<td>SRL</td>
<td>Supportive Residential Living</td>
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</table>
### Where these are used:

These Change Reason Type Codes may be found in the PMMIS Subsystem on the RP145C Change Eligibility Summary Screen as well as other screens.

To view change reasons:
At the RP145C Change screen:
- select an eligibility key code by placing the letter 's' on the line, and
- enter.

This will transaction travel to the next screen. The cursor will be now be found on the "Change Reason" line.
- Depress F1 Help Key, the table will become visible.

After eligibility is changed it may be seen on the RP145 I Inquire Eligibility Summary screen.

**Other Locations:**
RP160 I, RP250 I, RP595 I, and others.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Absolute Discharge From ADJC</td>
</tr>
<tr>
<td>AD</td>
<td>Adoption Final</td>
</tr>
<tr>
<td>AE</td>
<td>Applied For New Eligibility</td>
</tr>
<tr>
<td>AF</td>
<td>Eligible For AFDC Cash</td>
</tr>
<tr>
<td>AG</td>
<td>Age Limit Exceeded for Category</td>
</tr>
<tr>
<td>AI</td>
<td>Refused to Assign Medical Support</td>
</tr>
<tr>
<td>AO</td>
<td>Plan Change, Administrative-Out</td>
</tr>
<tr>
<td>AP</td>
<td>Co-Pay Term Due To Timely Appeal</td>
</tr>
<tr>
<td>AR</td>
<td>Co-Pay Appeal Resolved/Ended</td>
</tr>
<tr>
<td>AT</td>
<td>Refused to Assign or Provide TPL Info</td>
</tr>
<tr>
<td>CA</td>
<td>Term Due To Increase In Co-Pay</td>
</tr>
<tr>
<td>CB</td>
<td>Failed Review For Continued Benefits</td>
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<tr>
<td>CC</td>
<td>Case Change</td>
</tr>
<tr>
<td>CD</td>
<td>Term Due To Decrease In Co-Pay</td>
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<tr>
<td>CE</td>
<td>Coverage Ended</td>
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<tr>
<td>CH</td>
<td>Eligibility Change Causes Disenrollment</td>
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<tr>
<td>CI</td>
<td>Reported Change Causes Ineligibility</td>
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<td>CL</td>
<td>Contact Lost</td>
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<tr>
<td>CM</td>
<td>Computer Match, Info Validated</td>
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<td>CN</td>
<td>1931 Conversion Project</td>
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<td>CO</td>
<td>County Move-Out</td>
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<tr>
<td>CP</td>
<td>Copay Change</td>
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<tr>
<td>CR</td>
<td>Currently Receiving MA</td>
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<tr>
<td>CS</td>
<td>Excess Income = 31 Term to 4 Month Continuance</td>
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<tr>
<td>CT</td>
<td>Contract Terminated</td>
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<tr>
<td>CU</td>
<td>Term Due To Update Of Co-Pay Data</td>
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<td>CV</td>
<td>Converted/Higher Eligibility</td>
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<tr>
<td>DA</td>
<td>Change Of Assessment</td>
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<tr>
<td>DC</td>
<td>No Eligible Deprived/Dependent Child</td>
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<tr>
<td>DE</td>
<td>Deceased</td>
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<tr>
<td>DF</td>
<td>Discharge For Cause From ADJC</td>
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<tr>
<td>DH</td>
<td>Death</td>
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<tr>
<td>DI</td>
<td>Incarceration</td>
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<td>DJ</td>
<td>Short Term Incarceration</td>
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<td>DL</td>
<td>Loss Of Contract</td>
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<tr>
<td>DM</td>
<td>Move From RBHA (Regional Behavioral Health Authority) Area</td>
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<tr>
<td>DN</td>
<td>Non-Compliance</td>
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<td>DO</td>
<td>Move Out Of State</td>
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<td>Duplicate Record</td>
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<td>DQ</td>
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### RF525 CHANGE REASON, (Continued)

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<td>Inter RBHA Transfer</td>
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<td>DS</td>
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<td>DT</td>
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<tr>
<td>DX</td>
<td>Administrative Closure</td>
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<tr>
<td>EC</td>
<td>No Eligible Deprived/Dependent</td>
</tr>
<tr>
<td>EE</td>
<td>Exhausted All Efforts</td>
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<tr>
<td>EI</td>
<td>Excessive Income</td>
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<tr>
<td>EM</td>
<td>End Of MD Eligibility</td>
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<tr>
<td>EO</td>
<td>Open Enrollment-Out</td>
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<tr>
<td>EP</td>
<td>ESI Participant (Employer Sponsored INS)</td>
</tr>
<tr>
<td>ER</td>
<td>Entered in Error (Technical Closure)</td>
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<tr>
<td>ES</td>
<td>Emergency Services County Termination</td>
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<tr>
<td>FF</td>
<td>Fleeing Felon</td>
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<tr>
<td>FH</td>
<td>Failed to Verify TPL (HIFA Parent)</td>
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<tr>
<td>FM</td>
<td>Foster/MEDICS (Medical Eligibility Determination and Information Control System) Implementation</td>
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<td>FO</td>
<td>Plan Change -Out-Family Continuity</td>
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<tr>
<td>HC</td>
<td>Higher From Exparte</td>
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<td>HE</td>
<td>Higher Eligibility</td>
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<tr>
<td>HO</td>
<td>Moved Out Of Health Plan Area</td>
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<td>HT</td>
<td>County Term Due to KidsCare Add</td>
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<tr>
<td>IB</td>
<td>Ineligible Under Blind Category</td>
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<tr>
<td>IC</td>
<td>Incarceration</td>
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<tr>
<td>IE</td>
<td>Ineligible</td>
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<tr>
<td>IF</td>
<td>DES Interface-Created Transaction</td>
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<tr>
<td>IL</td>
<td>Earnings Disregard Ended</td>
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<tr>
<td>IM</td>
<td>Ineligible Mother</td>
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<tr>
<td>IN</td>
<td>Failed to Complete Initial Interview</td>
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<tr>
<td>IP</td>
<td>Inelig For MA, Elig For FP</td>
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<tr>
<td>IR</td>
<td>Referred To AHCCCS For SSI/MAO</td>
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<tr>
<td>KH</td>
<td>KC Immediate Termination</td>
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<tr>
<td>KT</td>
<td>KidsCare Termination Due To Higher Eligibility</td>
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<tr>
<td>LA</td>
<td>Living Arrangement</td>
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<tr>
<td>LC</td>
<td>Loss Of Contact /Returned Mail</td>
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<tr>
<td>LT</td>
<td>Eligible For AFDC MAO Long Term Care</td>
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<tr>
<td>MA</td>
<td>Medicare Added, Caused Termination</td>
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<tr>
<td>MB</td>
<td>Medical Benefits Ended--Hearing Decision</td>
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*Continued on next page*
### RF525 CHANGE REASON (Continued)

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>MC</td>
<td>TMA Closure – No Earnings</td>
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<td>MI</td>
<td>Member Income Change</td>
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<td>MN</td>
<td>Mom and Baby in New Care</td>
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<td>MO</td>
<td>Plan Change-Out-Med Care Continued</td>
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<td>MR</td>
<td>Maximum Resources Exceeded</td>
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<td>MS</td>
<td>Living Arrangements Verif</td>
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<td>MT</td>
<td>Medical Terminations</td>
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<td>NC</td>
<td>Non-Compliance with DCES</td>
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<td>ND</td>
<td>Non-Comply DCSE</td>
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<td>NE</td>
<td>No Eligible Child (HIFA Parent)</td>
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<td>NO</td>
<td>No Good Faith Effort</td>
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<td>NP</td>
<td>Nonpayment Of Premium</td>
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<td>NQ</td>
<td>Non Qualified</td>
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<tr>
<td>NR</td>
<td>Newborn Does Not Live With Mom in AZ</td>
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<tr>
<td>NS</td>
<td>No Signature on Application</td>
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<tr>
<td>NT</td>
<td>Newborn Termination Due to Higher Eligibility</td>
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<tr>
<td>NW</td>
<td>Not Willing To Pay Premium</td>
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<td>NX</td>
<td>Failed to Respond With Newborn Information</td>
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<td>OC</td>
<td>Currently Receiving Assist</td>
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<td>OM</td>
<td>One Month Of Elig ONLY</td>
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<tr>
<td>OS</td>
<td>AZ Residency not Established</td>
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<td>OT</td>
<td>Other Term Reason</td>
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<tr>
<td>PA</td>
<td>Fail To Meet Residency – Used For Paris</td>
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<tr>
<td>PE</td>
<td>Pregnancy Ended</td>
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<tr>
<td>PL</td>
<td>Paroled From ADJC</td>
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<td>PO</td>
<td>End Of Contract-Out: Direct Move Method</td>
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<tr>
<td>PP</td>
<td>Premium Payment Not Made</td>
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<tr>
<td>PR</td>
<td>Failed To Comply</td>
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<tr>
<td>PT</td>
<td>End Of Contract-Out: %; Auto; Rule Method</td>
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<tr>
<td>QC</td>
<td>Refused to Cooperate with QC</td>
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<tr>
<td>RA</td>
<td>Retroactive Enrollment</td>
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<td>RC</td>
<td>Rate Code Change</td>
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<td>RE</td>
<td>Redetermination not Completed</td>
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<td>RH</td>
<td>Child Returned to Parent (FC)</td>
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<td>RI</td>
<td>Reside in Institution (ASH)</td>
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<td>RM</td>
<td>Refuse Medical Denial Only</td>
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<td>RO</td>
<td>Mental Health Services Disenrollment</td>
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<td>RT</td>
<td>Retroactive Eligibility</td>
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<tr>
<td>RV</td>
<td>Failed to Verify Resources</td>
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<tr>
<td>SA</td>
<td>Sponsored Alien: Agency/Organ</td>
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<tr>
<td>SD</td>
<td>Disabled ES Referred to SSI MAO</td>
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<tr>
<td>SE</td>
<td>State Employee (HIFA Parent)</td>
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**RF525 CHANGE REASON (Continued)**

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<tbody>
<tr>
<td>SM</td>
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<tr>
<td>SR</td>
<td>SSI MAO Referral</td>
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<tr>
<td>SS</td>
<td>SSN (Social Security Number) Requirements not Met</td>
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<td>ST</td>
<td>Surgical Sterilization</td>
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<tr>
<td>TD</td>
<td>Terminated Disability</td>
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<tr>
<td>TE</td>
<td>Eligible for TMA 1st Extension</td>
</tr>
<tr>
<td>TH</td>
<td>Term Hospital Presumptive Eligibility</td>
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<tr>
<td>TL</td>
<td>Eligible for AFDC 2nd Extension</td>
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<tr>
<td>TP</td>
<td>Third Party Exists</td>
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<tr>
<td>TR</td>
<td>Term One Record</td>
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<tr>
<td>TY</td>
<td>Three Years of Non-Service</td>
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<tr>
<td>UE</td>
<td>Eligible AFDC MAO Unemployed Parent Coverage</td>
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<tr>
<td>UP</td>
<td>Eligible AFDC Unemployed Parent Coverage</td>
</tr>
<tr>
<td>US</td>
<td>Citizen Requirements Not Met (HIFA Parent)</td>
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<tr>
<td>VB</td>
<td>Voluntary Withdrawal Term EOM</td>
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<tr>
<td>VI</td>
<td>Failure to Comply With Proc. Req.</td>
</tr>
<tr>
<td>VK</td>
<td>Voluntary Withdrawal KidsCare (No 12-Month Guarantee)</td>
</tr>
<tr>
<td>VR</td>
<td>Loss of Contact/Whereabouts Unknown</td>
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<tr>
<td>VW</td>
<td>Voluntary Withdrawal Immediate Term</td>
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<tr>
<td>WU</td>
<td>Loss of Contact/Whereabouts Unknown</td>
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<td>Special EAC Terminations Tape From DES (9/23)</td>
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**RF410 Contract Type**

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<tr>
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<td>AIMHS</td>
<td>American Indian Medical Home Services</td>
<td>Y N</td>
</tr>
<tr>
<td>%</td>
<td>CRS/CAP</td>
<td>Children's Rehab Services, Capitation</td>
<td>Y N</td>
</tr>
<tr>
<td>#</td>
<td>BH/FFS</td>
<td>BEHAV HEALTH, FEE FOR SERVICE</td>
<td>N Y</td>
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<td>@</td>
<td>DES/DD/RI</td>
<td>Des DD Reinsurance Indicator</td>
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</tr>
<tr>
<td>A</td>
<td>ACC/CAP</td>
<td>ACC Capitated</td>
<td>Y N</td>
</tr>
<tr>
<td>C</td>
<td>ACC/CAP/BHS</td>
<td>ACC, SMI CAPITATED</td>
<td>Y N</td>
</tr>
<tr>
<td>D</td>
<td>ACC/PPC/BHS</td>
<td>ACC, SMI PRIOR PERIOD COVERAGE</td>
<td>Y N</td>
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<tr>
<td>E</td>
<td>ACC/FFS</td>
<td>ACC Fee-For-Service</td>
<td>N Y</td>
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<tr>
<td>F</td>
<td>ACC/FFS/EMO</td>
<td>ACC, Fee-For-Service Emergency Services Only</td>
<td>N Y</td>
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<tr>
<td>G</td>
<td>ACC/FFS/FPS</td>
<td>ACC, Fee-For-Service, Family Planning Services</td>
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<tr>
<td>H</td>
<td>ACC/PPC</td>
<td>ACC Prior Period Coverage</td>
<td>Y N</td>
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<tr>
<td>J</td>
<td>LTC/CAP</td>
<td>Long Term Care, Capitated</td>
<td>Y N</td>
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<tr>
<td>K</td>
<td>MHS/CAP/ACC</td>
<td>Mental Health Services, Capitated, Acute Only</td>
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<td>L</td>
<td>LTC/CAP/ACU</td>
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## RF410 Contract Type (Continued)

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<th>FFS</th>
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<td>LTC/PPC</td>
<td>Long Term Care Prior Period Coverage</td>
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<td>ACC/NONCAP</td>
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<td>O</td>
<td>LTC/PPC/ACU</td>
<td>Long Term Care Prior Period Coverage Acute</td>
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<td>N</td>
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<td>P</td>
<td>LTC/CAP/PAR</td>
<td>Long Term Care, Partially Capitated</td>
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<td>Q</td>
<td>ACC/CAP/FPS</td>
<td>ACC Capitated Family Planning Services Only</td>
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<td>R</td>
<td>LTC/FFS</td>
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<td>MHS/CAP/DD</td>
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<td>T</td>
<td>LTC/FFS/ACU</td>
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<td>U</td>
<td>UNDOC/FFS/EM</td>
<td>Undocumented Aliens, Fee-For-Service, ONLY</td>
<td>N</td>
<td>Y</td>
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<tr>
<td>V</td>
<td>MHS/CAP/KC</td>
<td>Mental Health Services Capitated KidsCare</td>
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<td>N</td>
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<tr>
<td>W</td>
<td>ACC/KC/BHS</td>
<td>ACC, SMI KIDS CARE CAPITATED</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>X</td>
<td>ACC/FFS/KC</td>
<td>ACC Fee-For-Service KidsCare</td>
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<tr>
<td>Y</td>
<td>ACC/CAP/KC</td>
<td>ACC Capitated KidsCare</td>
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<td>Z</td>
<td>MHS/CAP/HIFA</td>
<td>Mental Health Services Capitated HIFA</td>
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<td>NO/PMT</td>
<td>No Payment Allowed</td>
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<td>7</td>
<td>MHS/CAP/CMCP</td>
<td>Mental Health Services, Capitated</td>
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<td>N</td>
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<td>NON/PAY</td>
<td>No Payment/Medicare Claims Only</td>
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<td>NON/AHC</td>
<td>Non-AHCCCS Claims Processing ONLY</td>
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## RF529 CONVERTED TRANSACTION STATUS

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<tr>
<td>A</td>
<td>Apply</td>
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<tr>
<td>D</td>
<td>Delete</td>
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<td>F</td>
<td>Force Apply</td>
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<td>P</td>
<td>Pended</td>
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The entire co-pay sections below will be updated again at a later date.

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<th>AMOUNT</th>
<th>BEGIN DATE</th>
<th>END DATE</th>
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<tr>
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<td>04 Office Visit</td>
<td>3.40</td>
<td>10/01/2010</td>
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<tr>
<td>O Nominal Co-Pay</td>
<td>06 Pharmacy</td>
<td>2.30</td>
<td>10/01/2010</td>
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<tr>
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Where these are used: 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.
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### 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.

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**Where these are used:**

**County Codes:** 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.

**General Service Area Codes:** GSA Codes: are not readily discernable in PMMIS Recipient subsystem.

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**Notes:**
- ADHS Behavioral Health (end 10/1/16 replaced with 010705, 010730, & 010789)
- CRS Partially-BH
- CRS Only
- TSC
## RF546 DATA SPECIFIC SOURCE CODES

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53
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.

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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.

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**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.

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<tr>
<td>MN</td>
<td>Medically Needy</td>
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<tr>
<td>PE</td>
<td>Presumptive Eligibility</td>
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<tr>
<td>PS</td>
<td>Public Safety (AZ Dept Of Corrections)</td>
</tr>
<tr>
<td>QA</td>
<td>QMB (Qualified Medicare Beneficiary) Only Aged</td>
</tr>
<tr>
<td>QB</td>
<td>QMB Only Blind</td>
</tr>
<tr>
<td>QD</td>
<td>QMB Only Disabled</td>
</tr>
<tr>
<td>QO</td>
<td>QMB Only Other</td>
</tr>
<tr>
<td>SA</td>
<td>SSI (Supplemental Security Income) Aged</td>
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<td>SB</td>
<td>SSI Blind</td>
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<tr>
<td>SC</td>
<td>SOBRA Child</td>
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<td>SD</td>
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<td>SI</td>
<td>SSI</td>
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<tr>
<td>SO</td>
<td>SOBRA Woman (Mother)</td>
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<td>ST</td>
<td>STATE-ONLY BHS</td>
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<tr>
<td>TA</td>
<td>TANF (Temporary Assistance for Needy Families)</td>
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<td>TM</td>
<td>Temporary Coverage SSDI</td>
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### RF510 Eligibility Qualifier

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<tr>
<td>CA</td>
<td>Cash</td>
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<tr>
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<td>MAO (Medical Assistance Only)</td>
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RF537 Eligibility Type

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<tr>
<td>A</td>
<td>ACC</td>
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<tr>
<td>B</td>
<td>Buy-In Part B ONLY - SLMB/QI1</td>
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<tr>
<td>L</td>
<td>LTC (Long Term Care)</td>
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<tr>
<td>Q</td>
<td>QMB Only</td>
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RF513 Enrollment Type

Where these are used:

In the PMMIS Recipient subsystem:
The RP160 Add Enrollment, Inquire Enrollment, Change Enrollment screens all feature this table's data as well as the corresponding RP560 supervisor override screens.

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.

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<thead>
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<td>AE</td>
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<td>CV</td>
<td>Conversion – Unknown</td>
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<td>EC</td>
<td>Enrollment Choice</td>
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<td>FA</td>
<td>Administrative In-Force Assigned</td>
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<td>FC</td>
<td>Family Continuity (Case)</td>
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<td>FE</td>
<td>Forced Enrollment</td>
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<tr>
<td>FI</td>
<td>County In-Force Assigned</td>
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<td>FM</td>
<td>Plan Change In Medical Care - Force Assigned</td>
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<td>MA</td>
<td>Manually Assigned</td>
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<td>MC</td>
<td>County In-Manually Assigned</td>
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<td>MI</td>
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<td>PA</td>
<td>'Multiple Plan Split-Auto Assign'</td>
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<td>Pended Choice Enrollment</td>
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<td>'Direct Move' Evaluation Method</td>
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<td>Pend Waiting</td>
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<td>Retroactive Enrollment</td>
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<td>AA</td>
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<td>Address Confidentiality</td>
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<td>AHCCCS Care SMI Move</td>
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<td>ADOC Inmates Less Than 1 Year</td>
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<td>Capitation Recovery Exists</td>
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<td>CT</td>
<td>Court Ordered Treatment</td>
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<td>DA</td>
<td>Potential DAC (Disabled Adult Child) Acute</td>
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<td>Disabled Child-SSI Recipient On 8/22/96</td>
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<tr>
<td>E0</td>
<td>E01, Living Arrangement Not D (E01 =SDX (State Data Exchange) Payment Status Code designating eligible for Federal and/or State benefits SDX Code D=&quot;Title XIX institution&quot;)</td>
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<td>Presumptive Eligibility Extension</td>
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<td>FES Foster Care</td>
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<td>FM</td>
<td>Newborn Of FES Mother</td>
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<td>FO</td>
<td>PREVIOUS CHILD REHABILITATIVE SVC (PCR)</td>
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<td>Potential Fraud</td>
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<td>General HMO Block</td>
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<td>Hurricane Rita Refugees</td>
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<td>Initial HMO Block</td>
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<td>IMD STAY GREATER THAN 15 DAYS</td>
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<td>Institutionalized (IMD, ASH, Hospital)</td>
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<td>JC</td>
<td>Juvenile Corrections</td>
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<td>JD</td>
<td>Juvenile Detention Child in CTYPRI</td>
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<td>KA</td>
<td>Keep Member in AHCCCS Care</td>
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<td>KC</td>
<td>KidsCare II Under SNCP</td>
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<td>KG</td>
<td>KINSHIP Guardianship IV-E</td>
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<td>Louisiana Hurricane Katrina Refugees</td>
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<td>Maricopa County Inmates</td>
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<td>MH</td>
<td>Mohave County Inmates</td>
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<td>MI</td>
<td>Medically Improved FTW</td>
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<td>MO</td>
<td>SSI Cash Moved out of State</td>
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**RF539 Exception [Codes]** (Continued)

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<td>NB</td>
<td>Returned Delivered Newborn Correspondence</td>
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<td>NC</td>
<td>No Conversion</td>
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<td>NS</td>
<td>New To State</td>
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<td>NV</td>
<td>Navajo County Inmates</td>
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<td>PM</td>
<td>Pima County Inmates</td>
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<td>PN</td>
<td>Pinal County Inmates</td>
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<td>RC</td>
<td>Review Completed</td>
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<td>RI</td>
<td>Released From IMD (ASH, ETC)</td>
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<td>RJ</td>
<td>Released From Jail</td>
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<td>RM</td>
<td>OE Returned Mail</td>
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<td>Santa Cruz County Inmates</td>
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<td>SP</td>
<td>SPECIAL PROCESSING</td>
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<td>TC</td>
<td>Tuba City RHC Inmates</td>
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<td>UD</td>
<td>Undocumented Alien</td>
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<td>WW</td>
<td>Potential Widow/Widower</td>
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<td>XX</td>
<td>Confidential Record</td>
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<tr>
<td>YA</td>
<td>Young Adult Transitional Insurance (YATI)</td>
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<td>YU</td>
<td>Yuma County Inmates</td>
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<tr>
<td>YV</td>
<td>Yavapai County Inmates</td>
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<td>00</td>
<td>Use Numeric Codes For Claims/Encounters</td>
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<tr>
<td>01</td>
<td>Recipient Enrolled In Medicare HMO</td>
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<tr>
<td>02</td>
<td>Review All Claims For This Recipient</td>
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<tr>
<td>03</td>
<td>Assaults (ADC/DOC ONLY)</td>
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<td>04</td>
<td>Self Inflicted (ADC/DOC ONLY)</td>
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<td>RESERVED FOR ADC/DOC</td>
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<td>06</td>
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<td>07</td>
<td>RESERVED FOR ADC/DOC</td>
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<tr>
<td>13</td>
<td>Legal Alien No Longer Eligible For SSA Cash</td>
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<td>22</td>
<td>HIGH UTILIZATION</td>
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<td>25</td>
<td>Review All Claims For Transplantation</td>
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<td>26</td>
<td>Review All ESP Extended Care Recipients</td>
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<td>Option 1 Transplant Recipient</td>
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<td>28</td>
<td>Option 2 Transplant Recipient</td>
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<td>SPECIAL PROCESSING</td>
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<td>31</td>
<td>Non-Cash AFDC</td>
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<td>40</td>
<td>No FFP (Federal Financial Participation) Claiming Allowed</td>
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<td>50</td>
<td>Allow FFS (Fee-For-Service) Claims For Capitated Enrollment</td>
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<td>51</td>
<td>IRCA (Immigration Reform Control Act)</td>
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<td>52</td>
<td>Recipient Authorized To Receive Hospice Services</td>
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<tr>
<td>53</td>
<td>IHS DD (Developmentally Disabled) Referrals</td>
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### RF539 Exception [Codes] (Continued)

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<tbody>
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<td>Apache County Inmates</td>
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<td>62</td>
<td>Cochise County Inmates</td>
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<td>63</td>
<td>Coconino County Inmates</td>
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<td>Gila County Inmates</td>
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<td>Maricopa County Inmates</td>
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<td>Mohave County Inmates</td>
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<td>69</td>
<td>Navajo County Inmates</td>
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<td>Pima County Inmates</td>
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<td>Yavapai County Inmates</td>
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<td>Yuma County Inmates</td>
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<td>75</td>
<td>La Paz County Inmates</td>
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<td>76</td>
<td>Tuba City Inmates</td>
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<td>80</td>
<td>Absent Parent</td>
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<tr>
<td>81</td>
<td>SEVERELY EMOTIONALLY DISTURBED (SED)</td>
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<td>82</td>
<td>NEONATAL ABSTINENCE SYNDROME (NAS)</td>
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<tr>
<td>83</td>
<td>SEVERE COMBINED IMMUNODEFICIENCY (SCI)</td>
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<td>84</td>
<td>AUTISM OR AT RISK (AUT)</td>
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<tr>
<td>85</td>
<td>OFFICE OF HUMAN RIGHTS SPC ASSIST (OHR)</td>
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<td>86</td>
<td>SMI OPT OUT</td>
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<tr>
<td>87</td>
<td>Dual Sensory Loss</td>
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<tr>
<td>90</td>
<td>SMI (Seriously Mentally Ill)</td>
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<td>98</td>
<td>Retroactive Medicare Termination</td>
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<td>Manual Price All Recipient Claims - N.R.</td>
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### RF545 Function Specific Reason Codes

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<td>Absolute Discharge From ADJC</td>
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<tr>
<td>AD</td>
<td>Adoption Final</td>
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<tr>
<td>AE</td>
<td>Applied For New Eligibility</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>AF</td>
<td>Eligible For AFDC Cash</td>
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<td>AG</td>
<td>Eligibility Group Age Limit</td>
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<td>AI</td>
<td>Refused To Assign Medical Support</td>
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<td>AO</td>
<td>Plan Change, Admin-Out</td>
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<tr>
<td>AP</td>
<td>Co-Pay Term Due To Timely Appeal</td>
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<td>AR</td>
<td>Co-Pay Appeal Resolved/Ended</td>
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<td>Refused To Assign Or Provide TPL Info</td>
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<td>CA</td>
<td>Term Due To Increase In Co</td>
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<td>CB</td>
<td>Failed Review For Continued Benefits</td>
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<td>CD</td>
<td>Term Due To Decrease In Co</td>
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<td>CE</td>
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<td>Eligibility Change Causes Disenrollment</td>
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<td>Reported Change Causes Ineligibility</td>
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<td>Computer Match, Info Validated</td>
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<td>1931 Conversion Project</td>
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**RF545 Function Specific Reason Codes (Continued)**

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**RF715 Insured Relationship**

Where these are used:

- In the PMMIS Recipient subsystem; RP155 Add Third Party Coverage Detail Screen's last field is where this code is found.
- Place the cursor on the "Relationship Of Policy Holder To Recipient" line: Depress the F1 help key and this table will appear.
- Entries may be viewed on the RP155 Inquire Third Party Coverage Summary Screen.

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**RF514 Language [Code]**

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<td>B</td>
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### RF515 Marital Status

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<td>S</td>
<td>Single</td>
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<tr>
<td>U</td>
<td>Unknown/Unspecified</td>
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<td>W</td>
<td>Widow/Widower</td>
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### RF532 Medical Condition

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<td>Bed-Bound</td>
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<td>BC</td>
<td>Breast And Cervical Cancer Program Member</td>
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<td>CC</td>
<td>LTC Facility Convalescent Care</td>
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<td>CH</td>
<td>Chemotherapy</td>
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<tr>
<td>CM</td>
<td>Applicant Chronic Med. Cond.</td>
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<tr>
<td>DI</td>
<td>Dialysis</td>
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<tr>
<td>ER</td>
<td>ER-Accident/Injury Related</td>
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<tr>
<td>HA</td>
<td>Hospitalized-Accident/Injury Related</td>
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<tr>
<td>HI</td>
<td>Head Injury</td>
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<tr>
<td>HK</td>
<td>Hospitalized, Kick Payment [To Be] Considered</td>
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<td>NICU</td>
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<td>Newborn-Normal</td>
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<td>Outpatient- Accident/Injury Related</td>
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<td>XI</td>
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<tr>
<td>XL</td>
<td>LTC-Transition From IPC/HOSP (ADC ONLY)</td>
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**Where these are used:**

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.

Once the fields on the above screen are populated: the Medical Condition Codes may be seen from the RP140I Inquire Medical Condition Summary Screen.
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.

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<tr>
<td>D</td>
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<td>GMH ALCOHOL/SUBSTANCE SV (ELIM 11/17/95)</td>
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RF402 Mental Health Rate Code

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RF415 MHS Site Provider

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## RF530 PENDING TRANSACTIONS

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## RF502 PROVIDER ASSIGNMENT

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## 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.*

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## RF411 Rate Category (Continued)

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**RF403 Recipient Action Codes** (Continued)

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### 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.

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(State Data Exchange Payment Status Codes N07= Disability Ceased, N08 = Blindness Ceased)
### RF416 T/RHBA Phone Numbers

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<tr>
<td>07</td>
<td>1-800-564-5465 FOR MAGELLAN HEALTH SRVS</td>
<td>08/24/10</td>
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<td>1-800-259-3449 For Gila River</td>
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<td>1-866-841-0277 For Navajo Nation</td>
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<td>1-800-640-2123 For Narbha</td>
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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.
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