

# 2024



## **REFERENCE SUBSYSTEM CODES AND VALUES**

Revised 03/22/2024.



# Codes & Values 2024

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**There have been numerous changes made to the Codes and Values for 2023. Information that is no longer used has been deleted from the 2019 version. If you are trying to locate certain information that is no longer listed, please reference Codes and Values 2019 dated 10-02-2019. 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.

```
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 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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### Non-Reference Table Values

Address County Type	Description
R	Residential
F	Fiscal

Code Type Action	Description
A	Add
C	Change
T	Terminate

Payment Cycle Type	Description
15	Daily
14	Monthly
13	Retroactive

## Codes & Values 2024

### PMMIS RECIPIENT SCREENS

<b>RP205 CORRESPONDENCE CODES</b>	
D	Not processed due to death
N	Not processed / Not printed
P	Processed / Printed
R	Responded
T	Returned
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
MBI	Medicare Beneficiary Identifier

<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

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### PMMIS REFERENCE SCREENS

#### 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
265	A AF Acute	21		05/01/2013	
270	A AF Cash Foster	19		10/01/1982	
275	A AF MAO Young Adult Tr.	26		01/01/2014	
350	A AF MAO SOBRA Child	19		07/01/2001	
351	A AF MAO SC Expanded	19		07/01/2001	
352	SOBRA CHILD 100-133% AG	19		01/01/2014	
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	
465	SOBRA CHILD 100-133% 6M	18		01/01/2014	
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	
949	FES YATI AGE 18 - 26	26		01/01/2014	



## Codes & Values 2024

### RF523 ALTERNATE ID TYPE

<p><b>*Where these are used:</b></p> <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>	Code	Description
	AC	Application Control Number
	AD	Alternate DOB
	AH	T19/T21 AHCCCS ID (PRISONER ONLY)
	AI	AHCCCS ID
	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
	HE	HEA PLUS ID
	KC	KEDS Client ID
	MB	Medicare Beneficiary Identifier
	MC	Medicare Claim ID
	NB	Newborn Alternate ID
	NU	IEVS/Numident Verified SSN
	PB	Premium Billing ID
RB	State Only BHS RBHA-ID	
SI	BHS STATE-ONLY ID	
SN	Unverified SSN/PSUEDO ID	

### 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	

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<b>RF512 AZTECS ELIGIBILITY KEY CODES (continued)</b>
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ELG KEY	PGM	CAT	INDICATORS			BEG DATE	END DATE
			FC-AS	PQ	ES		
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	12/31/2013
586	MA	AM				01/01/2014	
587	MA	AM				09/01/2001	12/31/2013
588	MA	AC				01/01/2014	
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	

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### 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
ME	Emergency ACA Expanded
NB	Newborn
NI	Non-Issuance of AFDC (Aid For Dependent 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

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### 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
	52	Recon/Supplemental Payments
	53	AIMHS
	91	Acute SMIB
	92	Acute HIB
	93	QI1 SMIB
	94	SLMB SMIB

### RF506 BENEFIT QUALIFIER

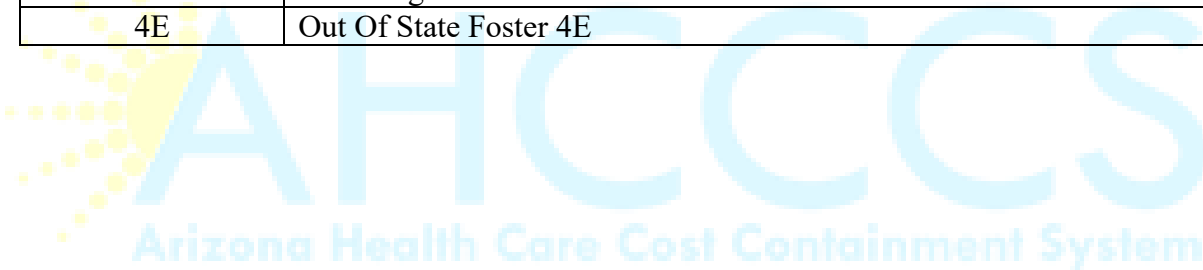
Code	Description
CH	Child
CM	Children's Medical Program
DP	Deprived
ER	Earnings
ES	Expansion State
FP	S.O.B.R.A Women Family Planning Services
JS	JASSO Period for SSI Foster
KC	KidsCare
KH	KidsCare HIFA Parent
LE	Lesions
LT	Less Than \$10
NB	DES Newborn
NE	ACA Newly Eligible
NQ	Non-Qualified Immigrant 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 2024

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### 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
TR	ACA Transition
TW	Freedom To Work 6 Month Guarantee
UD	Undocumented For ESP
UP	Undocumented Pregnant For ESP
XA	Expanded Eligibility
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 2024

### 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.

Code	Description	Effective Date	
		Begin	End
AIMH	AMERICAN INDIAN MEDICAL HEALTH SERVICES	01/01/2017	
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	
S000	STATE-ONLY BHS	10/01/2009	
U000	UNINSURED COVID-19	01/01/2020	
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	

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*Continued on next page*

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
<b>Code</b>	<b>Description</b>	<b>Effective Date</b>	
		<b>Begin</b>	<b>End</b>
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	

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
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	



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<b>RF401 Capitation Rate [Codes] (Continued)</b>			
<b>Code</b>	<b>Description</b>	<b>Effective Date</b>	
		<b>Begin</b>	<b>End</b>
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	
1121	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	
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	

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## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
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	09/30/2018
330B	AHC CARE M&F 1-5 W/ MDC PPC	10/01/2001	09/30/2018
330C	AHC CARE M&F 6-13 W/ MDC PPC	10/01/2001	09/30/2018
330D	AHC CARE MALE 14-20 W/ MDC PPC	10/01/2001	09/30/2018
330E	AHC CARE FEMALE 14-20 W/ MDC PPC	10/01/2001	09/30/2018
330F	AHC CARE MALE 21-44 W/ MDC PPC	10/01/2001	09/30/2018
330G	AHC CARE FEMALE 21-44 W/ MDC PPC	10/01/2001	09/30/2018
330H	AHC CARE M&F 45-64 W/ MDC PPC	10/01/2001	09/30/2018
330J	AHC CARE M&F 65+ W/ MDC PPC	10/01/2001	09/30/2018
3301	AHC CARE M&F < 1 W/ MDC	10/01/2001	09/30/2018
3302	AHC CARE M&F 1-5 W/ MDC	10/01/2001	09/30/2018
3303	AHC CARE M&F 6-13 W/ MDC	10/01/2001	09/30/2018
3304	AHC CARE MALE 14-20 W/ MDC	10/01/2001	09/30/2018
3305	AHC CARE FEMALE 14-20 W/ MDC	10/01/2001	09/30/2018

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## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
3306	AHC CARE MALE 21-44 W/ MDC	10/01/2001	09/30/2018
3307	AHC CARE FEMALE 21-44 W/ MDC	10/01/2001	09/30/2018
3308	AHC CARE M&F 45-64 W/ MDC	10/01/2001	09/30/2018
3309	AHC CARE M&F 65+ W/ MDC	10/01/2001	09/30/2018
331A	AHC CARE M&F < 1 NO MDC PPC	10/01/2001	09/30/2018
331B	AHC CARE M&F 1-5 NO MDC PPC	10/01/2001	09/30/2018
331C	AHC CARE M&F 6-13 NO MDC PPC	10/01/2001	09/30/2018
331D	AHC CARE MALE 14-20 NO MDC PPC	10/01/2001	09/30/2018
331E	AHC CARE FEMALE 14-20 NO MDC PPC	10/01/2001	09/30/2018
331F	AHC CARE MALE 21-44 NO MDC PPC	10/01/2001	09/30/2018
331G	AHC CARE FEMALE 21-44 NO MDC PPC	10/01/2001	09/30/2018
331H	AHC CARE M&F 45-64 NO MDC PPC	10/01/2001	09/30/2018
331J	AHC CARE M&F 65+ NO MDC PPC	10/01/2001	09/30/2018
331I	AHC CARE M&F < 1 NO MDC	10/01/2001	09/30/2018
3312	AHC CARE M&F 1-5 NO MDC	10/01/2001	09/30/2018
3313	AHC CARE M&F 6-13 NO MDC	10/01/2001	09/30/2018
3314	AHC CARE MALE 14-20 NO MDC	10/01/2001	09/30/2018
3315	AHC CARE FEMALE 14-20 NO MDC	10/01/2001	09/30/2018
3316	AHC CARE MALE 21-44 NO MDC	10/01/2001	09/30/2018
3317	AHC CARE FEMALE 21-44 NO MDC	10/01/2001	09/30/2018
3318	AHC CARE M&F 45-64 NO MDC	10/01/2001	09/30/2018
3319	AHC CARE M&F 65+ NO MDC	10/01/2001	09/30/2018
332A	AHC CARE M&F < 1 W/ QMB PPC	10/01/2001	09/30/2018
332B	AHC CARE M&F 1-5 W/ QMB PPC	10/01/2001	09/30/2018
332C	AHC CARE M&F 6-13 W/ QMB PPC	10/01/2001	09/30/2018
332D	AHC CARE MALE 14-20 W/ QMB PPC	10/01/2001	09/30/2018
332E	AHC CARE FEMALE 14-20 W/ QMB PPC	10/01/2001	09/30/2018
332F	AHC CARE MALE 21-44 W/ QMB PPC	10/01/2001	09/30/2018
332G	AHC CARE FEMALE 21-44 W/ QMB PPC	10/01/2001	09/30/2018
332H	AHC CARE M&F 45-64 W/ QMB PPC	10/01/2001	09/30/2018
332J	AHC CARE M&F 65+ W/ QMB PPC	10/01/2001	09/30/2018
332I	AHC CARE M&F < 1 W/ QMB	10/01/2001	09/30/2018
3322	AHC CARE M&F 1-5 W/ QMB	10/01/2001	09/30/2018
3323	AHC CARE M&F 6-13 W/ QMB	10/01/2001	09/30/2018
3324	AHC CARE MALE 14-20 W/ QMB	10/01/2001	09/30/2018
3325	AHC CARE FEMALE 14-20 W/ QMB	10/01/2001	09/30/2018
3326	AHC CARE MALE 21-44 W/ QMB	10/01/2001	09/30/2018

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## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
3327	AHC CARE FEMALE 21-44 W/ QMB	10/01/2001	09/30/2018
3328	AHC CARE M&F 45-64 W/ QMB	10/01/2001	09/30/2018
3329	AHC CARE M&F 65+ W/ QMB	10/01/2001	09/30/2018
340Z	MED ELIGIBILITY W/ MDC PPC	04/01/2001	
3400	MED ELIGIBILITY W/ MDC	04/01/2001	06/01/2018
341Z	MED ELIGIBILITY NON-MDC PPC	04/01/2001	
3410	MED ELIGIBILITY NON-MDC	04/01/2001	06/01/2018
342Z	MED ELIGIBILITY W/ QMB PPC	04/01/2001	
3420	MED ELIGIBILITY W/ QMB	04/01/2001	06/01/2018
350D	ADULT 40-100% MALE 14-20 W/ MDC PPC	01/01/2014	
350E	ADULT 40-100% FEMALE 14-20 W/ MDC PPC	01/01/2014	
350F	ADULT 40-100% MALE 21-44 W/ MDC PPC	01/01/2014	
350G	ADULT 40-100% FEMALE 21-44 W/ MDC PPC	01/01/2014	
350H	ADULT 40-100% M&F 45-64 W/ MDC PPC	01/01/2014	
350J	ADULT 40-100% M&F 65+ W/ MDC PPC	01/01/2014	
3500	ADULT 40-100% FOR FINANCE/FIZ SUPPOR	01/01/2014	
3504	ADULT 40-100% MALE 14-20 W/ MDC	01/01/2014	
3505	ADULT 40-100% FEMALE 14-20 W/ MDC	01/01/2014	
3506	ADULT 40-100% MALE 21-44 W/ MDC	01/01/2014	
3507	ADULT 40-100% FEMALE 21-44 W/ MDC	01/01/2014	
3508	ADULT 40-100% M&F 45-64 W/ MDC	01/01/2014	
3509	ADULT 40-100% M&F 65+ W/ MDC	01/01/2014	
351D	ADULT 40-100% MALE 14-20 NO MDC PPC	01/01/2014	
351E	ADULT 40-100% FEMALE 14-20 NO MDC PPC	01/01/2014	
351F	ADULT 40-100% MALE 21-44 NO MDC PPC	01/01/2014	
351G	ADULT 40-100% FEMALE 21-44 NO MDC PPC	01/01/2014	
351H	ADULT 40-100% M&F 45-64 NO MDC PPC	01/01/2014	
351J	ADULT 40-100% M&F 65+ NO MDC PPC	01/01/2014	
3510	ADULT 40-100% FOR FINANCE/FIZ SUPPOR	01/01/2014	
3514	ADULT 40-100% MALE 14-20 NO MDC	01/01/2014	
3515	ADULT 40-100% FEMALE 14-20 NO MDC	01/01/2014	
3516	ADULT 40-100% MALE 21-44 NO MDC	01/01/2014	
3517	ADULT 40-100% FEMALE 21-44 NO MDC	01/01/2014	
3518	ADULT 40-100% M&F 45-64 NO MDC	01/01/2014	
3519	ADULT 40-100% M&F 65+ NO MDC	01/01/2014	
352D	ADULT 40-100% MALE 14-20 W/ QMB PPC	01/01/2014	
352E	ADULT 40-100% FEMALE 14-20 W/ QMB PPC	01/01/2014	
352F	ADULT 40-100% MALE 21-44 W/ QMB PPC	01/01/2014	
352G	ADULT 40-100% FEMALE 21-44 W/ QMB PPC	01/01/2014	
352H	ADULT 40-100% M&F 45-64 W/ QMB PPC	01/01/2014	

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
352J	ADULT 40-100% M&F 65+ W/ QMB PPC	01/01/2014	
3520	ADULT 40-100% FOR FINANCE/FIZ SUPPORT	01/01/2014	
3524	ADULT 40-100% MALE 14-20 W/ QMB	01/01/2014	
3525	ADULT 40-100% FEMALE 14-20 W/ QMB	01/01/2014	
3526	ADULT 40-100% MALE 21-44 W/ QMB	01/01/2014	
3527	ADULT 40-100% FEMALE 21-44 W/ QMB	01/01/2014	
3528	ADULT 40-100% M&F 45-64 W/ QMB	01/01/2014	
3529	ADULT 40-100% M&F 65+ W/ QMB	01/01/2014	
360A	AHC CARE/MI M&F < 1 W/ MDC PPC	04/01/2001	09/30/2018
360B	AHC CARE/MI M&F 1-5 W/ MDC PPC	04/01/2001	09/30/2018
360C	AHC CARE/MI M&F 6-13 W/ MDC PPC	04/01/2001	09/30/2018
360D	AHC CARE/MI MALE 14-20 W/ MDC PPC	04/01/2001	09/30/2018
360E	AHC CARE/MI FEMALE 14-20 W/ MDC PPC	04/01/2001	09/30/2018
360F	AHC CARE/MI MALE 21-44 W/ MDC PPC	04/01/2001	09/30/2018
360G	AHC CARE/MI FEMALE 21-44 W/ MDC PPC	04/01/2001	09/30/2018
360H	AHC CARE/MI M&F 45-64 W/ MDC PPC	04/01/2001	09/30/2018
360J	AHC CARE/MI M&F 65+ W/ MDC PPC	04/01/2001	09/30/2018
3601	AHC CARE/MI M&F < 1 W/ MDC	04/01/2001	09/30/2018
3602	AHC CARE/MI M&F 1-5 W/ MDC	04/01/2001	09/30/2018
3603	AHC CARE/MI M&F 6-13 W/ MDC	04/01/2001	09/30/2018
3604	AHC CARE/MI MALE 14-20 W/ MDC	04/01/2001	09/30/2018
3605	AHC CARE/MI FEMALE 14-20 W/ MDC	04/01/2001	09/30/2018
3606	AHC CARE/MI MALE 21-44 W/ MDC	04/01/2001	09/30/2018
3607	AHC CARE/MI FEMALE 21-44 W/ MDC	04/01/2001	09/30/2018
3608	AHC CARE/MI M&F 45-64 W/ MDC	04/01/2001	09/30/2018
3609	AHC CARE/MI M&F 65+ W/ MDC	04/01/2001	09/30/2018
361A	AHC CARE/MI M&F < 1 NO MDC PPC	04/01/2001	09/30/2018
361B	AHC CARE/MI M&F 1-5 NO MDC PPC	04/01/2001	09/30/2018
361C	AHC CARE/MI M&F 6-13 NO MDC PPC	04/01/2001	09/30/2018
361D	AHC CARE/MI MALE 14-20 NO MDC PPC	04/01/2001	09/30/2018
361E	AHC CARE/MI FEMALE 14-20 NO MDC PPC	04/01/2001	09/30/2018
361F	AHC CARE/MI MALE 21-44 NO MDC PPC	04/01/2001	09/30/2018
361G	AHC CARE/MI FEMALE 21-44 NO MDC PPC	04/01/2001	09/30/2018
361H	AHC CARE/MI M&F 45-64 NO MDC PPC	04/01/2001	09/30/2018
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	09/30/2018

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## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
3612	AHC CARE/MI M&F 1-5 NO MDC	04/01/2001	09/30/2018
3613	AHC CARE/MI M&F 6-13 NO MDC	04/01/2001	09/30/2018
3614	AHC CARE/MI MALE 14-20 NO MDC	04/01/2001	09/30/2018
3615	AHC CARE/MI FEMALE 14-20 NO MDC	04/01/2001	09/30/2018
3616	AHC CARE/MI MALE 21-44 NO MDC	04/01/2001	09/30/2018
3617	AHC CARE/MI FEMALE 21-44 NO MDC	04/01/2001	09/30/2018
3618	AHC CARE/MI M&F 45-64 NO MDC	04/01/2001	09/30/2018
3619	AHC CARE/MI M&F 65+ NO MDC	04/01/2001	09/30/2018
362A	AHC CARE/MI M&F < 1 W/ QMB PPC	04/01/2001	09/30/2018
362B	AHC CARE/MI M&F 1-5 W/ QMB PPC	04/01/2001	09/30/2018
362C	AHC CARE/MI M&F 6-13 W/ QMB PPC	04/01/2001	09/30/2018
362D	AHC CARE/MI MALE 14-20 W/ QMB PPC	04/01/2001	09/30/2018
362E	AHC CARE/MI FEMALE 14-20 W/ QMB PPC	04/01/2001	09/30/2018
362F	AHC CARE/MI MALE 21-44 W/ QMB PPC	04/01/2001	09/30/2018
362G	AHC CARE/MI FEMALE 21-44 W/ QMB PPC	04/01/2001	09/30/2018
362H	AHC CARE/MI M&F 45-64 W/ QMB PPC	04/01/2001	09/30/2018
362J	AHC CARE/MI M&F 65+ W/ QMB PPC	04/01/2001	09/30/2018
3621	AHC CARE/MI M&F < 1 W/ QMB	04/01/2001	09/30/2018
3622	AHC CARE/MI M&F 1-5 W/ QMB	04/01/2001	09/30/2018
3623	AHC CARE/MI M&F 6-13 W/ QMB	04/01/2001	09/30/2018
3624	AHC CARE/MI MALE 14-20 W/ QMB	04/01/2001	09/30/2018
3625	AHC CARE/MI FEMALE 14-20 W/ QMB	04/01/2001	09/30/2018
3626	AHC CARE/MI MALE 21-44 W/ QMB	04/01/2001	09/30/2018
3627	AHC CARE/MI FEMALE 21-44 W/ QMB	04/01/2001	09/30/2018
3628	AHC CARE/MI M&F 45-64 W/ QMB	04/01/2001	09/30/2018
3629	AHC CARE/MI M&F 65+ W/ QMB	04/01/2001	09/30/2018
370D	ADULT <40% EXP MALE 14-20 W/ MDC PPC	01/01/2014	
370E	ADULT <40% EXP FEMALE 14-20 W/ MDC PPC	01/01/2014	
370F	ADULT <40% EXP MALE 21-44 W/ MDC PPC	01/01/2014	
370G	ADULT <40% EXP FEMALE 21-44 W/ MDC PPC	01/01/2014	
370H	ADULT <40% EXP M&F 45-64 W/ MDC PPC	01/01/2014	
370J	ADULT <40% EXP M&F 65+ W/ MDC PPC	01/01/2014	
3704	ADULT <40% EXP MALE 14-20 W/ MDC	01/01/2014	
3705	ADULT <40% EXP FEMALE 14-20 W/ MDC	01/01/2014	
3706	ADULT <40% EXP MALE 21-44 W/ MDC	01/01/2014	
3707	ADULT <40% EXP FEMALE 21-44 W/ MDC	01/01/2014	
3708	ADULT <40% EXP M&F 45-64 W/ MDC	01/01/2014	
3709	ADULT <40% EXP M&F 65+ W/ MDC	01/01/2014	

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
<b>Code</b>	<b>Description</b>	<b>Effective Date</b>	
		<b>Begin</b>	<b>End</b>
371D	ADULT <40% EXP MALE 14-20 NO MDC PPC	01/01/2014	
371E	ADULT <40% EXP FEMALE 14-20 NO MDC PPC	01/01/2014	
371F	ADULT <40% EXP MALE 21-44 NO MDC PPC	01/01/2014	
371G	ADULT <40% EXP FEMALE 21-44 NO MDC PPC	01/01/2014	
371H	ADULT <40% EXP M&F 45-64 NO MDC PPC	01/01/2014	
371J	ADULT <40% EXP M&F 65+ NO MDC PPC	01/01/2014	
3714	ADULT <40% EXP MALE 14-20 NO MDC	01/01/2014	
3715	ADULT <40% EXP FEMALE 14-20 NO MDC	01/01/2014	
3716	ADULT <40% EXP MALE 21-44 NO MDC	01/01/2014	
3717	ADULT <40% EXP FEMALE 21-44 NO MDC	01/01/2014	
3718	ADULT <40% EXP M&F 45-64 NO MDC	01/01/2014	
3719	ADULT <40% EXP M&F 65+ NO MDC	01/01/2014	
372D	ADULT <40% EXP MALE 14-20 W/ QMB PPC	01/01/2014	
372E	ADULT <40% EXP FEMALE 14-20 W/ QMB PPC	01/01/2014	
372F	ADULT <40% EXP MALE 21-44 W/ QMB PPC	01/01/2014	
372G	ADULT <40% EXP FEMALE 21-44 W/ QMB PPC	01/01/2014	
372H	ADULT <40% EXP M&F 45-64 W/ QMB PPC	01/01/2014	
372J	ADULT <40% EXP M&F 65+ W/ QMB PPC	01/01/2014	
3724	ADULT <40% EXP MALE 14-20 W/ QMB	01/01/2014	
3725	ADULT <40% EXP FEMALE 14-20 W/ QMB	01/01/2014	
3726	ADULT <40% EXP MALE 21-44 W/ QMB	01/01/2014	
3727	ADULT <40% EXP FEMALE 21-44 W/ QMB	01/01/2014	
3728	ADULT <40% EXP M&F 45-64 W/ QMB	01/01/2014	
3729	ADULT <40% EXP M&F 65+ W/ QMB	01/01/2014	
390D	NEWLY ELIGIBLE MALE 14-20 W/ MDC PPC	01/01/2014	
390E	NEWLY ELIGIBLE FEMALE 14-20 W/ MDC PPC	01/01/2014	
390F	NEWLY ELIGIBLE MALE 21-44 W/ MDC PPC	01/01/2014	
390G	NEWLY ELIGIBLE FEMALE 21-44 W/ MDC PPC	01/01/2014	
390H	NEWLY ELIGIBLE M&F 45-64 W/ MDC PPC	01/01/2014	
390J	NEWLY ELIGIBLE M&F 65+ W/ MDC PPC	01/01/2014	
3900	NEWLY ELIGIBLE FOR FINANCE/FIZ SUPPORT	01/01/2014	
3904	NEWLY ELIGIBLE MALE 14-20 W/ MDC	01/01/2014	
3905	NEWLY ELIGIBLE FEMALE 14-20 W/ MDC	01/01/2014	
3906	NEWLY ELIGIBLE MALE 21-44 W/ MDC	01/01/2014	

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## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
3907	NEWLY ELIGIBLE FEMALE 21-44 W/ MDC	01/01/2014	
3908	NEWLY ELIGIBLE M&F 45-64 W/ MDC	01/01/2014	
3909	NEWLY ELIGIBLE M&F 65+ W/ MDC	01/01/2014	
391D	NEWLY ELIGIBLE MALE 14-20 NO MDC PPC	01/01/2014	
391E	NEWLY ELIGIBLE FEMALE 14-20 NO MDC PPC	01/01/2014	
391F	NEWLY ELIGIBLE MALE 21-44 NO MDC PPC	01/01/2014	
391G	NEWLY ELIGIBLE FEMALE 21-44 NO MDC PPC	01/01/2014	
391H	NEWLY ELIGIBLE M&F 45-64 NO MDC PPC	01/01/2014	
391J	NEWLY ELIGIBLE M&F 65+ NO MDC PPC	01/01/2014	
3910	NEWLY ELIGIBLE FOR FINANCE/FIZ SUPPORT	01/01/2014	
3914	NEWLY ELIGIBLE MALE 14-20 NO MDC	01/01/2014	
3915	NEWLY ELIGIBLE FEMALE 14-20 NO MDC	01/01/2014	
3916	NEWLY ELIGIBLE MALE 21-44 NO MDC	01/01/2014	
3917	NEWLY ELIGIBLE FEMALE 21-44 NO MDC	01/01/2014	
3918	NEWLY ELIGIBLE M&F 45-64 NO MDC	01/01/2014	
3919	NEWLY ELIGIBLE M&F 65+ NO MDC	01/01/2014	
392D	NEWLY ELIGIBLE MALE 14-20 W/ QMB PPC	01/01/2014	
392E	NEWLY ELIGIBLE FEMALE 14-20 W/ QMB PPC	01/01/2014	
392F	NEWLY ELIGIBLE MALE 21-44 W/ QMB PPC	01/01/2014	
392G	NEWLY ELIGIBLE FEMALE 21-44 W/ QMB PPC	01/01/2014	
392H	NEWLY ELIGIBLE M&F 45-64 W/ QMB PPC	01/01/2014	
392J	NEWLY ELIGIBLE M&F 65+ W/ QMB PPC	01/01/2014	
3920	NEWLY ELIGIBLE FOR FINANCE/FIZ SUPPORT	01/01/2014	
3924	NEWLY ELIGIBLE MALE 14-20 W/ QMB	01/01/2014	
3925	NEWLY ELIGIBLE FEMALE 14-20 W/ QMB	01/01/2014	
3926	NEWLY ELIGIBLE MALE 21-44 W/ QMB	01/01/2014	
3927	NEWLY ELIGIBLE FEMALE 21-44 W/ QMB	01/01/2014	
3928	NEWLY ELIGIBLE M&F 45-64 W/ QMB	01/01/2014	
3929	NEWLY ELIGIBLE M&F 65+ W/ QMB	01/01/2014	
410A	EAC < 1 M & F WITH MEDICARE PPC	10/01/1996	09/30/2018
410B	EAC 01-05 M & F WITH MEDICARE PPC	10/01/1996	09/30/2018
410C	EAC 06-13 M & F WITH MEDICARE PPC	10/01/1996	09/30/2018
410D	EAC 14-20 MALE WITH MEDICARE PPC	10/01/1996	09/30/2018
410E	EAC 14-20 FEMALE WITH MEDICARE PPC	10/01/1996	09/30/2018
4101	EAC <1 M & F WITH MEDICARE	10/01/1997	09/30/2018
4102	EAC 01-05 M & F WITH MEDICARE	10/01/1997	09/30/2018
4103	EAC 06-13 M & F WITH MEDICARE	10/01/1997	09/30/2018
4104	EAC 14-20 MALE WITH MEDICARE	10/01/1996	09/30/2018
4105	EAC 14-20 FEMALE WITH MEDICARE	10/01/1996	09/30/2018



## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
411A	EAC < 1 M & F NON-MEDICARE PPC	10/01/1996	09/30/2018
411B	EAC 01-05 M & F NON-MEDICARE PPC	10/01/1996	09/30/2018
411C	EAC 06-13 M & F NON-MEDICARE PPC	10/01/1996	09/30/2018
411D	EAC 14-20 MALE NON-MEDICARE PPC	10/01/1996	09/30/2018
411E	EAC 14-20 FEMALE NON-MEDICARE PPC	10/01/1996	09/30/2018
4111	EAC <1 M & F NON-MEDICARE	10/01/1997	09/30/2018
4112	EAC 01-05 M & F NON-MEDICARE	10/01/1997	09/30/2018
4113	EAC 06-13 M & F NON-MEDICARE	10/01/1997	09/30/2018
4114	EAC 14-20 MALE NON-MEDICARE	10/01/1996	09/30/2018
4115	EAC 14-20 FEMALE NON-MEDICARE	10/01/1996	09/30/2018
420A	ELIC < 1 M & F WITH MEDICARE PPC	10/01/1996	09/30/2018
420B	ELIC 01-05 M & F WITH MEDICARE PPC	10/01/1996	09/30/2018
420C	ELIC 06-13 M & F WITH MEDICARE PPC	10/01/1996	09/30/2018
420D	ELIC 14-20 MALE WITH MEDICARE PPC	10/01/1996	09/30/2018
420E	ELIC 14-20 FEMALE WITH MEDICARE PPC	10/01/1996	09/30/2018
4201	ELIC <1 M & F WITH MEDICARE	10/01/1997	09/30/2018
4202	ELIC 01-05 M & F WITH MEDICARE	10/01/1997	09/30/2018
4203	ELIC 06-13 M & F WITH MEDICARE	10/01/1997	09/30/2018
4204	ELIC 14-20 MALE WITH MEDICARE	10/01/1996	09/30/2018
4205	ELIC 14-20 FEMALE WITH MEDICARE	10/01/1996	09/30/2018
421A	ELIC < 1 M & F NON-MEDICARE PPC	10/01/1996	09/30/2018
421B	ELIC 01-05 M & F NON-MEDICARE PPC	10/01/1996	09/30/2018
421C	ELIC 06-13 M & F NON-MEDICARE PPC	10/01/1996	09/30/2018
421D	ELIC 14-20 MALE NON-MEDICARE PPC	10/01/1996	09/30/2018
421E	ELIC 14-20 FEMALE NON-MEDICARE PPC	10/01/1996	09/30/2018
4211	ELIC <1 M & F NON-MEDICARE	10/01/1997	09/30/2018
4212	ELIC 01-05 M & F NON-MEDICARE	10/01/1997	09/30/2018
4213	ELIC 06-13 M & F NON-MEDICARE	10/01/1997	09/30/2018
4214	ELIC 14-20 MALE NON-MEDICARE	10/01/1996	09/30/2018
4215	ELIC 14-20 FEMALE NON-MEDICARE	10/01/1996	09/30/2018
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	

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
4303	SOBRA CHILD 06-13 M & F W/MEDICARE	10/01/1997	
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	
440A	SOBRA 100-133% M&F < 1 W/ MDC PPC	01/01/2014	
440B	SOBRA 100-133% M&F 1-5 W/ MDC PPC	01/01/2014	
440C	SOBRA 100-133% M&F 6-13 W/ MDC PPC	01/01/2014	
440D	SOBRA 100-133% MALE 14-20 W/ MDC PPC	01/01/2014	
440E	SOBRA 100-133% FEMALE 14-20 W/ MDC PPC	01/01/2014	
4400	SOBRA 100-133% FOR FINANCE/FIZ SUPPORT	01/01/2014	
4401	SOBRA 100-133% M&F < 1 W/ MDC	01/01/2014	
4402	SOBRA 100-133% M&F 1-5 W/ MDC	01/01/2014	
4403	SOBRA 100-133% M&F 6-13 W/ MDC	01/01/2014	
4404	SOBRA 100-133% MALE 14-20 W/ MDC	01/01/2014	
4405	SOBRA 100-133% FEMALE 14-20 W/ MDC	01/01/2014	
441A	SOBRA 100-133% M&F < 1 NO MDC PPC	01/01/2014	
441B	SOBRA 100-133% M&F 1-5 NO MDC PPC	01/01/2014	
441C	SOBRA 100-133% M&F 6-13 NO MDC PPC	01/01/2014	
441D	SOBRA 100-133% MALE 14-20 NO MDC PPC	01/01/2014	
441E	SOBRA 100-133% FEMALE 14-20 NO MDC PPC	01/01/2014	
4410	SOBRA 100-133% FOR FINANCE/FIZ SUPPORT	01/01/2014	

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
<b>Code</b>	<b>Description</b>	<b>Effective Date</b>	
		<b>Begin</b>	<b>End</b>
4411	SOBRA 100-133% M&F < 1 NO MDC	01/01/2014	
4412	SOBRA 100-133% M&F 1-5 NO MDC	01/01/2014	
4413	SOBRA 100-133% M&F 6-13 NO MDC	01/01/2014	
4414	SOBRA 100-133% MALE 14-20 NO MDC	01/01/2014	
4415	SOBRA 100-133% FEMALE 14-20 NO MDC	01/01/2014	
442A	SOBRA 100-133% M&F < 1 W/ QMB PPC	01/01/2014	
442B	SOBRA 100-133% M&F 1-5 W/ QMB PPC	01/01/2014	
442C	SOBRA 100-133% M&F 6-13 W/ QMB PPC	01/01/2014	
442D	SOBRA 100-133% MALE 14-20 W/ QMB PPC	01/01/2014	
442E	SOBRA 100-133% FEMALE 14-20 W/ QMB PPC	01/01/2014	
4420	SOBRA 100-133% FOR FINANCE/FIZ SUPPORT	01/01/2014	
4421	SOBRA 100-133% M&F < 1 W/ QMB	01/01/2014	
4422	SOBRA 100-133% M&F 1-5 W/ QMB	01/01/2014	
4423	SOBRA 100-133% M&F 6-13 W/ QMB	01/01/2014	
4424	SOBRA 100-133% MALE 14-20 W/ QMB	01/01/2014	
4425	SOBRA 100-133% FEMALE 14-20 W/ QMB	01/01/2014	
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	
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	

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
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	09/30/2018
5510	SOBRA FPS FEMALE WITH NON-MEDICARE	10/01/1997	09/30/2018
5520	SOBRA FPS FEMALE WITH QMB	10/01/1997	09/30/2018
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	09/30/2018
6515	SOBRA HIFA 14 - 20 FEMALE NON-MEDICARE	10/01/2002	09/30/2018
6516	SOBRA HIFA 21 - 44 MALE NON-MEDICARE	10/01/2002	09/30/2018
6517	SOBRA HIFA 21 - 44 FEMALE NON-MEDICARE	10/01/2002	09/30/2018
6518	SOBRA HIFA 45 - 64 MALE/FEMALE NON-MDC	10/01/2002	09/30/2018
6519	SOBRA HIFA 65+ MALE/FEMALE NON-MDC	10/01/2002	09/30/2018
6614	KC HIFA 14 - 20 MALE NON-MEDICARE	10/01/2002	09/30/2018
6615	KC HIFA 14 - 20 FEMALE NON-MEDICARE	10/01/2002	09/30/2018
6616	KC HIFA 21 - 44 MALE NON-MEDICARE	10/01/2002	09/30/2018
6617	KC HIFA 21 - 44 FEMALE NON-MEDICARE	10/01/2002	09/30/2018
6618	KC HIFA 45	10/01/2002	09/30/2018
6619	KC HIFA 65+ MALE/FEMALE NON	10/01/2002	09/30/2018

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
7000	CMHS	11/01/1992	
7050	CMHS PPC	10/01/2014	
7100	SMI	11/01/1992	
7150	SMI PPC	10/01/2014	
7200	CMHS/DD/18-20	11/01/1992	09/28/2016
7300	CMHS/SED	11/01/1992	09/28/2016
7400	GENERAL MENTAL HEALTH SERVICES	10/01/1995	
7450	GENERAL MENTAL HEALTH SERVICES PPC	10/01/2014	
7500	DD CHILD	10/01/2014	
7550	DD CHILD PPC	10/01/2014	
7600	SUBSTANCE ABUSE MENTAL HEALTH SERVICES	10/01/1995	09/28/2016
7700	DD ADULT	10/01/2014	
7750	DD ADULT PPC	10/01/2014	
7800	CMDP	10/01/2014	
7850	CMDP PPC	10/01/2014	
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	
9000	PRESUMPTIVE ELIGIBILITY	10/01/2013	
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	
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	

## Codes & Values 2024

<b>RF401 Capitation Rate [Codes] (Continued)</b>			
Code	Description	Effective Date	
		Begin	End
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/O 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	
9835	RURAL HOSPITAL PMT ADULT 10-100%	12/01/2013	
9836	RURAL HOSP PMT For AHC CARE/MI	10/01/2009	
9837	RURAL HOSPITAL PMT ADULT <40%	12/01/2013	
9839	RURAL HOSPITAL PMT ADULT >100%	12/01/2013	
9844	RURAL HOSPITAL PMT SOBRA CHILD 100-133%	12/01/2013	
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	
9898	NURSING FACILITY SUPPLEMENTAL	10/01/2010	
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	09/30/2018
9933	SB PAYMENT FOR AHCCCS CARE	10/01/2001	09/30/2018
9934	SB PAYMENT FOR MED ELIGIBLES	04/01/2001	09/30/2018
9935	BIRTH SUPP PAYMENT ADULT 40-100%	01/01/2014	
9936	SB PAYMENT FOR AHC CARE/MI	04/01/2001	
9937	BIRTH SUPP PAYMENT ADULT <40%	01/01/2014	
9939	BIRTH SUPP PAYMENT NEWLY ELIGIBLE	01/01/2014	
9944	BIRTH SUPP PAYMENT SOBRA 100-133%	01/01/2014	
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 2024

### RF519 RECIPIENT CARE LEVEL

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 2024

### 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 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
	CC	Case Change
	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
	CP	Copay Change
	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	



## Codes & Values 2024

### 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
E8	INELIG DURING PHE UNWIND PERIOD
E9	INELIG DUE TO PHE UNWIND REDETERMINATION
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	Ineligible 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

*Continued on next page*

## Codes & Values 2024

### RF525 CHANGE REASON (Continued)

Code	Description
MC	TMA Closure – No Earnings
MI	Member Income Change
MN	Mom and Baby in New Care
MO	Plan Change-Out-Med Care Continued
MR	Maximum Resources Exceeded
MS	Living Arrangements Verified
MT	Medical Terminations
NC	Non-Compliance with DCES
ND	Non-Comply DCSE
NE	No Eligible Child (HIFA Parent)
NG	NOT GIVEN
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
PA	PARIS Residency Fail
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

## Codes & Values 2024

### RF525 CHANGE REASON (Continued)

Code	Description
RV	Failed to Verify Resources
SA	Sponsored Alien: Agency/Organ
SD	Disabled ES Referred to SSI MAO
SE	State Employee (HIFA Parent)
SM	NO ACTIVE MEDICARE PART A
SR	SSI MAO Referral
SS	SSN (Social Security Number) Requirements not Met
ST	Surgical Sterilization
TD	Terminated Disability
TE	Eligible for TMA 1 <sup>st</sup> Extension
TH	Term Hospital Presumptive Eligibility
TL	Eligible for AFDC 2 <sup>nd</sup> Extension
TP	Third Party Exists
TR	Term One Record
TY	Three Years of Non-Service
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
\$	AIMHS	American Indian Medical Home Services	Y	N
%	CRS/CAP	Children's Rehab Services, Capitation	Y	N
#	BH/FFS	BEHAV HEALTH, FEE FOR SERVICE	N	Y
@	DES/DD/RI	Des DD Reinsurance Indicator	N	N
A	ACC/CAP	ACC Capitated	Y	N
C	ACC/CAP/BHS	ACC, SMI CAPITATED	Y	N
D	ACC/PPC/BHS	ACC, SMI PRIOR PERIOD COVERAGE	Y	N
E	ACC/FFS	ACC Fee-For-Service	N	Y
F	ACC/FFS/EMO	ACC, Fee-For-Service Emergency Services Only	N	Y
G	ACC/FFS/FPS	ACC, Fee-For-Service, Family Planning Services	N	Y

## Codes & Values 2024

<b>RF410 Contract Type (Continued)</b>				
Type	Code	Contract Code Description	Indicator	
			Cap	FFS
H	ACC/PPC	ACC Prior Period Coverage	Y	N
J	LTC/CAP	Long Term Care, Capitated	Y	N
K	MHS/CAP/ACC	Mental Health Services, Capitated, Acute Only	Y	N
L	LTC/CAP/ACU	Long Term Care Capitated Acute Only	Y	N
M	LTC/PPC	Long Term Care Prior Period Coverage	Y	N
N	ACC/NONCAP	ACC NON-CAPPED	N	N
O	LTC/PPC/ACU	Long Term Care Prior Period Coverage Acute	Y	N
P	LTC/CAP/PAR	Long Term Care, Partially Capitated	Y	Y
Q	ACC/CAP/FPS	ACC Capitated Family Planning Services Only	Y	N
R	LTC/FFS	Long Term Care Fee-For-Service	N	Y
S	MHS/CAP/DD	Mental Health Services, Capitated, DD (Developmentally Disabled)	Y	N
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	N	Y
V	MHS/CAP/KC	Mental Health Services Capitated KidsCare	Y	N
W	ACC/KC/BHS	ACC, SMI KIDS CARE CAPITATED	Y	N
X	ACC/FFS/KC	ACC Fee-For-Service KidsCare	N	Y
Y	ACC/CAP/KC	ACC Capitated KidsCare	Y	N
Z	MHS/CAP/HIFA	Mental Health Services Capitated HIFA	Y	N
1	NO/PMT	No Payment Allowed	N	N
6	MHS/CAP/TMCP	Mental Health Services, Capitated, Temp MED	Y	N
7	MHS/CAP/CMDP	Mental Health Services, Capitated	Y	N
8	NON/PAY	No Payment/Medicare Claims Only	N	Y
9	NON/AHC	Non-AHCCCS Claims Processing ONLY	N	Y

### RF529 CONVERTED TRANSACTION STATUS

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

## Codes & Values 2024

The entire co-pay sections below will be updated again at a later date.

<b>CO-PAY DATA - RF553</b>
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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.				

**CO-PAY ELIGIBILITY KEY MAP - RF575**

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
	JUVENILE CORRECTIONS	JC1												
	PUBLIC SAFETY (AZ DEPT OF CORRECTIONS)	PS1												
	STATE-ONLY BHS	ST1												
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
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
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

## Codes & Values 2024

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
NOM	A AF 4 MO CONT. DUE TO CHILD SUPPORT	320		20	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
EXMPT	SOBRA CHILD 100-133% AGES 6-18	352		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 DIS CHILD	428		20	00	00		00		00		00	00	00

## Codes & Values 2024

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
NOM	A SD MAO WIDOW/ER	430		20	00	00		00		00		00	00	00
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
EXMPT	A AHCCCS CARE > 40% FPL 6MG	463		00										
NOM	A AF MAO S.O.B.R.A.PREG 6M GUAR	464		20	00	00		00		00		00	00	00
EXMPT	SOBRA CHILD 100-133% 6MG	465		00	00	00		00		00		00	00	00
EXMPT	A AHCCCS CARE < 40% FPL 6MG	467		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
EXMPT	ADULTS < 40% 6MG	475		00										
EXMPT	ADULTS 40-100% 6MG	476		00										
EXMPT	ADULTS > 100% 6MG	477		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 GUAR	491		20	00	00		00		00		00	00	00



## Codes & Values 2024

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
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
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
EXMPT	ADULTS < 40%	586		00										
EXMPT	ADULTS 40-100%	588		00										
EXMPT	ADULTS > 100%	589		00										
	PRESUMPTIVE ELIGIBILITY	675		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 - Q11	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										

## Codes & Values 2024

	Elig Description	Elg Key	URB	LVL	AGE	SMI	TRBHA	CRS	DDD	QMB DUAL	CMDP	IHS	FFS	SPC
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	FES YATI AGE 18 - 26	949		00										
EXMPT	ADULTS FES 40-100%	950		00										
EXMPT	ADULTS FES > 100%	953		00										
EXMPT	ADULTS FES < 40%	955		00										
EXMPT	A SB FPS MAO	960		00										



<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
INC	Income Change
INS	Institutionalized
ITU	ITU Exception Code
MET	Copay Threshold Met
NAM	Native American HIFA Parent
PRG	Pregnant
QMD	QMB Dual Covered
SMI	SMI/SED Coverage
TRB	TRBHA Coverage (not currently used)
URB	URBAN Residence
U18	Underage 18
ZIP	Resides in a Split Zip Code

<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	Transitional Medical Assist-Urban
55	Transitional Medical Assist-Rural
60	Adults>106% FPL/TRNSPLNT1&2 Mand-Urban
65	Adults>106% FPL/TRNSPLNT1&2 Mand-Rural

<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

## Codes & Values 2024

### CO-PAY SERVICE TYPE- RF556

CODE	DESCRIPTION
01	Generic Rx
02	Brand Name Rx
03	Non-Emergency Use Of ER
04	Office Visit
05	Office Visits
06	Pharmacy
07	Surgery
08	Outpatient Therapy
09	Transportation
10	Missed Appointment
11	Inpatient Stay
12	Non-Emergency Transportation - Taxi

### 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.**

CODE	DESCRIPTION
AC	COBRA/AS Choice
AE	ACUTE AE
AH	AD HOC Mailing
AL	EAC Term-Age Limit Letter
AM	Acute Special Mailing
AO	AE Phone Answer
AP	AE Phone Call
AS	American Indian Gaining Medicare
AU	AE Phone No Answer
AV	AE Post Card
BA	Incumbent Acute Awarded-Nonutilizer
BB	Incumbent Acute Awarded-Nonutilizer
BC	Incumbent Acute Awarded-Nonutilizer
BD	Incumbent Acute Awarded-Nonutilizer
BE	Incumbent Acute Awarded-Nonutilizer
BF	Incumbent Acute Awarded-Nonutilizer
CA	Copay – Adverse Action
CB	Incumbent Acute Plan Awarded-Utilizer
CC	Incumbent Acute Plan Awarded-Utilizer
CD	Incumbent Acute Plan Awarded-Utilizer
CE	Incumbent Acute Plan Awarded-Utilizer
CF	Incumbent Acute Plan Awarded-Utilizer
CG	Incumbent Acute Plan Awarded-Utilizer
CH	Incumbent Acute Plan Awarded-Utilizer
CI	Copay – Information

## Codes & Values 2024

<b>RF528 CORRESPONDENCE TYPE (continued)</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
CJ	Incumbent Acute Plan Awarded-Utilizer
CK	Incumbent Acute Plan Awarded-Utilizer
CM	Copay Threshold Met
CO	SPECIAL ENROLL CHOICE/CARE1ST ENDING
CP	Copay – Initial
CR	Copay – Hearing Rights
CX	SPECIAL ENROLL NON-CHOICE/CARE1ST
DA	Incumbent Acute Plan Not Awarded
DB	Incumbent Acute Plan Not Awarded
DC	Incumbent Acute Plan Not Awarded
DD	Incumbent Acute Plan Not Awarded
DE	Incumbent Acute Plan Not Awarded
DF	Incumbent Acute Plan Not Awarded
DG	Incumbent Acute Plan Not Awarded
DH	Incumbent Acute Plan Not Awarded
DI	Incumbent Acute Plan Not Awarded
DJ	Incumbent Acute Plan Not Awarded
DK	Incumbent Acute Plan Not Awarded
DL	Incumbent Acute Plan Not Awarded
DM	Incumbent Acute Plan Not Awarded
DN	Plan Denial Letter
DO	Incumbent Acute Plan Not Awarded
DP	Incumbent Acute Plan Not Awarded
EA	EAC Eligibility Notice
EI	Emergency Fee-for-Service ID Card
EK	Keds ended Continuing Food stamps (EAC)
ES	Emer services letter
ET	EAC Term letter
FA	CRS Fully integrated SMI
FB	CRS Fully integrated SMI
FC	30 Day Choice Letter
FD	FPS (Family Planning Services)/Service Package Change
FE	FPS Termination Letter Due to New Eligibility
FF	CRS Fully integrated SMI
FI	AHCCCS FFS ID CARD
FN	FES NB ENRL NOTICE
FP	FPS Reminder Letter for IHS
FT	SOBRA Family Planning Services Term Letter
GA	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GB	GENERAL HMO BLOCK NOTICE
GC	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GD	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GE	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE

## Codes & Values 2024

<b>RF528 CORRESPONDENCE TYPE (continued)</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
GF	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GG	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GH	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GI	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GJ	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GK	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GL	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GM	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GN	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
GO	CRS FULLY INTEGRATED & CRS PARTIAL-ACUTE
HC	1095B New-Reprint Form
HE	HIGHER ELIGIBILITY
HM	1095B Corrected Form
HT	REPORTING ONLY-COUNTY TERM DUE TO KC
HV	1095B Voided Form
IA	Integrated Acute
IB	INITIAL HMO BLOCK NOTICE
IC	Incarcerated Notice
ID	AHCCCS ID Card
IE	CRS PARTIALLY INTEGRATED ACUTE - SMI
IF	CRS PARTIALLY INTEGRATED ACUTE - SMI
IG	CRS PARTIALLY INTEGRATED ACUTE - SMI
IH	IHS FAMILY PLANNING SERVICES
IN	Integrated Native American
IS	Integrated Address Change
JA	CRS PARTIALLY INTEGRATED BH - CMDP
JB	CRS PARTIALLY INTEGRATED BH - CMDP
JC	CRS PARTIALLY INTEGRATED BH - CMDP
JL	SSI EXPARTE
KA	CRS PARTIALLY INTEGRATED BH - DDD
KB	KC NB ENROLLMENT
LA	CRS ONLY - AIHP/TRBHA MEMBERS
LB	CRS ONLY - AIHP/TRBHA MEMBERS
LC	LTC FREEDOM CHOICE
LD	CRS ONLY - AIHP/TRBHA MEMBERS
LE	LTC AE
LF	CRS ONLY - AIHP/TRBHA MEMBERS

## Codes & Values 2024

<b>RF528 CORRESPONDENCE TYPE (continued)</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
LI	AHCCCS LTC ID CARD
LM	LTC SPECIAL MAILING
MA	CRS ONLY – AIHP/RBHA MEMBERS
MB	CRS ONLY – AIHP/RBHA MEMBERS
MC	MERCY CARE FAMILY PLANNING SERVICES
MD	CRS ONLY – AIHP/RBHA MEMBERS
ME	Medicare with a Medicaid Add
MF	CRS ONLY - AIHP/RBHA MEMBERS
MH	AIMHS ASSIGNMENT LTR
MM	DRUG COVERAGE
MN	MN/MI NEWBORN ENRL NOTICE
NB	NB ENROLLMENT
ND	No Part D
NI	North Integrated
NN	North Native American
NQ	NEWBORN QUESTIONNAIRE
NS	North Address Change
NT	CATEGORICAL NB TERM NOTICE
NU	Numident [SSA Number Identification Verification Process]
OA	CRS ONLY - AIHP SMI
OB	CRS ONLY - AIHP SMI
OC	CRS ONLY - AIHP SMI
OE	ANNUAL ENROLL CHOICE/ENDING HEALTH PLAN
OI	ANNUAL ENROLL CHOICE/(NA)IN 1 PLAN CTY
ON	ANNUAL ENROLL CHOICE NOTICE
OS	Out Of State Notice
PA	CRS ONLY - CMDP/TRBHA
PN	MYAHCCCS PIN Number
PS	PRIVACY AND SECURITY NOTICE (HIPAA)
QA	INCUMBENT ACUTE AWARDED ACC-TRBHA
QB	QMB Approval Notice
QC	INCUMBENT ACUTE AWARDED ACC-TRBHA
QD	INCUMBENT ACUTE AWARDED ACC-TRBHA
QE	QMB ELIGIBILITY NOTICE
QF	INCUMBENT ACUTE AWARDED ACC-TRBHA
QG	INCUMBENT ACUTE AWARDED ACC-TRBHA
QH	INCUMBENT ACUTE AWARDED ACC-TRBHA
QI	QMB ONLY ID CARD
QJ	QMB TERMINATION BECAUSE OF INCARCERATION
QT	QMB Termination Notice
RN	ELIC/MN/MI REDETERM NOTICE
SA	Address change
SB	S.O.B.R.A. NEWBORN ENRL NOTICE
SC	South Integrated

## Codes & Values 2024

<b>RF528 CORRESPONDENCE TYPE (continued)</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
SF	SOBRA/FPS REJECT LETTER
SI	SSDI TERM
SN	South Native American
SS	South Address Change
ST	S.O.B.R.A. TERMINATION LETTER
TA	CRS ONLY - AIHP SMI/TRBHA
TM	Gaining Medicare
UA	AIHP/RBHA
UB	AIHP/RBHA
UC	AIHP/RBHA
VA	INCUMBENT ACUTE PLAN NOT AWARDED
VB	INCUMBENT ACUTE PLAN NOT AWARDED
VC	INCUMBENT ACUTE PLAN NOT AWARDED
VD	INCUMBENT ACUTE PLAN NOT AWARDED
VE	INCUMBENT ACUTE PLAN NOT AWARDED
VF	INCUMBENT ACUTE PLAN NOT AWARDED
VG	INCUMBENT ACUTE PLAN NOT AWARDED
WB	Welcome Back to AHCCCS Letter
XA	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XB	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XC	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XD	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XE	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XF	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XG	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XH	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XI	Discard Extra ID Card Letter
XJ	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XK	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XL	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XM	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XN	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
XO	CRS FULLY INTEGRATED_CRS PARTIAL-ACUTE
YG	KidsCare Year Guarantee Notice



## Codes & Values 2024

<b>RF528 CORRESPONDENCE TYPE (continued)</b>	
CODE	DESCRIPTION
1C	UFC ASSIGN CENTRAL
2C	MCP ASSIGN CENTRAL
24	POTENTIAL MEDICARE D FOR DISABILITY
3C	UHC ASSIGN CENTRAL
4P	UFC ASSIGN PIMA
5P	MCP ASSIGN PIMA
6G	6 Month Guarantee Letter
65	POTENTIAL MEDICARE D FOR AGE
9S	UFC ASSIGN SOUTH

<b>RF012 COUNTY &amp; RF013 (General Service Area) GSA</b>					
COUNTY RF012		GSA RF013			
Code	Description	Code	Description	Begin Date	End Date
01	Apache	02	Yuma/La Paz	10/01/2003	09/30/18
03	Cochise	04	Apache/Coconino/Mohave /Navajo	10/01/2003	09/30/18
05	Coconino	06	Yavapai	10/01/2003	09/30/18
07	Gila	08	Gila/Pinal	10/01/1997	09/30/18
09	Graham	10	Pima/Santa Cruz	10/01/2003	09/30/18
11	Greenlee	12	Maricopa	10/01/1997	09/30/18
13	Maricopa	14	Cochise/Graham/Greenlee	10/01/2003	09/30/18
15	Mohave	40	North GSA	10/01/2017	
17	Navajo	42	Central GSA	10/01/2017	
19	Pima	44	South GSA	10/01/2017	
21	Pinal	98	All	10/01/1997	
23	Santa Cruz				
25	Yavapai				
27	Yuma				
29	La Paz				
31	Out Of State	<p><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.</p>			
33	Out Of Country				
35	Unknown				
97	Statewide Dental Pricing (Primary)				
98	Statewide Dental Pricing (Secondary)				
99	Statewide (For Pricing)				

## Codes & Values 2024

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<b>RF 576 CTY/RHBA Assignment [Codes]</b>						
S T	CTY CD	County Description	CTY CD	RHBA Description	Begin Date	End Date
A	01	Apache	38	Health Choice	10/01/10	
A	03	Cochise	39	Cenpatico	10/01/10	
A	05	Coconino	38	Health Choice	10/01/10	
A	07	Gila	38	Health Choice	10/01/10	
A	09	Graham	39	Cenpatico	10/01/10	
A	11	Greenlee	39	Cenpatico	10/01/10	
A	13	Maricopa	37	Mercy Maricopa Integrated	10/01/10	
A	15	Mohave	38	Health Choice	10/01/10	
A	17	Navajo	38	Health Choice	10/01/10	
A	19	Pima	39	Cenpatico	10/01/10	
A	21	Pinal	39	Cenpatico	10/01/10	
A	23	Santa Cruz	39	Cenpatico	10/01/10	
A	25	Yavapai	38	Health Choice	10/01/10	
A	27	Yuma	39	Cenpatico	10/01/10	
A	29	LaPaz	39	Cenpatico	10/01/10	



## Codes & Values 2024

### Current Health Plan List 10/01/2022 – 09/30/2023

#### Health Plans ID Numbers & Names

Code	Name	Code	Name
	<b>ACUTE</b>		<b>FYI DATE</b>
000850	Federal Emergency Services	999222	TSC
002220	AHCCCS Non-Pay	999555	AZEIP
003335	FFS Regular		
007700	FFS DD Prior Quarter		
008040	SLMB - PART B BUY-IN ONLY		<b>LONG TERM CARE</b>
008050	QI1 - PART B BUY-IN ONLY		
008690	FFS Temporary	110007	DES DD LTC
008715	AHCCCS QMB – Only	110050	United Health Care LTC
008800	FFS Prior Quarter	110306	Mercy Care Plan LTC
		110313	Banner University LTC
010500	Molina Complete Care		
010158	United Healthcare	190000	NACHC/FFS
010166	DCS/CHP	190009	White Mountain Apache
010254	Care 1 <sup>st</sup> Health Plan	190017	Navajo Nation
010314	Banner Univ Family Care	190025	Gila River Tribe
010306	Mercy Care Plan	190033	Tohono O’odham
010422	Az Complete Health Care	190075	Pasqua Yaqui Tribe
010497	Health Choice AZ	190083	San Carlos Apache
999998	AHCCCS American Indian Health Program (AIHP)	190091	Hopi Tribe
CTYPRI	County Prisoners		
DOCMAT	DOC Matched Recipient		
NONAHC	State ONLY BHS		

## Codes & Values 2024

<b>RF546 DATA SPECIFIC SOURCE CODES</b>				
SOURCE CODE	DESCRIPTION	INDICATORS		
		ELIGIBILITY	MEDICARE	MEDICAL CONDITION
AC	County Referral from Des	√		
AK	ACE KIDSCARE	√		√
AS	ACE System	√	√	√
AT	ATLAS			
AW	Apache White Mountain TRBHA	√		
AZ	HEAPLUS 10/1/13-AZTECS BEFORE 10/1/13	√	√	
BA	Batch Processing			
BD	BENDEX Tape		√	
CF	CARE 1ST ARIZONA (010254)	√		
CH	Capitation History (Conversion)			
CI	AZ COMPLETE HEALTH	√		
CO	County	√	√	√
CV	Conversion Only	√	√	√
CY	CHILDS/ACYF	√	√	
ED	Medicare Enrollment Database		√	
EQ	Enrollment Questionnaire		√	√
ET	Eligibility Transaction Document	√	√	√
FM	Foster/Medics Implementation			
GR	Gila River Tribe TRBHA	√		
HA	HEALTH CHOICE AZ	√		
IH	IHS Medical Record			
KC	KidsCare	√		√
LC	LEDS/CATS	√	√	√
MC	Medicare (Conversion)		√	
MD	Office Of Medical Director	√	√	√
MI	MERCY CARE	√		
MM	Member Master (Conversion)	√		√
MS	CMS - Center for Medicare/Medicaid SVCS		√	
NN	Navajo Nation TRBHA	√		
NU	Numident		√	
OA	On-Line, DMS	√	√	√
ON	On-Line, Newborn	√	√	√
PY	Pasqua Yaqui Tribe TRBHA	√		
SI	SMIB Tape		√	
SS	SSA 8019 [TPL]			
SX	SDX File	√	√	
TC	TPL Contractor			
VS	Vital Statistics Tape (Date of Death)			

## Codes & Values 2024

**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.

<b>RF522 SOURCE CODES</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
AC	County Referral from DES
AE	Administrative Error
AK	ACE KidsCare/HIFA
AP	United Healthcare (010158)
AS	ACE System
AT	ATLAS
AW	Apache White Mountain TRBHA
AZ	HEAPLUS 10/1/13-AZTECS Before 10/1/13
BA	Batch Processing
BD	BENDEX Tape
BH	Behavioral Health (ADHS/BHS) (code 079999 end date 09/30/16)
BW	Bridgeway Acute (010088)
BY	Bridgeway LTC (110088 & 550088)
CF	Care 1 <sup>st</sup> Arizona (010254)
CH	Capitation History (Conversion)
CI	AZ COMPLETE HEALTH (010735)
CL	Claims Referral
CM	CMDP (010166)
CO	County
CP	COCHISE LTC (110003 & 550003)
CR	CRS FULLY INTEGRATED (010115)
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	United Healthcare LTC (110050)
ET	Eligibility Transaction Document
FM	Foster/Medics Implementation
GR	Gila River Tribe TRBHA
HA	HEALTH CHOICE AZ (010715)
HC	Health Choice Arizona (010497)
HI	HIB Tape
HN	Health Net Access (010422)

## Codes & Values 2024

<b>RF522 SOURCE CODES, (Continued)</b>	
<b>CODE</b>	<b>DESCRIPTION</b>
IH	IHS Medical Record (999998)
JC	Juvenile Corrections
KC	Kids Care
LC	LEDS/CATS
LK	Linked Record
MA	Maricopa Health Plan (010083)
MC	Medicare (Conversion)
MD	Office Of Medical Director
ME	Mercy Care (010306)
MG	MOLINA COMPLETE CARE (010500)
MI	MERCY CARE (010795)
ML	MARICOPA COUNTY LTC (110023 & 550021)
MM	Member Master (Conversion)
MS	CMS - Center for Medicare/Medicaid SVCS
MZ	Mercy Care LTC (110306)
NN	Navajo Nation TRBHA
NU	NUMIDENT
OA	On-Line, DMS
ON	On-Line, Newborn
PG	PINAL/GILA LTC (110065 & 550013)
PH	Phoenix Health Plan (010299)
PL	PIMA LTC (110015 & 550013)
PM	PIMA HEALTH SYSTEM (010124)
PY	Pasqua Yaqui Tribe TRBHA
SC	SCAN LTC (110097 & 550099)
SG	System Generated
SI	SMIB TAPE
SS	SSA 8019
SX	SDX FILE
TC	TPL Contractor
UF	University Family Care (010314)
UN	UNIVERSITY FAMILY LTC (110313)
VS	Vital Statistics Tape (Date of Death)
YL	YAVAPAI LTC (110025 & 550025)
13	Maricopa County – Non-Medicaid

## Codes & Values 2024

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.

KEY CODE	DESCRIPTION SOURCE	BUY-IN CODE	KEY CODE	DESCRIPTION SOURCE	BUY-IN CODE
040	L SA CASH	BLANK	395	A SB MAO EXPANDED	M
050	L SB CASH	BLANK	400	A SB MAO PICKLE	BLANK
060	L SD CASH	BLANK	410	A SD MAO	M
085	L AF CASH FOSTER OR ADOPTION SUBSIDY	C	415	A SD MAO EXPANDED	M
090	L SA MAO	M	420	A SD MAO PICKLE	BLANK
130	L SB MAO	M	422	ACUTE SSI DISABLED MAO EXPARTE	M
140	L SD MAO	M	424	ACUTE SSI DISABLED MAO APPEAL	M
200	A SA CASH	BLANK	426	ACUTE SSI DISABLED MAO DAC	M
210	A SB CASH	BLANK	428	ACUTE SSI DISABLED MAO DISABLED CHILD	M
220	A SD CASH	BLANK	430	A SD MAO WIDOW/ER	M
231	A AF MAO 1931	C	431	A SA MAO WIDOW/ER	M
232	A AF MAO 1931 EXPANDED	C	432	A SB MAO WIDOW/ER	M
260	A AF ACUTE	C	460	A AF MAO 6MO GUAR	M
270	A AF CASH FOSTER	C	461	A AF MAO EXPANDED 6-MO GUARANTEE	M
305	A AF COBRA (OUT OF STATE) FOSTER	C	462	A AF MAO S.O.B.R.A.CHILD 6M GUAR	M
320	A AF 4 MO CONT. DUE TO CHILD SUPPORT	C	465	A AF MAO SOBRA 100-133% 6G	M
332	A AF 6 MO CONT. TMA 1ST EXT	C	470	A SA MAO 6MO GUAR	M
334	A AF 6 MO CONT. TMA 2ND EXT.	C	471	A SA MAO EXPANDED 6-MO GUARANTEE	M
351	A AF MAO SC EXPANDED	C	475	A AF MAO SOBRA 100-133% 6G	M
352	A AF MAO SOBRA CHILD 100-133% HEA	C	480	A SB MAO 6MO GUAR	M
361	A AF MAO SW EXPANDED	C	481	A SB MAO EXPANDED 6-MO GUARANTEE	M
370	A SA MAO	M	490	A SD MAO 6MO GUAR	M
371	SSI (AHCCCS CARE/MI)	M	491	A SD MAO EXPANDED 6-MO GUARANTEE	M
372	SSI (AHCCCS CARE EXPANDED)	M	800	QMB ONLY OTHER	P
375	A SA MAO EXPANDED	M	810	QMB ONLY AGED	P
380	A SA MAO PICKLE (ACE)	BLANK	820	QMB ONLY BLIND	P
382	ACUTE SSI AGED MAO EXPARTE	M	830	QMB ONLY DISABLED	P
390	A SB MAO	M	840	PART B ONLY - SLMB	L
392	ACUTE SSI BLIND MAO EXPARTE	M	850	PART B ONLY - QI1	U

## Codes & Values 2024

### RF509 ELIGIBILITY CATEGORY

Code	Description
AF	AFDC (Aid for Dependent 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
ME	Emergency ACA Expanded
MI	Medically Indigent
MN	Medically Needy
PE	Presumptive Eligibility
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
ST	STATE-ONLY BHS
TA	TANF (Temporary Assistance for Needy Families)
UI	Uninsured – Covid-19
13	Maricopa County - Non-Medicaid



## Codes & Values 2024

### 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
JC1 A JC MA	JUVENILE CORRECTIONS		X	900	JC JC	10/01/08
PS1 A PS MA	Public Safety (AZ Department of Corrections)		X	900	PS PS	08/01/04
ST1 A ST	State Only BHS		X	890	ST ST	03/30/18
UIN A UI	Uninsured Covid-19		X	900	UI UI	03/01/20
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
<b>RF538 Eligibility Key Hierarchy &amp; RF534 Eligibility Key Combined, Continued</b>						

ELIGIBILITY	RF538	BENEFIT	CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
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## Codes & Values 2024

KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
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
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 SP 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

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

## Codes & Values 2024

ELIGIBILITY	RF538	BENEFIT	CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
KEY TYPE CATEGORY QUALIFIER	DESCRIPTION	CATEGORY QUALIFIER	INDICATOR	LEVEL	PROGRAM SUB PROGRAM FUND SOURCE	BEGIN
350 A AF MA	MAO SOBRA CHILD	SO CH	Y	425	SC 19	01/01/88
352 A AF MA	SOBRA CHILD 100-133% AGES 06-18	EX CH	Y	425	SC XA CE	10/01/13
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	DES HIFA NEWBORN	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
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
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

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

ELIGIBILITY	RF538	BENEFIT	CATE- GORICAL	PRECE- DENCE	ELIGIBILITY	DATE
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## Codes & Values 2024

<b>KEY TYPE CATEGORY QUALIFIER</b>	<b>DESCRIPTION</b>	<b>CATEGORY QUALIFIER</b>	<b>INDICATOR</b>	<b>LEVEL</b>	<b>PROGRAM SUB PROGRAM FUND SOURCE</b>	<b>BEGIN</b>
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
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 WIDOWER	WD	Y	420	SD SI 19	10/01/82
431 A SA MA	SSI AGED MAO WIDOWER	WD	Y	420	SA SI 19	10/01/82

## Codes & Values 2024

### 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
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 DEEMED NEWBORN	NB SH	Y	631	KC 21	01/01/03
450 A SI MA	SSI AHCCCS NEWBORN	NB	Y	430	TA 19	10/01/82
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	A AHCCCS CARE > 40% FPL 6MG	6G XE	Y	525	AZ NH XE	10/01/01
464 A AF MA	MAO SOBRA PREGNANT 6 MO. GUARANTEE	6G PG	Y	445	SO 19	01/01/88
465 A AF MA	SOBRA CHILD 100-133% 6MG	6G XE	Y	446	SC XE CE	10/01/13
467 A MI	A AHCCCS CARE < 40% FPL 6MG	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

## Codes & Values 2024

475 A MI	ADULTS < 40% 6MG	6M	ES	Y	525	AC XE EW	10/01/13
476 A MI	ADULTS 40- 100% 6MG	6G	ES	Y	525	AC XE EE	10/01/13
477 A MI	ADULTS > 100% 6MG	6G	NE	Y	525	AC XE NE	10/01/13

### 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
480 A SB MA	SSI BLIND MAO 6 MO. GUARANTEE	6G	Y	440	SB SI 19	10/01/82
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	CC LE	Y	460	BC CC 19	01/01/02

## Codes & Values 2024

	CERVICAL CANCER W/ LESIONS PATIENT						
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

### 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
586 A MI	ADULTS < 40%	AM ES	Y	479	AC XE EW	10/01/13
588 A MI	ADULTS 40- 100%	ES	Y	479	AC XE EE	10/01/13
589 A MI	ADULTS > 100%	NE	Y	479	AC XE NE	10/01/13
675 A PE	Presumptive Eligibility	PE	Y	900	PE PE	01/01/15
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

## Codes & Values 2024

830 Q QD MA	QMB (QUALIFIED MEDICARE BENEFICIARY) ONLY DISABLED		Q	480	QD 19	07/01/89
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### 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 – QI1		Y	530	BO BQ 19	10/01/07
900 A AF MA	AFDC MAO EMERGENCY SERVICES DES UNDOCU-MENTED	EM	Y	460	TA 19	01/01/93
905 A AF MA	AFDC MAO EMERGENCY PREGNANT DES UNDOCU-MENTED	E M 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 UNDOCU-MENTED	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 UNDOCU-MENTED	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 UNDOC-UMENTED	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
949 A AF MA	FES YATI AGE 18 - 26	EM YA	N	460	TA XE 19	10/01/13
950 A MI	ADULTS FES 40- 100%	EM TR	Y	460	AC XE NE	10/01/13



## Codes & Values 2024

953 A MI	ADULTS FES > 100%	EM	NE	Y	460	AC XE NE	10/01/13
955 A MI	ADULTS FES < 40%	ME	ES	Y	460	AC XE NE	10/01/13

### RF547 Eligibility Program

Code	Description
AC	AHCCCS Care
AF	AFDC (Non-SOBRA)
AI	AMERICAN INDIAN MEDICAL HEALTH SERVICES
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
PE	Presumptive Eligibility
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)
ST	STATE-ONLY BHS
TA	TANF (Temporary Assistance for Needy Families)
TM	Temporary Coverage SSDI
TP	Transplant Program
UI	Uninsured – Covid-19

### RF510 Eligibility Qualifier

Code	Description
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## Codes & Values 2024

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CA	Cash
MA	MAO (Medical Assistance Only)



## Codes & Values 2024

### RF537 Eligibility Type

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

### RF513 Enrollment Type

<b>Where these are used:</b>	Code	Description
<p><b>In the PMMIS Recipient subsystem:</b></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
	PH	Pended HEA Enrollment Choice
	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 2024

<b>RF539 Exception [Codes]</b>	
<b>Code</b>	<b>Description</b>
AA	Use ALPHA Codes for Recipient Subsystem
AC	Address Confidentiality
AD	AHCCCS Care Medicare Move
AG	AHCCCS Care Age Move
AH	AHCCCS Care Diagnosis Move
AL	Alabama Hurricane Katrina Refugees
AP	Apache County Inmates
AS	AHCCCS Care SMI Move
BO	Buy in ONLY
CA	Client Advocate Case
CC	Coconino County Inmates
CF	Chronic Federalized
CI	ADOC Inmates Less Than 1 Year
CO	Cochise County Inmates
CR	Capitation Recovery Exists
CT	Court Ordered Treatment
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")
EP	Presumptive Eligibility Extension
FE	FES Foster Care
FM	Newborn Of FES Mother
FO	PREVIOUS CHILD REHABILITATIVE SVC (PCR)
FR	Potential Fraud
GB	General HMO Block
GH	Graham County Inmates
GL	Gila County Inmates
GR	Greenlee County Inmates
HB	HMO Block
HC	HCBS Recipient
HL	Homeless
HR	Hurricane Rita Refugees
IB	Initial HMO Block
ID	ID Card Returned
IM	IMD STAY GREATER THAN 15 DAYS
IS	Institutionalized (IMD, ASH, Hospital)
JC	Juvenile Corrections
JD	Juvenile Detention Child in CTYPRI
KA	Keep Member in AHCCCS Care
KC	KidsCare II Under SNCP
KG	KINSHIP Guardianship IV-E
LA	Louisiana Hurricane Katrina Refugees
LP	LaPaz County Inmates
MA	MED Adjustment Period
MC	Maricopa County Inmates
MH	Mohave County Inmates
MI	Medically Improved FTW
MO	SSI Cash Moved out of State

## Codes & Values 2024

### RF539 Exception [Codes] (Continued)

Code	Description
MP	Medicaid Prisoner Inpatient Services Only
MS	Mississippi Hurricane Katrina Refugees
NB	Returned Delivered Newborn Correspondence
NC	No Conversion
NS	New To State
NT	Medicaid PPC Over State Only Enroll
NV	Navajo County Inmates
PM	Pima County Inmates
PN	Pinal County Inmates
PP	POSTPARTUM PERIOD
PR	PRISONER RELEASE HIGH MEDICAL NEEDS
RC	Review Completed
RI	Released From IMD (ASH, ETC)
RJ	Released From Jail
RM	OE Returned Mail
SC	Santa Cruz County Inmates
SP	SPECIAL PROCESSING
TC	Tuba City RHC 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
22	HIGH UTILIZATION
25	Review All Claims for Transplantation
26	Review All ESP Extended Care Recipients
27	Option 1 Transplant Recipient
28	Option 2 Transplant Recipient
30	SPECIAL PROCESSING
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

## Codes & Values 2024

55	Contract Year 98 Enrollment
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<b>RF539 Exception [Codes] (Continued)</b>
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Code	Description
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
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
76	Tuba City Inmates
80	Absent Parent
81	SEVERELY EMOTIONALLY DISTURBED (SED)
82	NEONATAL ABSTINENCE SYNDROME (NAS)
83	SEVERE COMBINED IMMUNODEFICIENCY (SCI)
84	AUTISM OR AT RISK (AUT)
85	OFFICE OF HUMAN RIGHTS SPC ASSIST (OHR)
86	SMI OPT OUT
87	Dual Sensory Loss
90	SMI (Seriously Mentally Ill)
98	Retroactive Medicare Termination
99	Manual Price All Recipient Claims - N.R.

## Codes & Values 2024

### 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	AGE LIMIT EXCEEDED FOR CATEGORY	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-Pay	N	N	N	N	N
CB	Failed Review for Continued Benefits	Y	N	N	N	N
CD	Term Due to Decrease in Co-Pay	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	EXCESS INCOME=31 TERM TO 4 MO CONT	Y	N	N	N	N
CT	Contract Terminated	N	Y	N	N	N
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	NO ELIG DEPRIVED/DEPENDENT CHILD	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

## Codes & Values 2024

<b>RF545 Function Specific Reason Codes (Continued)</b>						
<b>Code</b>	<b>Description</b>	<b>Indicators</b>				
		<b>Eligibility</b>	<b>Enrollment</b>	<b>Medicare</b>	<b>Third Party Coverage</b>	<b>Special Program</b>
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	Excessive Income	Y	N	N	N	N
EM	End Of MD Eligibility	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 (TECHNICAL CLOSURE)	Y	Y	Y	Y	Y
ES	Emergency Services County Term	N	N	N	N	N
FH	FAILED TO VERIFY TPL (HIFA PARENT)	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
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/RETURNED MAIL	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 ENDED--HEARING DECISION	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



## Codes & Values 2024

<b>RF545 Function Specific Reason Codes (Continued)</b>						
<b>Code</b>	<b>Description</b>	<b>Indicators</b>				
		<b>Eligibility</b>	<b>Enrollment</b>	<b>Medicare</b>	<b>Third Party Coverage</b>	<b>Special Program</b>
MR	Maximum Resources Exceeded	Y	Y	N	N	Y
MT	Medical Termination	N	N	N	N	N
NC	NON-COMPLIANCE WITH DCES	Y	N	N	N	N
NE	NO ELIGIBLE CHILD (HIFA PARENT)	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	AZ RESIDENCY NOT ESTABLISHED	Y	N	N	N	N
OT	Other Term Reason	Y	Y	Y	Y	Y
PA	PARIS Residency Fail	Y	Y	N	N	N
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	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 NOT COMPLETED	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
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 (HIFA PARENT)	Y	N	N	N	N

## Codes & Values 2024

### RF545 Function Specific Reason Codes (Continued)

Code	Description	Indicators				
		Eligibility	Enrollment	Medicare	Third Party Coverage	Special Program
SM	NO ACTIVE MEDICARE PART A	Y	Y	N	N	N
SR	SSI MAO Referral	Y	Y	N	N	N
SS	SSN Requirements Not Met	Y	N	N	N	N
ST	Surgical Sterilization	Y	N	N	N	N
TE	ELIG FOR TMA 1ST EXT	N	N	N	N	N
TH	Term Hospital Presumptive Eligibility	Y	Y	N	N	Y
TL	Eligible For AFDC 2nd Extension	N	N	N	N	N
TP	THIRD PARTY EXISTS	Y	N	N	N	N
TY	Three Years of Non-Service	N	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 Term EOM	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 Immediate Term	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
	H	Holder (self)
	L	Legal Guardian
	O	Other
	P	Parent
	S	Spouse

## Codes & Values 2024

### 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 2024

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### RF515 Marital Status

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



## Codes & Values 2024

### RF532 Medical Condition

<b>Where these are used:</b>	<b>Code</b>	<b>Description</b>
<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)
	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)	

## Codes & Values 2024

### 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
A	STATE ONLY SERVICES
C	Children Services
D	SUBSTANCE/ALCOHOL ABUSE MENTAL HLTH SVCS
G	General Mental Health Services
H	GMH ALCOHOL/SUBSTANCE SV (ELIM 11/17/95)
I	NON-SMI DD 18 THRU 20 (ELIM 09/30/99)
S	(SMI) Seriously Mentally Ill
Z	SED CHILDREN

### RF402 Mental Health Rate Code

Code	Tribe Code	MHS Category
7000		C
7050		C
7100		S
7150		S
7200		I
7300		Z
7400		G
7450		G
7500		C
7550		C
7600		D
7700		G
7750		G
7800		C
7850		C

## Codes & Values 2024

### RF415 MHS Site Provider

Site	TI	Description	PR ID	Name
02		Cenpatico 2	944563	Cenpatico Behavioral Health
03	Y	Yuma Behavioral Health Service	415712	Gila River Indian Comm
07		Magellan Health Services	310691	Magellan Health Services
11	Y	Gila River Indian Tribe	990010	Gila River Indian TRBHA
14	Y	Navajo Nation	990030	Navajo Nation
15		Northern AZ Reg Behavioral Ser	006511	Northern AZ Regional BHF
17		Salt River Pima-Maricopa Ind	123456	Jesse Kossar
22		Cenpatico 4	551922	Cenpatico Behavioral Health A
25	Y	Pascua Yaqui Tribe	990040	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	990020	Apache Behavioral Health
32		Cenpatico 3	560049	Cenpatico Behavioral Health A
33	N	UHCCP/Children's Rehab	830372	Children's Rehab Serv UHC
36		CARE1ST NON19	010254	CARE1ST HEALTH PLAN
37	N	MMIC<10-1/MERCYCRE NON19>10-1	010306	Mercy Care Plan
38		HCIC<10-1/SHCA NON19>10-1	010497	Health Choice AZ
39		CIC<10-1/AZCOMPHTH NON19>10-1	010422	AZ Complete Health Care
50		Care 1 <sup>st</sup> Arizona	010254	Care 1 <sup>st</sup> Arizona
51		Arizona Complete Health	010422	AZ Complete Health Care
52		Health Choice AZ	010497	Health Choice AZ
53		Maricopa Health Plan	010383	Maricopa Health Plan
54		Mercy Care Plan	010306	Mercy Care Plan
55		Phoenix Health Plan	010299	Phoenix Health Plan
56		United Health Care	010158	United Health Care
57		Banner University Family Care	010314	Banner University Family Care
58		United Health Care LTC	110050	United Health Care LTC
59		Mercy Care Plan - LTC	110306	Mercy Care Plan - LTC
60		Bridgeway Health Solution	110088	Bridgeway Health Solution
61		UNIVERSITY FAMILY CARE LTC	110313	BANNER - UNIVERSITY LTC
62		DD - SUB	110007	LTC DD DES
63		MOLINA COMPLETE CARE	010500	MOLINA COMPLETE CARE
64	N	DCS\CHP	010166	CHP DCS
77	N	Mercy Maricopa Integrated	010795	Mercy Maricopa Integrated
78		Health Choice Integrated Care	010715	Health Choice Integrated
79		Cenpatico Integrated Care	010735	Cenpatico Integrated Care
98		American Indian Health Program	999998	AHCCCS American Indian H

## Codes & Values 2024

### 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.**

AI	ASIAN INDIAN
AO	OTHER ASIAN
AS	ASIAN/PAC ISLND
AU	ASIAN UNKNOWN
BL	BLACK
CH	CUBAN/HAITIAN
CN	CHINESE
CW	CAUCASIAN/WHITE
FI	FILIPINO
GU	GUAM/CHAMORRO
HA	NATIVE HAWAIIAN
HS	HISPANIC
JA	JAPANESE
KO	KOREAN
MA	MEXICAN AMERICAN (ADC ONLY)
MN	MEXICAN NATIONAL (ADC ONLY)
NA	NATIVE AMERICAN
NU	NAT HAW OR OTHER PAC ISLND UNKNOWN
OP	OTHER PACIFIC ISLANDER
OT	OTHER
SA	SAMOAN
UN	UNKNOWN
US	UNSPECIFIED
VI	VIETNAMESE



## Codes & Values 2024

<b>RF411 Rate Category</b>	
<b>Code</b>	<b>Description</b>
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
AIMH	AMERICAN INDIAN MEDICAL HEALTH SERVICES
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
DUAL	DUAL ELIGIBLE ADULTS M & F
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
NEAD	Newly Eligible Adult
PRES	Presumptive Eligibility
P000	Public Safety (AZ Dept Of Corrections)
QIBI	QI1 Buy-In Only
QMBE	QMB Only
SABN	SSI Aged, Blind Without Medicare

## Codes & Values 2024

SABW	SSI Aged, Blind with Medicare
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<b>RF411 Rate Category (Continued)</b>	
<b>Code</b>	<b>Description</b>
SBRA	S.O.B.R.A. Supplemental
SB10	Supplemental Birth (SB) Payment
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
SB35	Birth Supp Payment Adult 40-100%
SB36	Supplemental Birth Payment for AHC Care/MI
SB37	Birth Supp Payment Adult <40%
SB39	Birth Supp Payment Newly Elig
SB44	Birth Supp Payment SOBRA 100-133%
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
S000	STATE-ONLY BHS
TACI	TANF And Children M & F < 1 Year
TACS	TANF, Children and SOBRA Pregnant Female
TADT	TANF & ADULTS 21+ M & F
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

## Codes & Values 2024

TYTH	TANF & CHILDREN < 20 M & F
U000	Uninsured COVID-19
<b>RF411 Rate Category (Continued)</b>	
Code	Description
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

<b>RF403 Recipient Action Codes</b>			
Code	Description	Action 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
CA	CIS CAPITATION	X	N
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
CS	CIS Homeless Change	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

## Codes & Values 2024

FO	Family Continuity-Out	D	Y
HC	Acute Health Plan Change	C	N
<b>RF403 Recipient Action Codes (Continued)</b>			
<b>Code</b>	<b>Description</b>	<b>Action Type</b>	<b>Retroactive Indicator</b>
FO	FAMILY CONTINUITY-OUT	A	N
HC	ACUTE HEALTH PLAN CHANGE	C	N
HK	Hospitalized, Kick to Be [Considered]	C	N
HO	Move Out of Health Plan Area	D	Y
IB	Inactivate BHS/FYI	C	N
IE	Ineligible	D	Y
IR	Inactivate CRS/FYI	C	N
KC	Potential KidsCare Eligible	X	N
KD	Key Demographic Change (IEVS Request)	X	N
LC	Level Of Care Change	X	N
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
MS	CRS Change	C	N
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
PM	Prospective Medicare	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

## Codes & Values 2024

SC	Share Of Cost Change	C	N
SP	Special Program Change	X	N
SX	Sex Change	C	N
TM	Mental Health Termination	C	N
<b>RF403 Recipient Action Codes (Continued)</b>			
Code	Description	Action Type	Retroactive Indicator
TR	CRS Termination	C	N
VW	Voluntary Withdrawal	D	Y
XA	Admin out for Conversion	D	Y
XN	Normal Enrollment for Conversion	A	N
XR	Set BHS Category SMI	X	N
ZC	BHS Zip Code Change	X	N

### RF409 Special Programs

**Where these are used:**

**In the PMMIS Recipient subsystem: The Special Program 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
AC	Address Confidentiality Program	06/04/2012	
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	
PE	Presumptive Eligibility	01/01/2015	
PQ	Prior Quarter	01/01/2014	
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	11/01/1997	
	(State Data Exchange Payment Status Codes N07= Disability Ceased, N08 = Blindness Ceased)		

## Codes & Values 2024

### 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
33	1-800-348-4058 For CRS	04/03/14
36	1-866-560-4042 FOR CARE 1ST	09/28/22
37	1-800-564-5465 For Mercy Maricopa	09/28/15
38	1-877-923-1400 For Health Choice	09/28/15
39	1-866-495-6738 For Cenpatico	09/28/15
50	1-866-560-4042 For Care 1st Arizona	04/04/19
51	1-888-788-4408 For AZ COMPLETE HEALTH	04/04/19
52	(480)-968-6866 For HEALTH CHOICE ARIZONA	05/06/20
53	1-800-582-8686 For Maricopa Health Plan	09/28/15
54	(602)-263-3000 For Mercy Care Plan	09/28/15
55	(602)-824-3700 For Phoenix Health Plan	09/28/15
56	1-800-348-4058 For United Health Care	09/28/15
57	1-800-582-8686 For BANNER UNIVERSITY	09/28/15
58	1-800-293-3740 For United Health Care LTC	09/28/15
59	(602)-263-3000 For Mercy Care Plan - LTC	09/28/15
60	1-866-475-3129 For Bridgeway Health Solutions	09/28/15
61	1-800-582-8686 For Banner University Care LTC	04/04/19
62	1-844-770-9500 For DD – SUB	10/01/19
63	1-800-424-5891 MOLINA COMPLETE CARE	10/15/18
64	(602)-771-3649 FOR DCS\CHP	12/17/20
77	1-800-564-5465 For MMIC - Integrated	03/20/14
78	1-877-923-1400 For Health Choice Integra	09/28/15
79	1-866-495-6738 For Cenpatico Integrated	09/28/15

# Codes & Values 2024

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98	1-800-962-6690 FOR AMER INDIAN HLTH PGM	09/28/18
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## Codes & Values 2024

<b>RF577 TRHBA/ Zip Assignment Codes</b>					
<b>S T</b>	<b>ZIP</b>	<b>CD</b>	<b>TRBHA Description</b>	<b>Begin Date</b>	<b>End Date</b>
A	85121	11	Gila River Indian Tribe	10/01/10	
A	85122	11	Gila River Indian Tribe	10/01/10	01/01/2021
A	85128	11	Gila River Indian Tribe	10/01/10	
A	85131	11	Gila River Indian Tribe	10/01/20	
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	01/01/2021
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	86034	14	Navajo Nation	10/01/20	
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	86512	14	Navajo Nation	10/01/20	
A	86514	14	Navajo Nation	10/01/10	
A	86515	14	Navajo Nation	10/01/10	



## Codes & Values 2024

<b>RF577 TRHBA/ Zip Assignment Codes (Continued)</b>					
<b>S T</b>	<b>ZIP</b>	<b>CD</b>	<b>TRBHA Description</b>	<b>Begin Date</b>	<b>End Date</b>
A	86520	14	Navajo Nation	10/01/10	
A	86535	14	Navajo Nation	10/01/10	
A	86538	14	Navajo Nation	10/01/10	
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	

<b>RF536 Tribe Name [Code]</b>			
<b>Where these are used:</b>	<b>Tribe Code</b>	<b>Description</b>	<b>Health Plan ID</b>
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
	SJ	San Juan Southern Paiute	190000
	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 2024

## 10/01/2023 – 09/30/2024 ACUTE CONTRACTORS

				Ac u Cap	AC C SMI	AC C SMI PPC	Acu FFS	Acu PPC Full	RB HA TX X **	AC C Non Cap	EM S FFS	RB HA TX X **	SMI KID SCA RE	Ac u FFS KC	A cu Ca p K C	N o P mt	No Pay	Non AH C	
FTP / Splitter file type Source code /	HP ID	SIT E CD	PLAN NAME	A	C	D	E	H	K	N	U	V	W	X	Y	1	8	9	COUNTIES
MCC	010500	63	Molina Complete Care	A				H		N					Y				07, 13, 21
UHC	010158	56	United HealthCare	A				H		N					Y				07, 13, 19, 21
DCS	010166	64	CHP	A				H							Y				ALL
HCA	010497	52	Health Choice AZ	A				H		N					Y				01, 05, 07, 13, 15, 17, 21, 25
UPI	010314	57	Banner University Family Care	A				H		N					Y				03, 07, 09, 11, 13, 19, 21, 23, 27, 29
MER AC	010306	54	Mercy Care Plan	A				H		N					Y				07, 13, 21
MER BH	010306	54	Mercy Care – SMI, RBHA functions		C	D			K	N		V	W						07, 13, 21 K,V = all counties
MER State Only SO / MI	NONAHC DOCMAT CTYPRI	37	Mercy Care – State Only																13
CRF AC	010254	50	Care1st	A				H		N					Y				01, 05, 15, 17, 25
CRF BH	010254	50	Care1st – SMI, RBHA functions		C	D			K	N		V	W						01, 05, 15, 17, 25 K,V = all counties
CRF State Only SO / CF	NONAHC DOCMAT CTYPRI	36	Care1st – State Only																01, 05, 15, 17, 25
NET AC	010422	51	Az Complete Health	A				H		N					Y				03, 07, 09, 11, 13, 19, 21, 23, 27, 29
NET BH	010422	51	Az Complete Health – SMI, RBHA functions		C	D			K	N		V	W						03, 09, 11, 19, 23, 27, 29 K,V = all counties
NET State Only SO / CI	NONAHC DOCMAT CTYPRI	39	Az Complete Health – State only																03, 09, 11, 19, 23, 27, 29
IHS	999998	98	American Indian Health Plan (AIHP)				E							X					ALL
	000850		Federal Emergency Services								U								ALL elig cd 900s
	002220		Non Pay														8		ALL
	003335		FFS Regular				E							X					ALL
	008040		AHCCCS SLMB													1			ALL elig cd 840
	008050		AHCCCS QII													1			ALL elig cd 850
	008690		FFS Temporary				E							X					ALL
	008715		QMB – ONLY														8		ALL elig 800,810,820,830
	008800		FFS Prior Quarter				E				U			X					ALL

## Codes & Values 2024

			Ac u Cap	AC C SMI	AC C SMI PPC	Acu FFS	Acu PPC Full	RB HA TX X **	AC C Non Cap	EM S FFS	RB HA TX XI **	SMI KID SCA RE	Ac u FFS KC	A c u C a p K C	N o P mt	No Pay	Non AH C	
	CTYPRI														1		9	ALL (9=SO)
	DOCMAT														1		9	ALL
	NONAHC																9	ALL

### LONG TERM CARE CONTRACTORS

FTP	PLAN	SI T E	PLAN NAME	LTC Cap	LTC Cap Acu	LTC PPC Full	LTC PPC Acu	Non Cap	LTC Cap Par	LTC FFS	LTC FFS Acu	COUNTIES					
				J	L	M	O	N	P	R	T						
DDD	110007	6 2	DES DD LTC	J	L	M	O	N				ALL					
UHCLTC	110050	5 8	United HealthCare LTC	J	L	M	O	N				01, 05, 07, 13, 15, 17, 21, 25					
UFCLTC	110313	6 1	Banner University Family Care LTC	J	L	M	O	N				03, 07, 09, 11, 13, 19, 21, 23, 27, 29					
MER	110306	5 9	Mercy Care Plan - LTC	J	L	M	O	N				07, 13, 19, 21					
	003335		FFS Regular							R	T	ALL					
	008690		FFS Temporary							R	T	ALL					
	007700		FFS DD Prior Quarter							R	T	ALL					
	008800		FFS Prior Quarter							R	T	ALL					
	190000		NACH						P	R	T	ALL					
	190009		White Mountain Apache						P	R	T	ALL					
	190017		Navajo Nation						P	R	T	ALL					
	190025		Gila River Tribe						P	R	T	ALL					
	190033		Tohono O'odham						P	R	T	ALL					
	190075		Pasqua Yaqui Tribe						P	R	T	ALL					
	190083		San Carlos Apache						P	R	T	ALL					
	190091		Hopi Tribe						P	R	T	ALL					

## Codes & Values 2024

### Tribal Regional Behavioral Health Authorities (TRBHA)

Contract type = #					
FTP	PLAN	SITE	PLAN NAME		COUNTIES
GCT SRC GR	990010	11	Gila River Tribe TRHBA	FFS	ALL
AWMT SRC AW	990020	28	Apache White Mountain TRBHA		ALL
NNT SRC NN	990030	14	Navajo Nation TRBHA		ALL
PYT SRC PY	990040	25	Pasqua Yaqui Tribe TRBHA		ALL

### Acute and LTC GSA

GSA 40 (North)		GSA 42 (Central)		GSA 44 (South)	
Apache	01	Gila	07	Cochise	03
Coconino	05	Maricopa	13	Graham	09
Mohave	15	Pinal	21	Greenlee	11
Navajo	17			Pima	19
Yavapai	25			Santa Cruz	23
				Yuma	27
				La Paz	29

(Table: RF-GSA-CTY, RF019)

## Codes & Values 2024

### ACUTE - Choice

North GSA		Central GSA		South GSA	
APACHE - 01	COCONINO - 05	GILA - 07	MARICOPA - 13	COCHISE - 03	GRAHAM - 09
CRF - 010254	CRF - 010254	UHC - 010158	UHC - 010158	UPI - 010314	UPI - 010314
HCA - 010497	HCA - 010497	MER - 010306	MER - 010306	NET - 010422	NET - 010422
MOHAVE - 15	NAVAJO - 17	UPI - 010314	UPI - 010314	GREENLEE - 11	PIMA - 19
CRF - 010254	CRF - 010254	NET - 010422	NET - 010422	UPI - 010314	UHC - 010158
HCA - 010497	HCA - 010497	HCA - 010497	HCA - 010497	NET - 010422	UPI - 010314
YAVAPAI - 25		MCC - 010500	MCC - 010500	SANTA CRUZ - 23	NET - 010422
CRF - 010254		PINAL - 21		UPI - 010314	YUMA - 27
HCA - 010497		UHC - 010158		NET - 010422	UPI - 010314
		MER - 010306		LA PAZ - 29	NET - 010422
		UPI - 010314		UPI - 010314	
		NET - 010422		NET - 010422	
		HCA - 010497			
		MCC - 010500			

## Codes & Values 2024

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### LTC - Choice

North GSA		Central GSA		South GSA	
APACHE - 01	COCONINO - 05	GILA - 07	MARICOPA - 13	COCHISE - 03	GRAHAM - 09
UHCLTC-110050	UHCLTC-110050	UHC LTC - 110050	UHC LTC - 110050	UFCLTC - 110313	UFCLTC - 110313
MOHAVE - 15	NAVAJO - 17	UFCLTC - 110313	UFCLTC - 110313	GREENLEE - 11	PIMA - 19
UHCLTC - 110050	UHCLTC - 110050	MCP - 110306	MCP - 110306	UFCLTC - 110313	UFCLTC - 110313
YAVAPAI - 25		PINAL - 21		SANTA CRUZ - 23	MCP - 110306
UHCLTC - 110050		UHC LTC - 110050		UFCLTC - 110313	YUMA - 27
		UFCLTC - 110313		LA PAZ - 29	UFCLTC - 110313
		MCP - 110306		UFCLTC - 110313	

## Codes & Values 2024

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<b>REVISION LOG TABLE</b>				
<b>CONTRACT YEAR 2019-2024 CHANGES MADE AFTER 09/31/2019</b>				
<b>TABLE #</b>	<b>REVISION DATE</b>	<b>TABLE#</b>	<b>REVISION DATE</b>	<b>REVISION DATE</b>
RF013	09/13/2018	Current Health Plan List	4/1/2022	
RF013	09/13/2018	RF525	06/24/2022	
RF013	09/13/2018	Acute Contractors	09/16/2022	
RF013	09/13/2018	RF525	09/16/2022	
RF013	09/13/2018	RF401	9/28/23	
RF013	09/13/2018	RF539	9/28/23	
RF013	09/13/2018	RF403	03/22/2024	
RF401	5/26/2020			
RF403	5/26/2020			
RF411	5/26/2020			
RF416	5/26/2020			
RF509	5/26/2020			
RF539	5/26/2020			
RF545	5/26/2020			
Table of Contents	5/26/2020			
RF525	11/29/2021			
RF528	11/29/2021			
RF522	11/29/2021			
RF415	11/29/2021			
RF577	11/29/2021			
Acute Contractors	11/29/2021			
RF416	02/07/2022			