

# HealthCare Benefits Packages

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DPW In-House Reference Chart

\*November 2003

\*Designates the date this document was revised. This date may not always agree with the revision date found on the Provider's HCBP Reference Chart (MA 446).

OFFICE OF MEDICAL ASSISTANCE PROGRAMS

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**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGES  
PROVIDER TYPES**

Refer to the specific Medical Assistance Regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

01 Physician	33 Outpatient Psychiatric Partial Hospitalization Facility
02 Case Manager – MA	34 State Restoration Centers and LTC Units located at State Mental Hospitals
03 Dentist	35 County Nursing Facility
04 Podiatrist	36 Private Nursing Facility
05 Medical Supplier	37 Hospice
06 Short Procedure Unit (SPU)	38 Home Care Agency (Waiver Service)
07 Chiropractor	39 Homemaker Agency (Waiver Service)
08 Ambulatory Surgical Center (ASC)	41 Psychologist
09 Birth Center	42 Comprehensive Outpatient Rehabilitation Facility (CORF)
10 Independent Medical/Surgical Clinic	43 Physical Therapist
11 General Hospital	44 Certified Registered Nurse Anesthetist (CRNA)
12 Rehabilitation Hospital, Rehabilitation Unit or D&A Hospital, D&A Unit	45 Respite Care
13 Private Psychiatric Hospital or Psychiatric Unit	46 Certified Rehabilitation Agency
14 Public Psychiatric Hospital	47 Education Rehabilitation Agency
15 Optometrist	48 Rehabilitative Services – MH
16 Laboratory	49 Certified Registered Nurse Practitioner (CRNP)
17 Managed Care Organization (MCO)	50 EPSDT Service Provider
18 Ambulance Company	51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)
19 Pharmacy	52 Tobacco Cessation
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**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 1**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
Recipients under 21 Years of Age	This benefits package includes all Categories/ Program Status Code combinations for recipients under 21 years of age with the <b>exception</b> of: <b>PS/17</b>

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

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| <ul style="list-style-type: none"> <li>01 Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist</li> <li>04 Podiatrist</li> <li>05 Medical Supplier (including low vision centers, hemophilia centers, opticians, and shoe stores)</li> <li>06 Short Procedure Unit (SPU)</li> <li>07 Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital – Inpatient &amp; outpatient services</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15 Optometrist</li> <li>16 Laboratory</li> <li>17 Managed Care Organization (MCO) – Recipients with Program Status Code 21, not eligible</li> <li>18 Ambulance Company</li> <li>19 Pharmacy</li> <li>20 Portable X-ray Provider</li> <li>21 Renal Dialysis Center</li> <li>22 Funeral Director – Recipient must be receiving cash payment at time of death</li> <li>23 Home Health Agency</li> <li>24 State Mental Retardation Center</li> <li>25 Private ICF/MR &amp; Private ICF/ORC</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> </ul> | <ul style="list-style-type: none"> <li>31 Nurse Midwife</li> <li>32 Case Management – MH/MR</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>38 Home Care Agency (Waiver Service)</li> <li>41 Psychologist</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF) – For Medicare deductible and coinsurance only</li> <li>43 Physical Therapist</li> <li>44 Certified Registered Nurse Anesthetist (CRNA) – For Medicare deductible and coinsurance only</li> <li>45 Respite Care – For Medicare deductible and coinsurance only</li> <li>46 Certified Rehabilitation Agency</li> <li>47 Education Rehabilitation Agency</li> <li>48 Rehabilitative Services – MH</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>50 EPSDT Service Provider – Includes occupational therapy, speech therapy, audiology services, medical care management, social services, mental health services, and early intervention</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient or Residential Treatment Facility only</li> <li>56 Attendant Care (Waiver Service)</li> <li>57 Provider Enumeration</li> </ul> |
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**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 2**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES (QUALIFICATION CODES)	CATEGORIES/PROGRAM STATUS CODES
Categorically Needy Recipients Ages 21 and Over  <i>* If recipient has Medicare benefits, see Benefits Package 8.</i>	* A/00, 60, 61, 62, 63 C/00, 04, 06, 07, 08, 09 D/02 (13) D/05, 15, 50 (04, 05, 06, 07, 14, 15, 16, 17, 24) * J/00, 60, 61, 62, 63 * M/00, 60, 61, 62, 63 * PA/00, 21, 22, 40, 81 * PAN/00 * PAW/00 PC/00, 15, 21, 22, 23, 26, 27, 71 PC/02 PCW/02 PD/02 PH/00, 20 * PI/00	* PJ/00, 21, 22, 40, 81 * PJN/00 * PJW/00 * PM/00, 21, 22, 81 * PMN/00 * PMW/00 PS/16, 18, 40 PU/00, 15, 21, 22, 23, 26, 27, 71 * PW/00 U/00, 04, 06, 07, 08, 09

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

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| 01 Physician<br>02 Case Manager – MA<br>03 Dentist<br>04 Podiatrist<br>05 Medical Supplier (including low vision centers, hemophilia centers, opticians and shoe stores)<br>06 Short Procedure Unit (SPU)<br>07 Chiropractor<br>08 Ambulatory Surgical Center (ASC)<br>09 Birth Center<br>10 Independent Medical/Surgical Clinic<br>11 General Hospital – Inpatient & outpatient services<br>12 Rehabilitation Hospital, Rehabilitation Unit or D&A Hospital, D&A Unit – Inpatient & outpatient services<br>13 Private Psychiatric Hospital or Psychiatric Unit<br>14 Public Psychiatric Hospital<br>15 Optometrist<br>16 Laboratory<br>17 Managed Care Organization (MCO) – Recipients with Program Status Code 21, not eligible<br>18 Ambulance Company<br>19 Pharmacy – Excludes medications for symptomatic relief of cough and cold<br>20 Portable X-ray Provider<br>21 Renal Dialysis Center<br>22 Funeral Director – Recipient must be receiving cash payment at time of death<br>23 Home Health Agency<br>24 State Mental Retardation Center | 25 Private ICF/MR & Private ICF/ORC<br>26 Rural Health Clinic (RHC) & Federally Qualified Health Centers (FQHC)<br>28 Outpatient Drug and Alcohol Clinic<br>29 Outpatient Psychiatric Clinic<br>30 Family Planning Clinic<br>31 Nurse Midwife<br>32 Case Management – MH/MR<br>33 Outpatient Psychiatric Partial Hospitalization Facility<br>34 State Restoration Centers and LTC Units located at State Mental Hospitals<br>35 County Nursing Facility<br>36 Private Nursing Facility<br>37 Hospice<br>38 Home Care Agency (Waiver Service)<br>39 Homemaker Agency (Waiver Service)<br>48 Rehabilitative Services – MH<br>49 Certified Registered Nurse Practitioner (CRNP)<br>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)<br>52 Tobacco Cessation<br>53 Extended Acute Psychiatric Care – Inpatient Only<br>54 Nutritionist (Waiver Service)<br>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)<br>56 Attendant Care (Waiver Service)<br>58 Long Term Care Capitated Assistance Program (LTCCAP)<br>59 COMM CARE (Community Care) Waiver (Waiver Service) |
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**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 3**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES (QUALIFICATION CODES)
GA and GA Related MA Categorically Needy Recipients Ages 21 and Over (Affected by GA Basic HealthCare Package)	D/00 (04, 05, 06, 07, 14, 16, 24) PD/00, 21, 22, 29

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

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| <ul style="list-style-type: none"> <li>01* Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist – Only in inpatient or ASC/SPU setting</li> <li>04* Podiatrist</li> <li>05 Medical Supplier – Medical/Surgical Supplies – Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency services. Durable Medical Equipment – Only when used in conjunction with Home Health Agency services.</li> <li>06 Short Procedure Unit (SPU)</li> <li>07* Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10* Independent Medical/Surgical Clinic</li> <li>11* General Hospital – Inpatient &amp; outpatient services</li> <li>12* Rehabilitation Hospital, Rehabilitation Unit – Inpatient &amp; outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year) and D&amp;A Hospital, D&amp;A Unit – Inpatient and outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year).</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15* Optometrist</li> <li>16 Laboratory</li> <li>17 Managed Care Organization (MCO) – Recipients with Program Status Code 21, not eligible</li> <li>18 Ambulance Company – Limited to emergency transportation only</li> </ul> | <ul style="list-style-type: none"> <li>19 Pharmacy – Limited to six prescriptions/refills per month; excludes medications for symptomatic relief of cough and cold; and excludes OTC's, except for insulin. Nursing Home residents are eligible for legend cough and cold preparations.</li> <li>20 Portable X-ray Provider</li> <li>22 Funeral Director – Recipient must be receiving cash payment at time of death</li> <li>23 Home Health Agency – Limited to a maximum of 30 visits per fiscal year</li> <li>24 State Mental Retardation Center</li> <li>25 Private ICF/MR &amp; Private ICF/ORC</li> <li>26* Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> <li>31 Nurse Midwife</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>49* Certified Registered Nurse Practitioner (CRNP)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> </ul> |
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\* Practitioner's office and/or clinic visits are limited to a combined maximum of 18 visits per fiscal year. Emergency room services are limited to emergency services only.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 4**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES	
Medically Needy Only Recipients Ages 21 and Over	TA/00 TAN/00 TAW/00 TB/00 TC/00, 11, 15 TD/02, 11	TJ/00 TJN/00 TJW/00 TR/00 TU/00, 11, 15

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

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| <ul style="list-style-type: none"> <li>01* Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist – Only in inpatient or ASC/SPU setting</li> <li>04* Podiatrist</li> <li>05* Medical Supplier – Medical/Surgical Supplies – Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency services. Durable Medical Equipment – Only when used in conjunction with Home Health Agency services.</li> <li>06 Short Procedure Unit (SPU)</li> <li>07* Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital – Inpatient &amp; outpatient services</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15* Optometrist</li> <li>16 Laboratory</li> <li>17 Managed Care Organization (MCO) – Recipients with categories TB and TR, not eligible</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Limited to any birth control drugs. LTC residents are eligible for all legend drugs.</li> <li>20* Portable X-ray Provider</li> <li>21** Renal Dialysis Center</li> <li>23 Home Health Agency</li> <li>24* State Mental Retardation Center</li> <li>25* Private ICF/MR &amp; Private ICF/ORC</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> <li>31 Nurse Midwife</li> </ul> | <ul style="list-style-type: none"> <li>32 Case Management – MH/MR – Category TR, not eligible</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34* State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35* County Nursing Facility</li> <li>36* Private Nursing Facility</li> <li>37* Hospice</li> <li>38 Home Care Agency (Waiver Service)</li> <li>39 Homemaker Agency (Waiver Service)</li> <li>41 Psychologist – For Medicare deductible and coinsurance only</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF) – For Medicare deductible and coinsurance only</li> <li>43 Physical Therapist – For Medicare deductible and coinsurance only</li> <li>44 Certified Registered Nurse Anesthetist (CRNA) – For Medicare deductible and coinsurance only</li> <li>45 Respite Care – For Medicare deductible and coinsurance only</li> <li>46 Certified Rehabilitation Agency – For Medicare deductible and coinsurance only</li> <li>48 Rehabilitative Services – MH – Category TR, not eligible</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> <li>54 Nutritionist (Waiver Service)</li> <li>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)</li> <li>56 Attendant Care (Waiver Service)</li> <li>57 Provider Enumeration</li> <li>58 Long Term Care Capitated Assistance Program (LTCCAP)</li> <li>59 COMMCARE (Community Care) Waiver (Waiver Service)</li> </ul> |
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\* Category TR is not eligible for nursing facility services or any of the services given by the starred (\*) providers in a nursing home.

\*\* Category TB is not eligible for services provided by a Renal Dialysis Center.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 5**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
GA Medically Needy Only Recipients Ages 21 and Over (Affected by GA Basic HealthCare Package)	TD/00

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

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| <ul style="list-style-type: none"> <li>01* Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist – Only in inpatient or ASC/SPU setting</li> <li>04* Podiatrist</li> <li>05 Medical Supplier – Medical/Surgical Supplies – Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency services. Durable Medical Equipment – Only when used in conjunction with Home Health Agency services.</li> <li>06 Short Procedure Unit (SPU)</li> <li>07* Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10* Independent Medical/Surgical Clinic</li> <li>11* General Hospital – Inpatient &amp; outpatient services</li> <li>12* Rehabilitation Hospital, Rehabilitation Unit – Inpatient and outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year) and D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year).</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15* Optometrist</li> <li>16 Laboratory</li> </ul> | <ul style="list-style-type: none"> <li>17 Managed Care Organization (MCO)</li> <li>18 Ambulance Company – Limited to emergency transportation only</li> <li>19 Pharmacy – Limited to legend birth control drugs</li> <li>20 Portable X-ray Provider</li> <li>23 Home Health Agency – Limited to a maximum of 30 visits per fiscal year</li> <li>24 State Mental Retardation Center</li> <li>25 Private ICF/MR &amp; Private ICF/ORC</li> <li>26* Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30** Family Planning Clinic</li> <li>31 Nurse Midwife</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>49* Certified Registered Nurse Practitioner (CRNP)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> </ul> |
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\* *Practitioner's office and/or clinic visits are limited to a combined maximum of 18 visits per fiscal year. Emergency room services are limited to emergency services only.*

\*\* *Family Planning Clinic – effective 11/1/95, no longer limited to maximum of 18 visits.*

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 6**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
Presumptive Eligibility Pregnant Women (all ages)	PS/17

**PROVIDER TYPES**

Recipients in this benefits package are eligible to receive services from the following provider types but they are not eligible for services provided in an Inpatient Hospital and LTC setting. Please refer to specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

<ul style="list-style-type: none"> <li>01 Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist</li> <li>04 Podiatrist</li> <li>05 Medical Supplier (including low vision centers, hemophilia centers, opticians, and shoe stores)</li> <li>06 Short Procedure Unit (SPU)</li> <li>07 Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital – Outpatient services only</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Outpatient services only</li> <li>15 Optometrist</li> <li>16 Laboratory</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Excludes medications for the symptomatic relief of cough &amp; cold</li> <li>20 Portable X-ray Provider</li> <li>21 Renal Dialysis Center</li> <li>22 Funeral Director – Recipient must be receiving cash payment at time of death</li> <li>23 Home Health Agency</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> </ul>	<ul style="list-style-type: none"> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> <li>31 Nurse Midwife</li> <li>32 Case Management – MH/MR</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>37 Hospice</li> <li>41* Psychologist</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF) – For Medicare deductible and coinsurance only</li> <li>43* Physical Therapist</li> <li>44 Certified Registered Nurse Anesthetist (CRNA) – For Medicare deductible and coinsurance only</li> <li>46 Certified Rehabilitation Agency – For Medicare deductible and coinsurance only</li> <li>48 Rehabilitative Services – MH</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>50 EPSDT Service Provider – Recipients under age 21 only. Includes occupational therapy, speech therapy, audiology services, medical care management, social services, mental health services, and early intervention.</li> <li>52 Tobacco Cessation</li> </ul>
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\* No limitation for recipients under 21 years of age. For recipients 21 and over, limited to Medicare deductible and coinsurance only.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 7**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
State Blind Pension Recipients Ages 21 and Over	B/00

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

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| <ul style="list-style-type: none"> <li>01 Physician – Recipient not eligible for inpatient/ outpatient hospital services</li> <li>03 Dentist</li> <li>07 Chiropractor</li> <li>15 Optometrist</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Excludes medication for symptomatic relief of cough and cold</li> <li>22 Funeral Director – Recipient must be receiving cash payment at time of death</li> <li>23 Home Health Agency</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> </ul> | <ul style="list-style-type: none"> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)</li> <li>57 Provider Enumeration</li> <li>58 Long Term Care Capitated Assistance Program (LTCCAP)</li> </ul> |
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**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 8**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES	
Medicare Coverage Categorically Needy Recipients Ages 21 and Over	A/00, 60, 61, 62, 63	PJ/00, 21, 22, 80, 81
	J/00, 60, 61, 62, 63	PJN/00, 80
	M/00, 60, 61, 62, 63	PJW/00, 80
	PA/00, 21, 22, 80, 81	PM/00, 21,22, 80,81
	PAN/00, 80	PMN/00, 80
	PAW/00, 80	PMW/00, 80
	PH/80	PS/70, 90
	PI/00, 66, 80	PW/00, 66, 80

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

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|--|--|
| <ul style="list-style-type: none"> <li>01 Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist</li> <li>04 Podiatrist</li> <li>05 Medical Supplier (including low vision centers, hemophilia centers, opticians, and shoe stores)</li> <li>06 Short Procedure Unit (SPU)</li> <li>07 Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital – Inpatient &amp; outpatient services</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15 Optometrist</li> <li>16 Laboratory</li> <li>17 Managed Care Organization (MCO) – Recipients with Program Status Code 21, not eligible</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Excludes medications for symptomatic relief of cough and cold</li> <li>20 Portable X-ray Provider</li> <li>21 Renal Dialysis Center</li> <li>22 Funeral Director – Recipient must be receiving cash payment at time of death</li> <li>23 Home Health Agency</li> <li>24 State Mental Retardation Center</li> <li>25 Private ICF/MR &amp; Private ICF/ORC</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> </ul> | <ul style="list-style-type: none"> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> <li>31 Nurse Midwife</li> <li>32 Case Management – MH/MR</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>41 Psychologist</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF)</li> <li>43 Physical Therapist</li> <li>44 Certified Registered Nurse Anesthetist (CRNA)</li> <li>45 Respite Care</li> <li>46 Certified Rehabilitation Agency</li> <li>48 Rehabilitative Services – MH</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> <li>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)</li> <li>56 Attendant Care (Waiver Service)</li> <li>57 Provider Enumeration</li> <li>58 Long Term Care Capitated Assistance Program (LTCCAP)</li> <li>59 COMM CARE (Community Care ) Waiver (Waiver Service)</li> </ul> |
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**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 9**

<b>COVERAGE GROUP</b>	<b>CATEGORIES/PROGRAM STATUS CODES</b>
Medicare Cost-Sharing Only Recipients Ages 21 and Over	PG/00 PL/00

Refer to specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

Recipients in this coverage group are eligible **only** for the medical assistance payment of Medicare Parts A and B deductible and Part B coinsurance for all Medicare coverage services. However, the Department will not pay for any pharmaceutical services.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 10**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
Medicare Coverage Specified Low Income Medicare Beneficiaries (SLMBs) Medicare Part B Premium Buy-In Medically Needy Only Recipients Ages 21 and Over	TA/66 TAN/66 TAW/66 TJ/66 TJN/66 TJW/66

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>01 Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist – Only in inpatient or ASC/SPU setting</li> <li>04 Podiatrist</li> <li>05 Medical Supplier – Medical/Surgical Supplies – Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency services. Durable Medical Equipment – Only when used in conjunction with Home Health Agency services.</li> <li>06 Short Procedure Unit (SPU)</li> <li>07 Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital – Inpatient &amp; outpatient services</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15 Optometrist</li> <li>16 Laboratory</li> <li>17 Managed Care Organization (MCO)</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Limited to any birth control drugs. LTC residents are eligible for all legend drugs.</li> <li>20 Portable X-ray Provider</li> <li>21 Renal Dialysis Center</li> <li>23 Home Health Agency</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> </ul> | <ul style="list-style-type: none"> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> <li>31 Nurse Midwife</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>41 Psychologist</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF)</li> <li>43 Physical Therapist</li> <li>44 Certified Registered Nurse Anesthetist (CRNA)</li> <li>45 Respite Care</li> <li>46 Certified Rehabilitation Agency</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> <li>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)</li> <li>56 Attendant Care (Waiver Service)</li> <li>57 Provider Enumeration</li> <li>58 Long Term Care Capitated Assistance Program (LTCCAP)</li> <li>59 COMMCARE (Community Care) Waiver (Waiver Service)</li> </ul> |
|---|---|

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 11**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
State Blind Pension Medicare Cost-Sharing Only Recipients Ages 21 and Over	B/80

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>01 Physician – Not eligible for inpatient/outpatient hospital services</li> <li>03 Dentist</li> <li>04 Podiatrist</li> <li>05 Medical Supplier (including low vision centers, hemophilia centers, opticians, and shoe stores)</li> <li>06 Short Procedure Unit (SPU)</li> <li>07 Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>11 General Hospital – Inpatient &amp; outpatient services</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15 Optometrist</li> <li>16 Laboratory</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Excludes medications for symptomatic relief of cough and cold</li> <li>21 Renal Dialysis Center</li> <li>22 Funeral Director – Recipient must be receiving cash payment at time of death</li> <li>23 Home Health Agency</li> <li>24 State Mental Retardation Center</li> <li>25 Private ICF/MR and Private ICF/ORC</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> </ul> | <ul style="list-style-type: none"> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>41 Psychologist</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF)</li> <li>43 Physical Therapist</li> <li>44 Certified Registered Nurse Anesthetist (CRNA)</li> <li>45 Respite Care</li> <li>46 Certified Rehabilitation Agency</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> <li>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)</li> <li>57 Provider Enumeration</li> <li>58 Long Term Care Capitated Assistance Program (LTCCAP)</li> <li>59 COMMCARE (Community Care) Waiver (Waiver Service)</li> </ul> |
|--|---|

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 12**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
Medical Employability Assessment Applicants Ages 21 through 58	TD/55

**PROVIDER TYPES**

Applicants with the Category/Program Status Code combination listed above are eligible to receive only those services listed in the M.A. Bulletin entitled "HCBP 12 – Updated Employability Assessment Procedure Code List", effective November 15, 2000 and issued under bulletin numbers 01-00-09, 10-00-02, 11-00-04, 12-00-02, 15-00-01, 16-00-01, 20-00-01, 26-00-03, 28-00-04, 29-00-03, 49-00-03. Those services are rendered by the provider types listed below.

Please refer to your specific Medical Assistance regulations, bulletins and provider handbooks for limitations and exclusions for your provider type.

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>01 Physician</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital (excludes Inpatient)</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit (excludes Inpatient)</li> <li>15 Optometrist</li> <li>16 Laboratory</li> </ul> |  | <ul style="list-style-type: none"> <li>20 Portable X-ray Provider</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> </ul> |
|---|--|--|

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 13**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
Medicare Coverage	TA/80
Qualified Medicare Beneficiaries (QMBs)	TAN/80
Medicare Part A & Part B Premium Buy-In	TAW/80
Medicare Cost Sharing	TB/80
Medically Needy Only	TJ/80
Recipients Ages 21 and Over	TJN/80 TJW/80

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>01 Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist – Only in inpatient or ASC/SPU setting</li> <li>04 Podiatrist</li> <li>05 Medical Supplier – Medical/Surgical Supplies – Only when prescribed for the purpose of family planning or in conjunction with Home Health Agency services. Durable Medical Equipment – Only when used in conjunction with Home Health Agency services.</li> <li>06 Short Procedure Unit (SPU)</li> <li>07 Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital – Inpatient &amp; outpatient services</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15 Optometrist</li> <li>16 Laboratory</li> <li>17 Managed Care Organization (MCO) – Recipients with category TB, not eligible</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Limited to any birth control drugs. LTC residents are eligible for all legend drugs.</li> <li>20 Portable X-ray Provider</li> <li>21* Renal Dialysis Center</li> <li>23 Home Health Agency</li> <li>24 State Mental Retardation Center</li> <li>25 Private ICF/MR and Private ICF/ORC</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> </ul> | <ul style="list-style-type: none"> <li>30 Family Planning Clinic</li> <li>31 Nurse Midwife</li> <li>32 Case Management – MH/MR</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>41 Psychologist – For Medicare deductible and coinsurance only</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF) – For Medicare deductible and coinsurance only</li> <li>43 Physical Therapist – For Medicare deductible and coinsurance only</li> <li>44 Certified Registered Nurse Anesthetist (CRNA) – For Medicare deductible and coinsurance only</li> <li>45 Respite Care – For Medicare deductible and coinsurance only</li> <li>46 Certified Rehabilitation Agency – For Medicare deductible and coinsurance only</li> <li>48 Rehabilitation Services – MH</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> <li>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)</li> <li>56 Attendant Care (Waiver Service)</li> <li>57 Provider Enumeration</li> <li>58 Long Term Care Capitated Assistance Program (LTCCAP)</li> <li>59 COMM CARE (Community Care) Waiver (Waiver Service)</li> </ul> |
|---|--|

\* Category TB is not eligible for services by a Renal Dialysis Center.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGE 14**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES	
Medicare Coverage Specified Low-Income Medicare Beneficiaries (SLMBs) Medicare Part B Premium Buy-In Categorically Needy Recipients Ages 21 and Over	PA/66 PAN/66 PAW/66 PJ/66 PJN/66	PJW/66 PM/66 PMN/66 PMW/66

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>01 Physician</li> <li>02 Case Manager – MA</li> <li>03 Dentist</li> <li>04 Podiatrist</li> <li>05 Medical Supplier (including low vision centers, hemophilia centers, opticians, and shoe stores)</li> <li>06 Short Procedure Unit (SPU)</li> <li>07 Chiropractor</li> <li>08 Ambulatory Surgical Center (ASC)</li> <li>09 Birth Center</li> <li>10 Independent Medical/Surgical Clinic</li> <li>11 General Hospital – Inpatient &amp; outpatient services</li> <li>12 Rehabilitation Hospital, Rehabilitation Unit or D&amp;A Hospital, D&amp;A Unit – Inpatient &amp; outpatient services</li> <li>13 Private Psychiatric Hospital or Psychiatric Unit</li> <li>14 Public Psychiatric Hospital</li> <li>15 Optometrist</li> <li>16 Laboratory</li> <li>17 Managed Care Organization (MCO)</li> <li>18 Ambulance Company</li> <li>19 Pharmacy – Excludes medications for symptomatic relief of cough and cold</li> <li>20 Portable X-ray Provider</li> <li>21 Renal Dialysis Center</li> <li>22 Funeral Director – Recipient must be receiving cash payment at time of death</li> <li>23 Home Health Agency</li> <li>24 State Mental Retardation Center</li> <li>25 Private ICF/MR and Private ICF/ORC</li> <li>26 Rural Health Clinic (RHC) &amp; Federally Qualified Health Centers (FQHC)</li> <li>28 Outpatient Drug and Alcohol Clinic</li> <li>29 Outpatient Psychiatric Clinic</li> <li>30 Family Planning Clinic</li> </ul> | <ul style="list-style-type: none"> <li>31 Nurse Midwife</li> <li>32 Case Management – MH/MR</li> <li>33 Outpatient Psychiatric Partial Hospitalization Facility</li> <li>34 State Restoration Centers and LTC Units located at State Mental Hospitals</li> <li>35 County Nursing Facility</li> <li>36 Private Nursing Facility</li> <li>37 Hospice</li> <li>41 Psychologist – For Medicare deductible and coinsurance only</li> <li>42 Comprehensive Outpatient Rehabilitation Facility (CORF) – For Medicare deductible and coinsurance only</li> <li>43 Physical Therapist – For Medicare deductible and coinsurance only</li> <li>44 Certified Registered Nurse Anesthetist (CRNA) – For Medicare deductible and coinsurance only</li> <li>45 Respite Care – For Medicare deductible and coinsurance only</li> <li>46 Certified Rehabilitation Agency – For Medicare deductible and coinsurance only</li> <li>48 Rehabilitation Services – MH</li> <li>49 Certified Registered Nurse Practitioner (CRNP)</li> <li>51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)</li> <li>52 Tobacco Cessation</li> <li>53 Extended Acute Psychiatric Care – Inpatient Only</li> <li>55 PDA (PA Dept. of Aging) Waiver (Waiver Service)</li> <li>56 Attendant Care (Waiver Service)</li> <li>57 Provider Enumeration</li> <li>58 Long Term Care Capitated Assistance Program (LTCCAP)</li> <li>59 COMM CARE (Community Care) Waiver (Waiver Service)</li> </ul> |
|---|---|

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS**  
**HEALTHCARE BENEFITS PACKAGE 15**

COVERAGE GROUP	CATEGORIES/PROGRAM STATUS CODES
Act 150 Recipients Ages 18 - 59	ACX/00  (Effective Date: Delayed - Tentative Implementation 7/1/04)

**PROVIDER TYPES**

Recipients with the Category/Program Status Code combinations listed above are eligible to receive services from the following provider types. Please refer to the specific Medical Assistance regulations, bulletins, and provider handbooks for limitations and exclusions for your provider type.

56      Attendant Care (Waiver Service)

**Implementation Delayed**

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGES  
MISCELLANEOUS INFORMATION SECTION**

This section is designed to provide DPW's Office of Medical Assistance Programs (OMAP) and Office of Income Maintenance (OIM) personnel with additional information when using the HealthCare Benefits Packages (HCBP).

This section is divided into the following information:

- Definitions ..... 17
- Categories/Program Status Codes Not in HCBP ..... 20
- Definition of Historical Information ..... 21
- Historical Information ..... 22
- HCBP Hierarchy ..... 26

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGES  
MISCELLANEOUS INFORMATION SECTION**

**DEFINITIONS**

<b>ARM</b>	Assistance Reporting Monthly
<b>Buy-In</b>	Payment of Medicare premiums (either Part A and/or Part B) by the Department of Public Welfare for Medical Assistance (MA) and SSI recipients who are entitled to Medicare and in one of the groups who qualify for Medicare premium payment.
<b>Categorically Needy</b>	Persons who qualify under a mandatory or optional eligibility group – other than medically needy – specified under Title XIX and included under the State Medicaid Plan.
<b>Category</b>	A letter code which identifies coverage for Federal and State funding purposes and the type of medical benefits received. The letter “P” indicates Categorically Needy Nonmoney Payment (NMP), and the letter “T” indicates Medically Needy Only (MNO). Exception: PG and PL categories identify Healthy Horizons Medicare Cost-Sharing only. Suffix “N” added to the category designates a recipient in a nursing facility. Suffix “W” represents a waiver recipient.
<b>CIS</b>	Client Information System
<b>CMS</b>	Centers for Medicare and Medicaid Services (formerly known as HCFA)
<b>Dual Eligibles</b>	The term CMS uses to describe the groups of individuals who are entitled to Medicare and are eligible for Buy-In of Medicare premiums. In addition to Buy-In of Medicare premiums, individuals in these groups, may also qualify for Medicaid coverage. Effective September 2000, CMS commenced to use the term “Medicare Savings Programs” when referring to the Dual Eligible groups in materials sent to Medicare beneficiaries. The Dual Eligible groups are: Qualified Medicare Beneficiaries (QMBs); Specified Low-Income Medicare Beneficiaries (SLMBs); Qualified Disabled and Working Individuals (QDWIs); Qualifying Individuals (QIs); Medicaid Only Dual Eligibles.
<b>Employability Assessment</b>	A form used to determine eligibility for General Assistance (GA) cash or medical assistance benefits on the individual’s ability to work. Also known as the PA-1663.
<b>Healthy Beginnings Plus</b>	An expanded prenatal care program for low income pregnant women with family income up to 185% of the federal poverty guidelines.
<b>Healthy Horizons</b>	The name Pennsylvania uses to describe Medicare beneficiaries who are in the QMB, SLMB, QI, and Buy-In groups.
<b>MAMIS</b>	Medical Assistance Management Information System
<b>Medicaid Only Dual Eligibles</b>	These individuals are entitled to Medicare Part A and Part B and are eligible for full Medicaid benefits. Usually these individuals fall into a Medicaid poverty group or spend-down to qualify for Medicaid. Medicaid will pay Medicare Part A and Part B premiums, will provide full Medicaid benefits and will pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay to the extent necessary to pay the beneficiary’s Medicare cost-sharing liability.
<b>Medically Needy Only (MNO)</b>	Medical Assistance coverage which provides certain limited medical services to eligible clients.
<b>Medicare</b>	Title XVIII health insurance for the aged and disabled, funded by the Federal government and individual insurance premiums paid by the insured.
<b>Medicare Cost-Sharing</b>	Medicare cost-sharing expenses include Medicare premiums, deductibles and coinsurance under Part A and Part B Medicare.

<b>Medicare Deductible</b>	The amount a person must pay before Medicare will pay for services and supplies covered by the program. There is one deductible each year for each Medicare part.
<b>Medicare Part A</b>	Hospital insurance under the Federal Medicare Program, which helps pay for inpatient hospital care, some inpatient care in a skilled nursing facility, home health care, and hospice care.
<b>Medicare Part B</b>	Supplementary medical insurance under the Federal Medicare Program, which helps pay for medically necessary doctors' services, outpatient hospital services, home health care, and a number of other medical services and supplies that are not covered by Part A.
<b>Medicare Savings Programs</b>	The term CMS uses in beneficiary oriented materials for the Dual Eligible Buy-In groups (QMBs, SLMBs, QIs, QDWIs, SSI and other Medicaid recipients eligible for Buy-In). Medicare Savings Programs beneficiaries were referred to as Dual Eligibles prior to September 2000.
<b>OIM</b>	Office of Income Maintenance
<b>OMAP</b>	Office of Medical Assistance Programs
<b>Presumptive Eligibility</b>	Presumptive Eligibility is a part of Healthy Beginnings coverage. It provides pregnant women with up to 45 days of immediate coverage for outpatient primary care medical expenses. Using liberal guidelines, approved qualified providers complete the eligibility determination.
<b>Program Status Code</b>	A code which identifies budgets which meet certain characteristics. The code is used for Federal reimbursement, reporting and general control purposes. The code is determined by the CAO.
<b>Qualification Code</b>	A code used for cash assistance recipients to identify the reason why the individual qualified for GA. The code is mandatory for adults and children.
<b>Qualified Disabled and Working Individuals (QDWIs)</b>	These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have income of 200% of FPIG or less and resources that do not exceed twice the limit for SSI eligibility and are not otherwise eligible for Medicaid. <b>Medicaid pays the Medicare Part A premiums only.</b>
<b>Qualifying Individuals</b>	<p>The two groups of QIs are effective 1/1/98:</p> <ul style="list-style-type: none"> <li>● <b>QI 1s</b> are individuals entitled to Medicare Part A, have income of at least 120% of FPIG but less than 135% of FPIG, resources that do not exceed twice the SSI limit for SSI eligibility and are not otherwise eligible for Medicaid. <b>Medicaid pays their Medicare Part B premiums only.</b></li> <li>● <b>QI 2s</b> are entitled to Medicare Part A, have income of at least 120% of FPIG but less than 135% of FPIG, resources that do not exceed twice the limit for SSI eligibility and are not otherwise eligible for Medicaid. <b>Medicaid pays only a portion of their Medicare Part B premiums.</b></li> </ul> <p>Note: Coverage for QI 2's ended 12/31/02.</p>
<b>Qualified Medicare Beneficiaries (QMBs)</b>	<p>The two groups of QMBs are:</p> <ul style="list-style-type: none"> <li>● <b>QMBs without Other Medicaid.</b> Individuals are entitled to Medicare Part A, have income of 100% of FPIG, resources that do not exceed twice the SSI limit for SSI eligibility, and are not otherwise eligible for full Medicaid. <b>Medicaid pays their Medicare Part A and Part B premiums, and, to the extent consistent with the Medicaid State Plan, Medicare deductibles and coinsurance for services provided for Medicare Providers.</b></li> <li>● <b>QMBs with Full Medicaid.</b> These individuals are entitled to Medicare Part A, have income of 100% of FPIG or less, resources equal to or below the SSI limit for SSI eligibility, and are eligible for full Medicaid. <b>Medicaid pays Medicare Part A and Part B premiums, and, to the extent consistent with the Medicaid State Plan, Medicare deductibles and coinsurance, and provides full Medicaid benefits.</b></li> </ul>

**Specified Low-Income  
Medicare Beneficiaries  
(SLMBs)**

The two groups are:

● **SLMBs without other Medicaid.** These individuals are entitled to Medicare Part A, have income greater than 100% of FPIG but less than 120% of FPIG, resources that do not exceed twice the SSI limit for SSI eligibility and are not otherwise eligible for Medicaid. **Medicaid pays their Medicare Part B premiums only.**

● **SLMBs with full Medicaid.** These individuals are entitled to Medicare Part A, have income greater than 100% of FPIG but less than 120% FPIG, resources that do not exceed twice the SSI limit for SSI eligibility and are eligible for full Medicaid. **Medicaid pays their Medicare Part B premiums and provides full Medicaid benefits.**

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGES  
MISCELLANEOUS INFORMATION SECTION**

**CATEGORIES/PROGRAM STATUS CODES NOT IN HCBP**

This group identifies individuals who are not eligible for the ACCESS Card but may receive payment or partial reimbursement for services.

This section is divided into the following information:

- Specified Low Income Medicare Beneficiaries (SLMBs)  
Payment of Medicare Part B Buy-In  
TA/65  
TJ/65
- Qualifying Individuals \*  
Payment of Medicare Part B Buy-In  
TA/67  
TJ/67
- Qualifying Individuals \* (QI 2's coverage ended 12/31/02.)  
Partial Reimbursement of Medicare Part B  
TA/68  
TJ/68
- Emergency Shelter Cash Grants for Food Stamp Budgets  
E/00
- Bridge Program – (Effective 1/1/02)  
Funded under the Tobacco Settlement and administered by the Department of  
Aging and the Department of Public Welfare  
PA/87  
PJ/87

\* NOTE: DPSR 018378 and DPSR 018279 indicate that Legislation on Qualifying Individuals expired on December 31, 2002. However, per State Medicaid Director Letter (SMDL #02-019), the Legislature passed another continuing resolution to extend the QI-1 benefit through March 12, 2003.

Addendum (10/20/03): QI 1's coverage is extended to March 31, 2004.

QI 2's coverage ended December 31, 2002.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGES  
MISCELLANEOUS INFORMATION SECTION**

**HISTORICAL INFORMATION**

The information that appears in this section identifies categories, program status codes and qualification codes which appeared in previous HealthCare Benefits Packages, but were enddated. Note that the dates listed here denote:

1. **CIS Effective Date**                      The date that the category/program status code/qualification code combination became available on CIS.
2. **OIM Enddate**                              The date that OIM alerted the CAOs, either through Bulletin or OPS Memo, that the category/program status code/qualification code was no longer in use.
3. **CIS/ARM Report Enddate**              The date that the category/program status code/qualification code combination was enddated on the CIS database, and no longer appears on the ARM Report. This is the date the combination is removed from the individual HCBP and moved to the Misc. Section.
4. **MAMIS Enddate**                          The cutoff date for processing old claims. This date is defined as 10 years after the CIS/ARM Report Enddate.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGES  
MISCELLANEOUS INFORMATION SECTION**

**HISTORICAL INFORMATION**

**EFFECTIVE 5/1/93 TO THE PRESENT**

Roman Numerals were used to denote benefits packages in the 5/93 version. They were converted to Arabic Numbers beginning with the 9/94 revision of the HCBP.

HCBP	Category	PGM Code	Qual. Code	CIS Effective Date	OIM Enddate	CIS/ARM Report Enddate	MAMIS Enddate	Comments
I, II, III	K	All			06/04/93	12/31/93	12/31/03	
II, IV, VIII	Any	01			10/10/91	03/31/95	03/31/05	
I, II, IV	Any	04			03/25/92	03/31/95	03/31/05	
I, II	Any	24, 25			08/01/91	08/30/91	08/30/01	
1, 2	C, U	00		10-01-90				
13	D	15	20, 21, 22		11/01/94	03/31/95	03/31/05	
2, 4	D	51, 52			09/02/94	11/09/94	11/09/04	Convert to D/50
2	D	15, 50	00		09/05/94	Unknown		
2	PD	50, 51, 52			11/09/94	06/30/96	06/30/06	
2	D	15	20, 21, 22		Unknown	04/01/95	04/01/05	
2, 4	PK	50, 51, 52			11/09/94	06/30/96	06/30/06	
3	D	00	13		09/00/94	06/30/96	06/30/06	Qual. Code 13 is only valid with PGM Code 02
3	PK	00, 21, 22, 23			08/31/94	06/30/96	06/30/06	
2, 4	TD	50, 51, 52			11/09/94	06/30/96	06/30/06	
4	TK	50, 51, 52			11/09/94	06/30/96	06/30/06	
4	TK	11			10/30/95	06/30/96	06/30/06	
5	D	00	20, 21, 22		08/29/95	06/30/96	06/30/06	
5	PK	00, 21, 22, 23		09/01/94	10/21/95	06/30/96	06/30/06	
5	TD	25			10/21/95	06/30/96	06/30/06	
5	TK	00, 25			10/21/95	06/30/96	06/30/06	
2	D	05, 15, 50	20, 21, 22		08/29/95	06/30/96	06/30/06	
2	D	05, 15, 50	08, 09, 10, 11		08/29/95	12/31/95	12/31/05	
3	D	00	08, 09, 10, 11		08/29/95	12/31/95	12/31/05	
3	D	00	03		08/29/95	11/01/96	11/01/06	
2	D	15, 50	13		12/31/95	Unknown		
2	D	05, 15, 50	03		12/31/95	11/01/96	11/01/06	

HCBP	Category	PGM Code	Qual. Code	CIS Effective Date	OIM Enddate	CIS/ARM Report Enddate	MAMIS Enddate	Comments
4	TE	00			06/17/96	06/30/96	06/30/06	
5	TD	55		06/17/96	08/31/96			Transferred to HCBP 12 eff. 09/01/96
12	TD	55		09/01/96				Transferred from HCBP 5
1	D	15	01, 02	1985				Open
1	D	50	01, 02	1985				Open
1	D	08, 09	25, 26	12/01/97				Open
1	PC, PU	26		03/03/97				Open
1 1	PC PU	77 77		03/18/97 03/18/97	06/30/99 06/30/99	07/31/99 06/30/99	07/31/09 06/30/09	OIM DPSR 016420-PGM 77 converts to PGM 00
1	J	31, 32, 35						Open
1	PC	03, 31, 32, 33, 34, 35						Open
2	D	05, 15, 50	12	Unknown	10/10/97	Unknown		
2	PC, PU	26		03/03/97				Open
2 2	PC PU	77 77		03/18/97 03/18/97	06/30/99 06/30/99	07/31/99 06/30/99	07/31/09 06/30/09	OIM DPSR 016420-PGM 77 converts to PGM 00
2	PM	40						Enddated
3	D	00	12		10/10/97			
3	PD	29		11/30/97				Open
1 2	PC, PU PC, PU	73 73			06/30/99 06/30/99	07/31/99 07/31/99	07/31/09 07/31/09	OIM DPSR 016420-PGM 73 converts to PGM 71
0 0	PC PU	75 75			06/30/99 06/30/99	07/31/99 06/30/99	07/31/09 06/30/09	OIM DPSR 016420 Transitional Child Care Eliminated
7	N	00			06/04/99	06/30/99	06/30/09	DPSR 16316
13	TA, TD, TJ	80		04/01/98				DPSR 15603
14	PA, PJ, PM	66		04/01/98				DPSR 15603
1	J	33		12/13/99				DPSR 16598
1 1	PC PU	27 27		06/06/00 retro to 06/01/00				DPSR 16811
2 2	PC PU	27 27		06/06/00 retro to 06/01/00				DPSR 16811
1	C	04		08/01/00				DPSR 16721
1	U	04		08/01/00				DPSR 16721
2	C	04		08/01/00				DPSR 16721
2	U	04		08/01/00				DPSR 16721 HCBP 2 added to EVS effective 11-1-03
8	PA	81		09/22/00				DPSR 16758
8	PJ	81		09/22/00				DPSR 16758
8	PM	81		09/22/00				DPSR 16759
1	C	06		07/01/01				DPSR 17549

HCBP	Category	PGM Code	Qual. Code	CIS Effective Date	OIM Enddate	CIS/ARM Report Enddate	MAMIS Enddate	Comments
1	U	06		07/01/01				DPSR 17549
2	C	06		07/01/01				DPSR 17549
2	U	06		07/01/01				DPSR 17549
1	PI	00		01/01/02				DPSR 17670 MAWD
2	PI	00		01/01/02				DPSR 17670 MAWD
1	PW	00		01/01/02				DPSR 17670 MAWD
2	PW	00		01/01/02				DPSR 17670 MAWD
8	PI	00, 66, 80		01/01/02				DPSR 17670 MAWD
8	PW	00, 66, 80		01/01/02				DPSR 17670 MAWD
1	PH	20		01/01/02				DPSR 17696 Breast & Cervical Cancer
2	PH	20		01/01/02				DPSR 17696 Breast & Cervical Cancer
1	C	07		03/03/02				DPSR 17944 TANF State (Contingency)
1	U	07		03/03/02				DPSR 17944 TANF State (Contingency)
2	C	07		03/03/02				DPSR 17944 TANF State (Contingency)
2	U	07		03/03/02				DPSR 17944 TANF State (Contingency)
1	C	08		10/25/02				DPSR 18200 Extended TANF (Hardship)
1	U	08		10/25/02				DPSR 18200 Extended TANF (Hardship)
2	C	08		10/25/02				DPSR 18200 Extended TANF (Hardship)
2	U	08		10/25/02				DPSR 18200 Extended TANF (Hardship)
1	C	09		10/25/02				DPSR 18200 Extended TANF (Dom. Viol.)
1	U	09		10/25/02				DPSR 18200 Extended TANF (Dom. Viol.)
2	C	09		10/25/02				DPSR 18200 Extended TANF (Dom. Viol.)
2	U	09		10/25/02				DPSR 18200 Extended TANF (Dom. Viol.)
1	PH	95		10/01/02				DPSR 17671 Healthy Horizons Change 32
1	PS	95			01/21/03			DPSR 17671 Healthy Horizons Change 32
1	PJ	98		10/01/02				DPSR 17671 Healthy Horizons Change 32
1	PS	98			01/21/03			DPSR 17671 Healthy Horizons Change 32
2	PH	00		10/01/02				DPSR 17671 Healthy Horizons Change 32
2	PS	40			01/21/03			DPSR 17671 Healthy Horizons Change 32
2	PAN	00		10/01/02				DPSR 17671 Change 32
2	PAW	00		10/01/02				DPSR 17671 Change 32
2	PCW	02		10/01/02				DPSR 17671 Change 32
2	PMN	00		10/01/02				DPSR 17671 Change 32
2	PMW	00		10/01/02				DPSR 17671 Change 32
2	PJN	00		10/01/02				DPSR 17671 Change 32
2	PJW	00		10/01/02				DPSR 17671 Change 32
4	TAN	00		10/01/02				DPSR 17671 Change 32
4	TAW	00		10/01/02				DPSR 17671 Change 32

HCBP	Category	PGM Code	Qual. Code	CIS Effective Date	OIM Enddate	CIS/ARM Report Enddate	MAMIS Enddate	Comments
4	TJN	00		10/01/02				DPSR 17671 Change 32
4	TJW	00		10/01/02				DPSR 17671 Change 32
8	PH	80		10/01/02				DPSR 17671 Healthy Horizons Change 32
8	PS	70, 90			01/21/03			DPSR 17671 Healthy Horizons Change 32
8	PAN	00, 80		10/01/02				DPSR 17671 Change 32
8	PAW	00, 80		10/01/02				DPSR 17671 Change 32
8	PJN	00, 80		10/01/02				DPSR 17671 Change 32
8	PJW	00, 80		10/01/02				DPSR 17671 Change 32
8	PMN	00, 80		10/01/02				DPSR 17671 Change 32
8	PMW	00, 80		10/01/02				DPSR 17671 Change 32
10	TAN	66		10/01/02				DPSR 17671 Change 32
10	TAW	66		10/01/02				DPSR 17671 Change 32
10	TJN	66		10/01/02				DPSR 17671 Change 32
10	TJW	66		10/01/02				DPSR 17671 Change 32
13	TAN	80		10/01/02				DPSR 17671 Change 32
13	TAW	80		10/01/02				DPSR 17671 Change 32
13	TJN	80		10/01/02				DPSR 17671 Change 32
13	TJW	80		10/01/02				DPSR 17671 Change 32
14	PAN	66		10/01/02				DPSR 17671 Change 32
14	PAW	66		10/01/02				DPSR 17671 Change 32
14	PJN	66		10/01/02				DPSR 17671 Change 32
14	PJW	66		10/01/02				DPSR 17671 Change 32
14	PMN	66		10/01/02				DPSR 17671 Change 32
14	PMW	66		10/01/02				DPSR 17671 Change 32
15	ACX	00						DPSR 18330 Act 150 Projected eff. date 07/01/04
9	PL	00		10/01/90	01/21/03			DPSR 17671 Change 32
9	PG	00		10/01/90				DPSR 17671 Change 32
1	PC	37						DPSR 18814 – Proposed
1	J	37						DPSR 18814 – Proposed
1	PH	97						DPSR 18817 – Proposed
1	PC	36						DPSR 18917 – Proposed
1	J	36						DPSR 18917 – Proposed
2	PA	81		11/01/03				DPSR 16758 – Proposed DAC
2	PJ	81		11/01/03				DPSR 16758 – Proposed DAC
2	PM	81		11/01/03				DPSR 16758 – Proposed DAC
2	D	05,15,50	17					DPSR 18850 – Enddate Proposed 12/1/03
10	TB	66		01/01/01				Proposed
				12/01/03				DPSR 18810 – Proposed St. Blind Pen.

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
HEALTHCARE BENEFITS PACKAGES  
MISCELLANEOUS INFORMATION SECTION**

**HCBP HIERARCHY**

The hierarchy for the HealthCare Benefits Packages was created for the Eligibility Verification System (EVS) and invoice processing. At times, two periods of overlapping eligibility may exist on a recipient's file. When this occurs, the hierarchy will determine which package to use for EVS responses and invoice processing. The package is set up to give the recipient the maximum amount of coverage when overlapping eligibility is encountered.

**Please keep in mind – this hierarchy is only used when two periods of overlapping eligibility are encountered on the recipient's eligibility file.**

HCBP	1	Recipients under 21 years of age, except PS 17
HCBP	8	Medicare Coverage, Categorically Needy, Recipients ages 21 and over
HCBP	2	Categorically Needy, Recipients ages 21 and over
HCBP	3	GA & GA Non-Money Payment, Recipients ages 21 and over
HCBP	6	Presumptive Eligibility for pregnant women (all ages)
HCBP	4	Medically Needy Only, Recipients ages 21 and over
HCBP	13	Medicare Coverage, Qualified Medicare Beneficiaries (QMBs), Medicare Part A & Part B Premium Buy-In, Medicare Cost Sharing, Medically Needy Only, Recipients ages 21 and over
HCBP	5	GA Medically Needy Only, Recipients ages 21 and over
HCBP	11	State Blind Pension w/Medicare Cost-Sharing Only, Recipients ages 21 and over
HCBP	7	State Blind Pension, Recipients ages 21 and over
HCBP	14	Medicare Coverage, Specified Low-Income Medicare Beneficiaries (SLMBs), Medicare Part B Premium Buy-In, Categorically Needy, Recipients ages 21 and over
HCBP	10	Medicare Coverage, Specified Low-Income Medicare Beneficiaries (SLMBs), Medicare Part B Premium Buy-In, Medically Needy Only, Recipients ages 21 and over
HCBP	9	Medicare Cost-Sharing Only, Recipients ages 21 and over
HCBP	12	Medical Employability Assessment, Applicants ages 21 through 58



**PENNSYLVANIA MEDICAID  
MANAGED CARE ORGANIZATION (MCO) DIRECTORY  
APRIL 2006**



NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
<b>Mandatory Physical Health MCOs – HealthChoices Lehigh/Capital Zone</b>		
<b>Daniel J. Hilferty, President &amp; CEO AmeriHealth Mercy Health Plan</b> 200 Stevens Drive Philadelphia, PA 19113	Phone: 215-937-8200 Fax: 215-937-8202 <a href="http://www.amerihealthmercyhp.com">www.amerihealthmercyhp.com</a>	Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry and York Counties
<b>MCO Medical Director: Jay S. Feldstein, D.O.</b>	Phone: 215-937-8250 <a href="mailto:jay.feldstein@kmhp.com">jay.feldstein@kmhp.com</a>	
<b>MCO Contact: Laura Herzog</b> Manager, Government Affairs	Phone: 215-937-8448 Fax: 215-937-5377 <a href="mailto:Laura.Herzog@kmhp.com">Laura.Herzog@kmhp.com</a>	<b>DPW Contact: Susan Minnich</b> Phone: 717-772-6300 Fax: 717-772-6328
	Member Services Department: 888-991-7200 TTY 888-987-5704 Special Needs Unit: 888-991-7200 TTY 888-987-5704 Provider Services Department: 800-521-6007	
<b>Michael Blackwood, President &amp; CEO Gateway Health Plan</b> U.S. Steel Tower, Floor 41 600 Grant Street Pittsburgh, PA 15219- 2704	Phone: 412-255-4640 Fax: 412-255-4504 <a href="http://www.gatewayhealthplan.com">www.gatewayhealthplan.com</a>	Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry and York Counties
<b>MCO Medical Director: Dr. Peter Keim</b>	Phone: 412-255-4640 Fax: 412-255-4504	
<b>MCO Contact: Michael Woitkowiak</b> Government Affairs Specialist	Phone: 412-255-1303 Fax: 412-255-4503 <a href="mailto:mwoitkowiak@gatewayhealthplan.com">mwoitkowiak@gatewayhealthplan.com</a>	<b>DPW Core Team Leader: Cissy Johnson</b> Phone: 717-772-6300 Fax: 717-772-6328
	Member Services Department: 800-392-1147 TTY 800-654-5988 Special Needs Unit: 800-392-1146	

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
	TTY 800-654-5988 Provider Services Department: 800-392-1145	
<b>John Blank, M.D., President &amp; CEO Unison Health Plan/MedPLUS+</b> 300 Oxford Dr Monroeville, PA 15146	Phone: 412-858-4000 Fax: 412-858-4060 <a href="http://www.unisonhealthplan.com">www.unisonhealthplan.com</a>	Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry and York Counties
<b>MCO Medical Director: Joseph Sheridan, D.O.</b>	Phone: 412-858-4000	
<b>MCO Contact: Vicki Fisher</b> Government Liaison	Phone: 412-858-4000 Fax: 412-457-1364 <a href="mailto:Vicki.Fisher@unisonhealthplan.com">Vicki.Fisher@unisonhealthplan.com</a>	<b>DPW Core Team Leader: Pamela Walker</b> Phone: 717-772-6300 Fax: 717-772-6328
	Member Services Department: 800-414-9025 TTY 888-616-0021 Special Needs Unit: 877-844-8844 TTY 800-473-0989 Provider Services Department: 800-600-9007	
<b>Mandatory Behavioral Health Contractors – HealthChoices Lehigh/Capital Zone</b>		
<b>Scott Suhring, CEO Capital Area Behavioral Health Collaborative, Inc.</b> 2300 Vartan Way, Suite 206 Harrisburg, PA 17110	Phone: 717-671-7190 Fax: 717-671-7289 <a href="mailto:ssuhring@cabhc.org">ssuhring@cabhc.org</a>	Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties
<b>Behavioral Health Subcontractor – Community Behavioral Healthcare Network of Pennsylvania (CBHNP)</b>		
<b>MCO Contact: Richard S. Edley, Ph.D. President &amp; CEO, CBHNP</b> 5425 Jonestown Road, Suite 101 Harrisburg, PA 17112	Phone: 717-545-9741 Fax: 717-545-7733 <a href="mailto:redley@cbhnp.org">redley@cbhnp.org</a>	<b>DPW Staff Liaison: Helen Shuman</b> Phone: 717-772-7226 <a href="mailto:hshuman@state.pa.us">hshuman@state.pa.us</a>
	Member Services: 888-722-8646	
<b>VACANT, Lehigh Project Officer</b>		Lehigh County

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
<b>Lehigh County Government Center</b> 17 South 7 <sup>th</sup> Street, 2 <sup>nd</sup> Floor Allentown, PA 18101-2400		
<b>Behavioral Health Subcontractor – Magellan Behavioral Health</b>		
<b>MCO Contact: Linda Hammer-DiValerio</b> Manager, Programming/Analysis 3897 Adler Place, Building C Bethlehem, PA 18017	Phone: 215-504-3911 Fax: 215-504-3993 <a href="mailto:lshammer@magellanhealth.com">lshammer@magellanhealth.com</a>	<b>DPW Staff Liaison: Leigh-Ann Ksiazek</b> Phone: 570-963-4942 <a href="mailto:leksiazek@state.pa.us">leksiazek@state.pa.us</a>
Member Services: 866-238-2311		
<b>Larry Schaedel, Northampton Project Officer</b> 520 East Broad Street Bethlehem, PA 18018	Phone: 610-997-5858 610-559-3010 Fax: 610-997-5808	Northampton
<b>Behavioral Health Subcontractor – Magellan Behavioral Health</b>		
<b>MCO Contact: Linda Hammer-DiValerio</b> Manager, Programming/Analysis 3897 Adler Place, Building C Bethlehem, PA 18017	Phone: 215-504-3911 Fax: 215-504-3993 <a href="mailto:lshammer@magellanhealth.com">lshammer@magellanhealth.com</a>	<b>DPW Staff Liaison: Leigh-Ann Ksiazek</b> Phone: 570-963-4942 <a href="mailto:leksiazek@state.pa.us">leksiazek@state.pa.us</a>
Member Services: 866-238-2312		
<b>Michelle Hovis, Director York County Government Center</b> 100 West Market Street, 3 <sup>rd</sup> Floor York, PA 17401	Phone: 717-771-9618 Fax: 717-771-9826 <a href="mailto:mphovis@york-county.org">mphovis@york-county.org</a>	Adams and York Counties
<b>Behavioral Health Subcontractor – Community Care Behavioral Health Organization (CCBHO)</b>		
<b>MCO Contact: Beth Pickering</b> Regional Director P.O. Box 1266 Camp Hill, PA 17011-1266	Phone: 717-731-3600 Fax: 866-615-9386 <a href="mailto:pickeringba@ccbh.com">pickeringba@ccbh.com</a>	<b>DPW Staff Liaison: Scott Heller, Psy.D</b> Phone: 717-772-7208 <a href="mailto:scheller@state.pa.us">scheller@state.pa.us</a>

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
	Member Services: 866-738-9849 (Adams County) 866-542-0299 (York County) 866-229-3187 (Spanish Line) Provider Line: 888-251-2224	
<b>Pam D'Antonio,</b> <b>HealthChoices</b> <b>Administrator</b> <b>Berks County</b> 633 Court Street, 15 <sup>th</sup> Floor Reading, PA 19601	Phone: 610-478-6870 Fax: 610-478-4980 <a href="mailto:pd'antonio@countyofberks.com">pd'antonio@countyofberks.com</a>	Berks County
<b>Behavioral Health Subcontractor – Community Care Behavioral Health Organization (CCBHO)</b>		
<b>MCO Contact: Beth Pickering</b> Regional Director P.O. Box 1266 Camp Hill, PA 17011-1266	Phone: 717-731-3600 Fax: 866-615-9386 <a href="mailto:pickeringba@ccbh.com">pickeringba@ccbh.com</a>	<b>DPW Staff Liaison: Celia Browning</b> Phone: 570-963-4941 <a href="mailto:cebrowning@state.pa.us">cebrowning@state.pa.us</a>
	Member Services: 866-292-7886 866-229-3187 (Spanish Line) Provider Line: 888-251-2224	
<b>Mandatory Physical Health MCOs – HealthChoices Southeast</b>		
<b>Mary McSorley, CEO</b> <b>AmeriChoice of Pennsylvania</b> The Wanamaker Building 100 Penn Square East, Suite 900 Philadelphia, PA 19107	Phone: 215-832-4602 Fax: 215-832-4702 <a href="http://www.americhoice.com">www.americhoice.com</a>	Bucks, Chester, Delaware, Montgomery and Philadelphia Counties
<b>MCO Contact: Michael N. Musci, DO</b>	Phone: 215-832-4602 <a href="mailto:michael_n_musci@uhc.com">michael_n_musci@uhc.com</a>	
<b>MCO Contact: Carol Lavoritano</b> Government Affairs Manager	Phone: 215-832-4534 Fax: 215-832-4644 <a href="mailto:clavoritano@uhc.com">clavoritano@uhc.com</a>	<b>DPW Contact: Susan Minnich</b> Phone: 717-772-6300 Fax: 717-772-6328
	Member Services Department: 800-321-4462 TTY 800-654-5984 Special Needs Unit: 215-832-4571 TTY 800-654-5984 Provider Services Department: 800-345-3627	
<b>William George,</b>	Phone: 215-991-4044	Bucks, Chester,



NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
<b>Mandatory Behavioral Health Contractors – HealthChoices Southeast Zone</b>		
<b>Bernard McBride, BH Project Director Bucks County Behavioral Health System</b> 600 Louis Drive, Suite 102-A Warminster, PA 18974	Phone: 215-773-9313 Fax: 215-773-9317 <a href="mailto:bjmcbride@co.bucks.pa.us">bjmcbride@co.bucks.pa.us</a>	Bucks County
<b>Behavioral Health Subcontractor – Magellan Behavioral Health</b>		
<b>MCO Contact: Linda Hammer-DiValerio</b> Manager, Programming/Analysis 105 Terry Drive Newtown, PA 18940	Phone: 215-504-3911 Fax: 215-504-3993 <a href="mailto:lshammer@magellanhealth.com">lshammer@magellanhealth.com</a>	<b>DPW Staff Liaison: Margaret Boehmler</b> Phone: 610-313-5426 Fax: 610-313-5845 <a href="mailto:Mboehmler@state.pa.us">Mboehmler@state.pa.us</a>
Member Services: 877-769-9784		
<b>Donna Carlson, BH Project Director Department of Human Services</b> 601 Westtown Road, Suite 330 P.O. Box 2747 West Chester, PA 19380-0990	Phone: 610-344-5300 Fax: 610-344-5736 <a href="mailto:dcarlson@Chesco.org">dcarlson@Chesco.org</a>	Chester County
<b>Behavioral Health Subcontractor – Community Care Behavioral Healthcare Organization (Community Care)</b>		
<b>MCO Contact: Beth Pickering</b> Regional Director One East Uwchlan Avenue, Suite 311 Exton, PA 19341	Phone: 610-594-2800 Fax: 888-588-7567 <a href="mailto:pickeringba@ccbh.com">pickeringba@ccbh.com</a>	<b>DPW Staff Liaison: Wendy Seponski</b> Phone: 610-313- 1133 Fax: 610-313-5845 <a href="mailto:Eseponski@state.pa.us">Eseponski@state.pa.us</a>
Member Services 866-622-4228 Spanish Line: 866-229-3187 Provider Line: 888-251-2224		

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
<b>LeeAnn Moyer,</b> <b>Project Director</b> <b>Montgomery County Behavioral Health</b> Montgomery County Human Svcs. Center 1430 DeKalb Street, P.O. Box 311 Norristown, PA 19404	Phone: 610-278-3642 Fax: 610-278-3683 <a href="mailto:lmoyer@mail.montcopa.org">lmoyer@mail.montcopa.org</a>	Montgomery County
<b>Behavioral Health Subcontractor – Magellan Behavioral Health</b>		
<b>MCO Contact: Linda Hammer-DiValerio</b> Manager, Programming/Analysis 105 Terry Drive Newtown, PA 18940	Phone: 215-504-3911 Fax: 215-504-3993 <a href="mailto:lshammer@magellanhealth.com">lshammer@magellanhealth.com</a>	<b>DPW Staff Liaison: Wendy Seponski</b> Phone: 610-313-1133 Fax: 610-313-5845 <a href="mailto:Eseponski@state.pa.us">Eseponski@state.pa.us</a>
Member Services: 877-769-9782		
<b>Donna Holiday,</b> <b>Project Director</b> <b>Delaware County Office of Behavioral Health</b> 20 South 69 <sup>th</sup> Street, 3 <sup>rd</sup> Floor Upper Darby, PA 19082	Phone: 610-713-2365 Fax: 610-713-2378 <a href="mailto:Holiday@co.delaware.pa.us">Holiday@co.delaware.pa.us</a>	Delaware County
<b>Behavioral Health Subcontractor – Magellan Behavioral Health</b>		
<b>MCO Contact: Linda Hammer-DiValerio</b> Manager, Programming/Analysis 105 Terry Drive Newtown, PA 18940	Phone: 215-504-3911 Fax: 215-504-3993 <a href="mailto:lshammer@magellanhealth.com">lshammer@magellanhealth.com</a>	<b>DPW Staff Liaison: Wendy Seponski</b> Phone: 610-313-1133 Fax: 610-313-5845 <a href="mailto:Eseponski@state.pa.us">Eseponski@state.pa.us</a>
Member Services: 888-207-2911		
<b>Michael Covone,</b> <b>Deputy Commissioner</b> <b>Office of Behavioral Health/Mental Retardation Services</b> 1101 Market Street, 7 <sup>th</sup> Floor Philadelphia, PA 19107	Phone: 215-685-5459 Fax: 215-685-5467 <a href="mailto:michael.covone@phila.gov">michael.covone@phila.gov</a>	Philadelphia County
<b>Behavioral Health Subcontractor – Community Behavioral Health</b>		



NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
	TTY 888-616-0021 Special Needs Unit: 877-844-8844 TTY 800-473-0989 Provider Services Department: 800-600-9007	
<b>Diane P. Holder, President &amp; CEO UPMC Health Plan, Inc./UPMC for You</b> One Chatham Center 112 Washington Place, Suite 800 Pittsburgh, PA 15219	Phone: 412-454-7640 Fax: 412-454-7750 <a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a>	Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland Counties
<b>MCO Medical Director: Christopher Lamperski</b>	Phone: 412-454-5223	
<b>MCO Contact: Gerry Kearney</b> Compliance Coordinator	Phone: 412-454-2949 Fax: 412-454-7544 <a href="mailto:kearneyga@upmc.edu">kearneyga@upmc.edu</a>	<b>DPW Core Team Leader: Vivienne Elby Bowers</b> Phone: 717-772-6300 Fax: 717-772-6328
	Member Services Department: 800-286-4242 TTY 800-361-2629 Special Needs Unit: 800-286-4242 TTY 800-361-2629 Provider Services Department: 800-286-4242	
<b>Mandatory Behavioral Health Contractors – HealthChoices Southwest Zone</b>		
<b>David McAdoo Southwest Behavioral Health Management, Inc.</b> 2520 New Butler Road New Castle, PA 16101	Phone: 724-657-3470 Fax: 724-657-3461 <a href="mailto:dmcadoo@swsix.com">dmcadoo@swsix.com</a>	Armstrong, Butler, Indiana, Lawrence, Washington and Westmoreland Counties
<b>Behavioral Health Subcontractor – Value Behavioral Health of Pennsylvania</b>		
<b>MCO Contact: Lavern Cichon, CEO</b> 520 Pleasant Valley Road Trafford, PA 15085	Phone: 724-744-6301 Fax: 724-744-6303 <a href="mailto:laverne.cichon@valueoptions.com">laverne.cichon@valueoptions.com</a>	<b>DPW Staff Liaison: Jay Loy</b> Phone: 412-880-3480 <a href="mailto:jloy@state.pa.us">jloy@state.pa.us</a>
	Member Services:	
	Armstrong – 877-688-5969	Lawrence – 877-688-5975

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
	Butler – 877-688-5971	Washington – 877-688-5976
	Indiana – 877-688-5974	Westmoreland – 877-688-5977
<b>Patricia Valentine</b> <b>Allegheny County</b> <b>Dept of Human Services</b> 304 Wood Street Wood Street Commons Pittsburgh, PA 15222-1900	Phone: 412-350-4280 Fax: 412-350-3880 <a href="mailto:pat.valentine@dhs.county.allegheny.pa.us">pat.valentine@dhs.county.allegheny.pa.us</a>	Allegheny County
<b>MCO Contact:</b> <b>Patricia Valentine</b> Deputy Director for Behavioral Health	See above	<b>DPW Staff Liaison:</b> <b>Nora Novitsky</b> Phone: 412-565-7927 <a href="mailto:nnovitsky@state.pa.us">nnovitsky@state.pa.us</a>
<b>Behavioral Health Subcontractor – Community Care BHO</b>		
<b>James Gavin,</b> <b>Executive Director</b> <b>Community Care BHO</b> One Chatham Center, Suite 700 112 Washington Place Pittsburgh, PA 15219	Member Services: 800-553-7499 <a href="mailto:gavinjg@ccbh.com">gavinjg@ccbh.com</a>	
<b>Gerard Mike,</b> <b>Administrator</b> <b>Beaver County MH/MR Program</b> 1060 Eighth Avenue Beaver Falls, PA 15010	Phone: 724-847-6225 Fax: 724-847-2215 <a href="mailto:gmike@bcbh.org">gmike@bcbh.org</a>	Beaver County
<b>Behavioral Health Subcontractor – Value Behavioral Health of Pennsylvania</b>		
<b>MCO Contact:</b> <b>Lavern Cichon, CEO</b> 520 Pleasant Valley Road Trafford, PA 15085	Phone: 724-744-6301 Fax: 724-744-6303 <a href="mailto:laverne.cichon@valueoptions.com">laverne.cichon@valueoptions.com</a>	<b>DPW Staff Liaison:</b> <b>Jay Loy</b> Phone: 412-880-3480 <a href="mailto:jloy@state.pa.us">jloy@state.pa.us</a>
	Member Services: 877-688-5970	
<b>Lisa Ferris-Kusniar,</b> <b>Administrator</b> <b>Fayette County MH/MR Program</b> 215 Jacob Murphy	Phone: 724-430-1370 Fax: 724-430-1386 <a href="mailto:lfk@faymhmr.org">lfk@faymhmr.org</a>	Fayette County

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
Lane Uniontown, PA 15401		
<b>Behavioral Health Subcontractor – Value Behavioral Health of Pennsylvania</b>		
<b>MCO Contact:</b> <b>Lavern Cichon, CEO</b> 520 Pleasant Valley Road Trafford, PA 15085	Phone: 724-744-6301 Fax: 724-744-6303 <a href="mailto:laverne.cichon@valueoptions.com">laverne.cichon@valueoptions.com</a>	<b>DPW Staff Liaison:</b> <b>Nora Novitsky</b> Phone: 412-565-7927 <a href="mailto:nnovitsky@state.pa.us">nnovitsky@state.pa.us</a>
Member Services: 877-688-5972		
<b>Laverne Cichon, CEO</b> <b>Value Behavioral Health of Pennsylvania</b> 520 Pleasant Valley Road Trafford, PA 15085	Phone: 724-744-6301 Fax: 724-744-6303 <a href="mailto:laverne.cichon@valueoptions.com">laverne.cichon@valueoptions.com</a>	Greene County
<b>MCO Contact:</b> <b>Laverne Cichon, CEO</b>	See Above	<b>DPW Staff Liaison:</b> <b>Nora Novitsky</b> Phone: 412-565-7927 <a href="mailto:nnovitsky@state.pa.us">nnovitsky@state.pa.us</a>
Member Services: 877-688-5973		
<b>HealthChoices Voluntary Program MCOs *</b>		
<b>Daniel J. Hilferty,</b> <b>President &amp; CEO</b> <b>AmeriHealth Mercy Health Plan</b> 200 Stevens Drive Philadelphia, PA 19113	Phone: 215-937-8200 Fax: 215-937-8202 <a href="http://www.amerihealthmercyhp.com">www.amerihealthmercyhp.com</a>	Lackawanna, Luzerne, Pike and Monroe Counties
<b>MCO Medical Director: Jay S. Feldstein, D.O.</b>	Phone: 215-937-8250 <a href="mailto:jay.feldstein@kmhp.com">jay.feldstein@kmhp.com</a>	
<b>MCO Contact: Laura Herzog</b> Manager, Government Affairs	Phone: 215-937-8448 Fax: 215-937-5377 <a href="mailto:Laura.Herzog@kmhp.com">Laura.Herzog@kmhp.com</a>	<b>DPW Core Team Leader:</b> <b>Terry Carpenter</b> Phone: 717-772-6300 Fax: 717-772-6328

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
<b>Michael Blackwood, President &amp; CEO Gateway Health Plan</b> U.S. Steel Tower, Floor 41 600 Grant Street Pittsburgh, PA 15219- 2704	Phone: 412-255-4640 Fax: 412-255-4504 <a href="http://www.gatewayhealthplan.com">www.gatewayhealthplan.com</a>	Bedford, Blair, Cambria, Clearfield, Crawford, Mercer, Somerset and Venango Counties
<b>MCO Medical Director: Dr. Peter Keim</b>	Phone: 412-255-4640 Fax: 412-255-4504	
<b>MCO Contacts Michael Woitkowiak</b> Government Affairs Specialist Central and NE Counties  <b>Patricia Vereen</b> Government Affairs Specialist Western Counties	Phone: 412-255-1303 Fax: 412-255-4503 <a href="mailto:mwoitkowiak@gatewayhealthplan.com">mwoitkowiak@gatewayhealthplan.com</a>  Phone: 412-255-7147 Fax: 412-255-4503 <a href="mailto:pvereen@gatewayhealthplan.com">pvereen@gatewayhealthplan.com</a>	<b>DPW Core Team Leader: Cissy Johnson</b> Phone: 717-772-6300 Fax: 717-772-6328
<b>John Blank, M.D., President &amp; CEO Unison Health Plan/MedPLUS+</b> 300 Oxford Dr Monroeville, PA 15146	Phone: 412-858-4000 Fax: 412-858-4060 <a href="http://www.unisonhealthplan.com">www.unisonhealthplan.com</a>	Blair, Bradford, Cambria, Carbon, Clarion, Crawford, Erie, Franklin, Jefferson, Lackawanna, Luzerne, Mercer, Monroe, Montour, Pike, Schuylkill, Somerset, Sullivan, Susquehanna, Warren and Wyoming Counties
<b>MCO Medical Director: Joseph Sheridan, D.O.</b>	Phone: 412-858-4000	
<b>MCO Contact: Vicki Fisher</b> Government Liaison	Phone: 412-858-4000 Fax: 412-457-1364 <a href="mailto:Vicki.Fisher@unisonhealthplan.com">Vicki.Fisher@unisonhealthplan.com</a>	<b>DPW Core Team Leader: Pamela Walker</b> Phone: 717-772-6300 Fax: 717-772-6328
<b>Diane P. Holder, President &amp; CEO UPMC Health Plan,</b>	Phone: 412-454-7640 Fax: 412-454-7750 <a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a>	Bedford, Blair, Cambria, Clearfield, Crawford, Mercer, Somerset and

NAME OF CONTRACTOR	CONTACT INFORMATION	SERVICE AREA
<b>Inc./UPMC for You</b> One Chatham Center 112 Washington Place, Suite 800 Pittsburgh, PA 15219		Venango Counties
<b>MCO Medical Director:</b> <b>Christopher Lamperski</b>	Phone: 412-454-5223	
<b>MCO Contact: Gerry Kearney</b> Compliance Coordinator	Phone: 412-454-2949 Fax: 412-454-7544 <a href="mailto:kearneyga@upmc.edu">kearneyga@upmc.edu</a>	<b>DPW Core Team Leader:</b> <b>Vivienne Elby Bowers</b> Phone: 717-772-6300 Fax: 717-772-6328
<b>Mental Health and Substance Abuse benefits are excluded from this agreement.</b>		

Name of Contractor	Important Information
Ion Health, Inc 1527 East Lake Road Erie, PA 16511	Ion Health has terminated their Agreement with the Department of Public Welfare effective March 31, 2006.  Ion Health's Provider Services and Claims Department will remain open through September 2006 and November 2006, respectively. Please refer to the following Ion Health toll free numbers:  Provider Services call 1-866-357-4247 Claims Department call 1-866-526-4247

## Wheels Phone System IVR Statistics

	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	TOTALS
TOTAL CALLS RECEIVED	30,530	28,244	27,407	27,321	27,512	28,202	32,959	29,414	31,186	31,730	27,584	29,625	351,714
TOTAL DROPPED EVENTS	16	8	12	7	11	12	11	21	17	8	4	14	141
AVG. CALL LENGTH IN SEC.	53.31	52.08	53.13	51.88	50.51	51.61	49.57	52.11	50.6	50.46	50.59	51.15	51.42

## Wheels Phone System IVR Statistics

	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	TOTALS
TOTAL CALLS RECEIVED	31,802	30,644	33,511	32,568	31,506	32,570	32,554	33,966	35,120	34,603	38,158	38,223	405,225
TOTAL DROPPED EVENTS	13	9	6	8	6	4	5	12	9	8	12	7	99
AVG. CALL LENGTH IN SEC.	50.82	50.75	50.68	50.84	49.96	50.47	50.19	50.08	49.11	49.78	50.56	49.88	50.26

**FOUR AND ONE HALF YEARS OF DATA ON PHILADELPHIA MATP**

		Jul-2000	Aug-2000	Sep-2000	Oct-2000	Nov-2000	Dec-2000	Jan-2001	Feb-2001	Mar-2001	Apr-2001	May-2001	Jun-2001
<b>Clients</b>	<b>Unduplicated MATP Clients</b>	7,246	7,302	7,183	6,999	7,113	7,120	7,215	7,230	7,430	7,344	7,360	7,434
	<b>% Growth From Prior Year</b>	n/a	n/a										
<b>Trips</b>	<b>Mass Transit Trips</b>	82,141	127,272	125,325	129,326	127,850	107,556	126,666	139,461	113,229	133,047	124,666	44,929
	<b>Client Reimbursement Trips</b>	250	508	484	644	570	594	526	656	254	505	416	149
	<b>Para Transit Trips</b>	79,725	92,299	80,527	89,038	87,369	86,476	89,168	78,688	82,266	10,254	82,307	1,067
	<b>Total Trips</b>	162,116	220,079	206,336	219,008	215,789	194,626	216,360	218,805	195,749	143,806	207,389	46,145
	<b>Average Trips Per Client</b>	22.4	30.1	28.7	31.3	30.3	27.3	30.0	30.3	26.3	19.6	28.2	6.2
<b>Cost</b>	<b>Mass Transit Cost</b>	\$ 164,246	\$ 208,814	\$ 207,578	\$ 193,373	\$ 213,010	\$ 187,521	\$ 192,890	\$ 229,791	\$ 217,068	\$ 219,673	\$ 219,918	\$ 65,493
	<b>Client Reimbursement Cost</b>	\$ 608	\$ 1,012	\$ 966	\$ 1,083	\$ 1,119	\$ 1,208	\$ 1,061	\$ 1,225	\$ 526	\$ 1,007	\$ 965	\$ 264
	<b>Para Transit Cost</b>	\$ 1,371,051	\$ 1,620,552	\$ 1,390,392	\$ 1,526,406	\$ 1,475,349	\$ 1,470,625	\$ 1,490,879	\$ 1,267,644	\$ 1,615,768	\$ 1,524,253	\$ 1,627,273	\$ 23,454
	<b>Total Cost</b>	\$ 1,535,905	\$ 1,830,378	\$ 1,598,936	\$ 1,720,862	\$ 1,689,478	\$ 1,659,354	\$ 1,684,830	\$ 1,498,660	\$ 1,833,362	\$ 1,744,933	\$ 1,848,156	\$ 89,211
	<b>Average Cost Per MATP Client</b>	\$ 211.97	\$ 250.67	\$ 222.60	\$ 245.87	\$ 237.52	\$ 233.06	\$ 233.52	\$ 207.28	\$ 246.75	\$ 237.60	\$ 251.11	\$ 12.00
	<b>Average Cost Per Trip</b>	\$ 9.47	\$ 8.32	\$ 7.75	\$ 7.86	\$ 7.83	\$ 8.53	\$ 7.79	\$ 6.85	\$ 9.37	\$ 12.13	\$ 8.91	\$ 1.93

Jul-2001	Aug-2001	Sep-2001	Oct-2001	Nov-2001	Dec-2001	Jan-2002	Feb-2002	Mar-2002	Apr-2002	May-2002	Jun-2002	Jul-2002	Aug-2002	Sep-2002
7,355	7,526	7,372	7,438	7,750	7,779	7,847	8,250	8,092	8,385	8,196	8,120	8,257	8,464	8,177
1.50%	3.07%	2.63%	6.27%	8.96%	9.26%	8.76%	14.11%	8.91%	14.17%	11.36%	9.23%	12.26%	12.46%	10.92%
83,772	135,065	133,133	136,406	136,510	136,763	144,473	144,356	141,986	149,086	131,463	193,310	91,489	128,480	163,611
241	464	252	608	603	672	816	913	856	954	1,010	1,547	718	1,040	1,374
78,456	83,651	67,382	83,025	76,725	71,224	79,382	75,115	78,655	84,841	85,713	77,427	84,348	84,286	76,146
162,469	219,180	200,767	220,039	213,838	208,659	224,671	220,384	221,497	234,881	218,186	272,284	176,555	213,806	241,131
22.1	29.1	27.2	29.6	27.6	26.8	28.6	26.7	27.4	28.0	26.6	33.5	21.4	25.3	29.5
\$ 165,337	\$ 253,358	\$ 237,372	\$ 254,621	\$ 250,914	\$ 250,988	\$ 257,195	\$ 250,856	\$ 257,930	\$ 261,164	\$ 238,973	\$ 320,189	\$ 184,488	\$ 239,593	\$ 278,271
\$ 526	\$ 888	\$ 508	\$ 1,098	\$ 1,139	\$ 1,353	\$ 1,573	\$ 1,509	\$ 1,645	\$ 1,795	\$ 1,963	\$ 2,824	\$ 1,579	\$ 2,181	\$ 2,514
\$ 1,508,187	\$ 1,750,981	\$ 1,438,464	\$ 1,660,593	\$ 1,566,923	\$ 1,478,782	\$ 1,602,667	\$ 1,466,677	\$ 1,517,435	\$ 1,633,631	\$ 1,865,823	\$ 1,634,744	\$ 1,699,862	\$ 1,710,450	\$ 1,535,137
\$ 1,674,050	\$ 2,005,227	\$ 1,676,344	\$ 1,916,312	\$ 1,818,976	\$ 1,731,123	\$ 1,861,435	\$ 1,719,042	\$ 1,777,010	\$ 1,896,590	\$ 2,106,759	\$ 1,957,757	\$ 1,885,929	\$ 1,952,224	\$ 1,815,922
\$ 227.61	\$ 266.44	\$ 227.39	\$ 257.64	\$ 234.71	\$ 222.54	\$ 237.22	\$ 208.37	\$ 219.60	\$ 226.19	\$ 257.05	\$ 241.10	\$ 228.40	\$ 230.65	\$ 222.08
\$ 10.30	\$ 9.15	\$ 8.35	\$ 8.71	\$ 8.51	\$ 8.30	\$ 8.29	\$ 7.80	\$ 8.02	\$ 8.07	\$ 9.66	\$ 7.19	\$ 10.68	\$ 9.13	\$ 7.53

**Month**

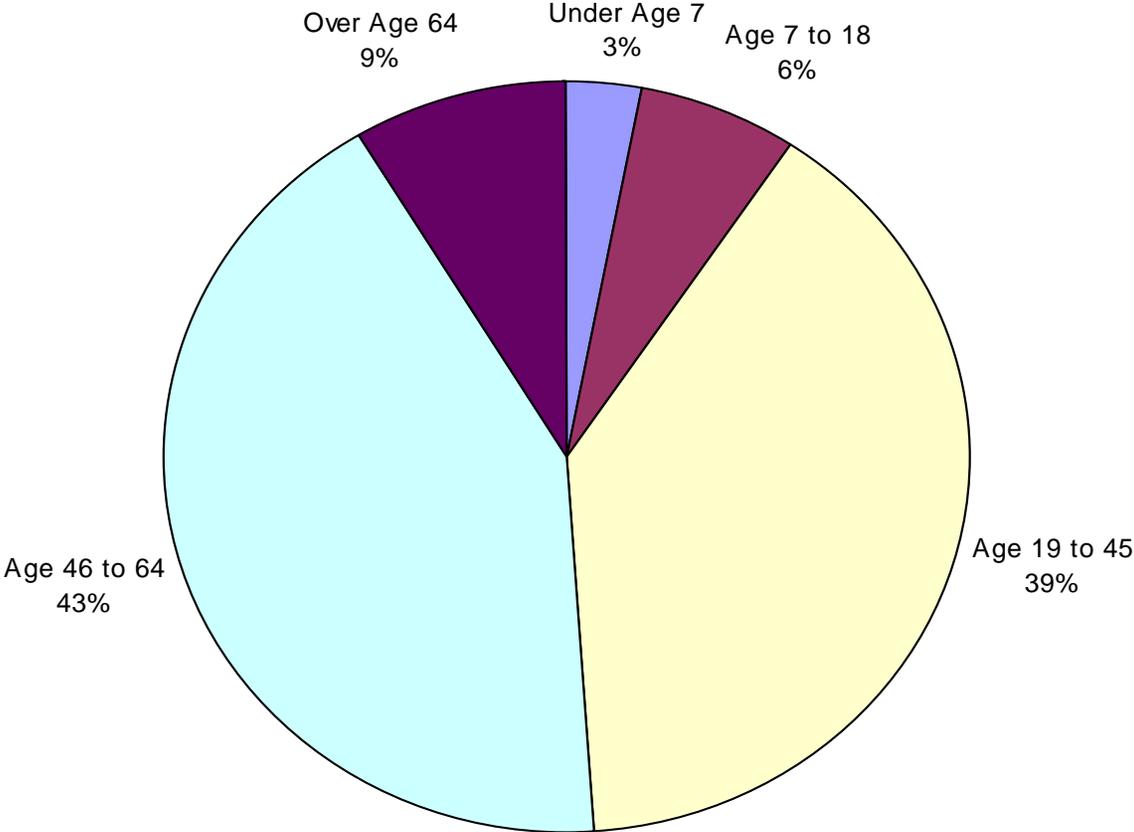
Oct-2002	Nov-2002	Dec-2002	Jan-2003	Feb-2003	Mar-2003	Apr-2003	May-2003	Jun-2003	Jul-2003	Aug-2003	Sep-2003	Oct-2003	Nov-2003	Dec-2003
8,584	8,247	8,286	8,326	8,115	8,498	8,256	8,444	8,425	8,249	8,649	8,302	8,615	8,501	8,047
15.41%	6.41%	6.52%	6.10%	-1.64%	5.02%	-1.54%	3.03%	3.76%	-0.10%	2.19%	1.53%	0.36%	3.08%	-2.88%
149,774	146,654	146,759	146,721	148,889	141,017	151,832	152,743	193,310	103,346	155,224	158,465	153,450	146,985	153,340
1,232	1,292	1,360	1,114	1,274	1,168	1,519	1,336	1,547	900	1,412	1,412	1,374	1,356	1,420
86,912	75,639	72,251	79,731	62,734	81,224	81,915	82,177	77,427	84,103	78,236	75,507	84,282	71,404	78,380
237,918	223,585	220,370	227,566	212,897	223,409	235,266	236,256	272,284	188,349	234,872	235,384	239,106	219,745	233,140
27.7	27.1	26.6	27.3	26.2	26.3	28.5	28.0	32.3	22.8	27.2	28.4	27.8	25.8	29.0
\$ 272,224	\$ 264,071	\$ 264,975	\$ 276,117	\$ 265,096	\$ 270,555	\$ 267,314	\$ 273,518	\$ 323,719	\$ 203,964	\$ 274,419	\$ 279,897	\$ 279,005	\$ 241,866	\$ 242,805
\$ 2,402	\$ 2,412	\$ 2,558	\$ 2,198	\$ 2,434	\$ 2,370	\$ 2,928	\$ 2,559	\$ 2,852	\$ 1,819	\$ 2,617	\$ 2,599	\$ 2,665	\$ 2,332	\$ 2,398
\$ 1,862,415	\$ 1,570,243	\$ 1,563,765	\$ 1,702,577	\$ 1,435,889	\$ 1,687,377	\$ 1,661,075	\$ 1,642,228	\$ 1,649,197	\$ 1,879,967	\$ 1,844,810	\$ 1,831,809	\$ 2,013,924	\$ 1,814,769	\$ 1,947,354
\$ 2,137,041	\$ 1,836,726	\$ 1,831,298	\$ 1,980,892	\$ 1,703,419	\$ 1,960,302	\$ 1,931,317	\$ 1,918,305	\$ 1,975,768	\$ 2,085,750	\$ 2,121,846	\$ 2,114,305	\$ 2,295,594	\$ 2,058,967	\$ 2,192,557
\$ 248.96	\$ 222.71	\$ 221.01	\$ 237.92	\$ 209.91	\$ 230.68	\$ 233.93	\$ 227.18	\$ 234.51	\$ 252.85	\$ 245.33	\$ 254.67	\$ 266.46	\$ 242.20	\$ 272.47
\$ 8.98	\$ 8.21	\$ 8.31	\$ 8.70	\$ 8.00	\$ 8.77	\$ 8.21	\$ 8.12	\$ 7.26	\$ 11.07	\$ 9.03	\$ 8.98	\$ 9.60	\$ 9.37	\$ 9.40

Jan-2004	Feb-2004	Mar-2004	Apr-2004	May-2004	Jun-2004	Jul-2004	Aug-2004	Sep-2004	Oct-2004	Nov-2004	Dec-2004
8,272	8,605	8,757	8,947	8,943	8,985	8,961	8,993	9,294	9,271	9,132	9,301
-0.65%	6.04%	3.05%	8.37%	5.91%	6.65%	8.63%	3.98%	11.95%	7.61%	7.42%	15.58%
144,742	158,726	150,358	164,822	157,041	228,208	135,910	128,139	164,535	169,090	175,571	162,001
1,328	1,572	1,428	1,614	1,321	2,138	1,074	1,201	1,180	1,472	1,427	1,738
73,168	87,566	91,120	82,397	78,884	82,666	80,747	83,265	75,300	80,878	82,453	82,570
219,238	247,864	242,906	248,833	237,246	313,012	217,731	212,605	241,015	251,440	259,451	246,309
26.5	28.8	27.7	27.8	26.5	34.8	24.3	23.6	25.9	27.1	28.4	26.5
\$ 236,773	\$ 245,888	\$ 245,482	\$ 252,375	\$ 246,017	\$ 335,632	\$ 222,025	\$ 204,515	\$ 256,391	\$ 254,868	\$ 264,141	\$ 254,302
\$ 2,188	\$ 2,591	\$ 2,561	\$ 2,667	\$ 2,288	\$ 3,443	\$ 1,978	\$ 1,991	\$ 2,099	\$ 2,399	\$ 2,273	\$ 2,836
\$ 1,882,316	\$ 1,940,604	\$ 2,156,472	\$ 1,997,765	\$ 1,922,899	\$ 1,846,530	\$ 2,332,642	\$ 2,110,752	\$ 2,114,025	\$ 2,013,519	\$ 2,098,942	\$ 2,188,626
\$ 2,121,277	\$ 2,189,083	\$ 2,404,515	\$ 2,252,807	\$ 2,171,204	\$ 2,185,605	\$ 2,556,645	\$ 2,317,258	\$ 2,372,515	\$ 2,270,786	\$ 2,365,356	\$ 2,445,764
\$ 256.44	\$ 254.40	\$ 274.58	\$ 251.79	\$ 242.78	\$ 243.25	\$ 285.31	\$ 257.67	\$ 255.27	\$ 244.93	\$ 259.02	\$ 262.96
\$ 9.68	\$ 8.83	\$ 9.90	\$ 9.05	\$ 9.15	\$ 6.98	\$ 11.74	\$ 10.90	\$ 9.84	\$ 9.03	\$ 9.12	\$ 9.93

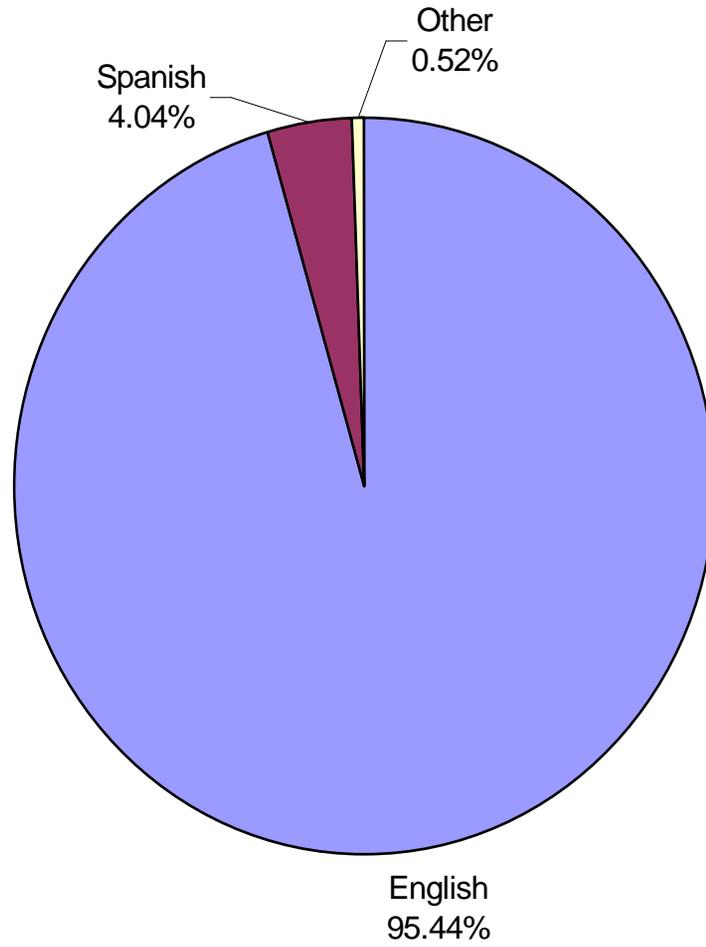
**1/1/05 - 9/30/05 DATA ON PHILADELPHIA MATP**

		Month								
		Jan-2005	Feb-2005	Mar-2005	Apr-2005	May-2005	Jun-2005	Jul-2005	Aug-2005	Sep-2005
<b>Clients</b>	Unduplicated MATP Clients									
	% Growth From Prior Year	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
		9,939	9,807	10,211	10,106	9,732	9,613	9,577	9,780	9,374
<b>Trips</b>	Mass Transit Trips			158,094						
	Client Reimbursement Trip	153,786	139,893	6,876	154,545	154,789	150,247	154,224	161,578,362	134,325
	Para Transit Trips			108,421						
	Total Trips	4,801 93,646 252,233	5,460 91,641 236,994		6,643 102,744	6,935 99,769 261,493	6,814 98,199 255,260	8,124 92,201 254,549	100,979,890	6,565 96,665 237,555
	Average Trips Per Client			273,391	263,932			26.6		
<b>Cost</b>	Mass Transit Cost	\$5.4 236,639	\$4.2 238,575	\$6.8 225,393	\$6.1 228,888	\$6.9 241,019	\$6.6 323,844	\$ 149,279	\$7.7 239,903	\$5.3 176,780
	Client Reimbursement Cost	\$ 6,143	\$ 7,706	\$ 8,986	\$ 9,668	\$ 9,184	\$ 13,784	\$ 7,177	\$ 10,524	\$ 14,610
	Para Transit Cost	\$ 2,104,184	\$ 2,049,751	\$ 2,399,225	\$ 2,340,577	\$ 2,247,290	\$ 2,422,548	\$ 2,185,919	\$ 2,432,548	\$ 2,418,059
	Total Cost	\$ 2,346,966	\$ 2,296,032	\$ 2,633,604	\$ 2,579,133	\$ 2,497,493	\$ 2,760,176	\$ 2,342,375	\$ 2,682,975	\$ 2,609,449
	Average Cost Per MATP Cli	\$ 236.14	\$ 234.12	\$ 257.92	\$ 255.21	\$ 256.63	\$ 287.13	\$ 244.58	\$ 274.33	\$ 278.37
	Average Cost Per Trip	\$ 9.30	\$ 9.69	\$ 9.63	\$ 9.77	\$ 9.55	\$ 10.81	\$ 9.20	\$ 9.90	\$ 10.98

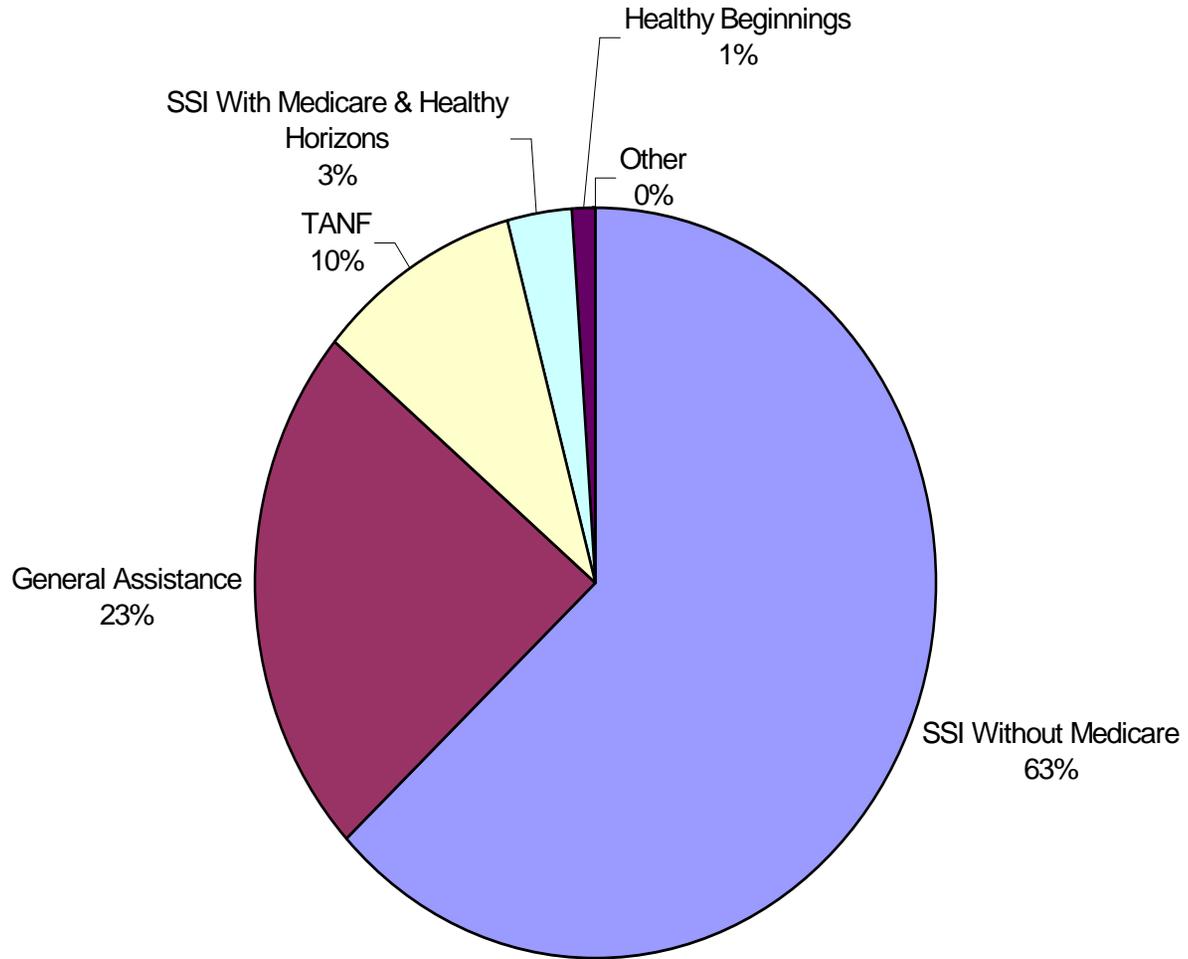
# Philadelphia MATP Riders by Age Group



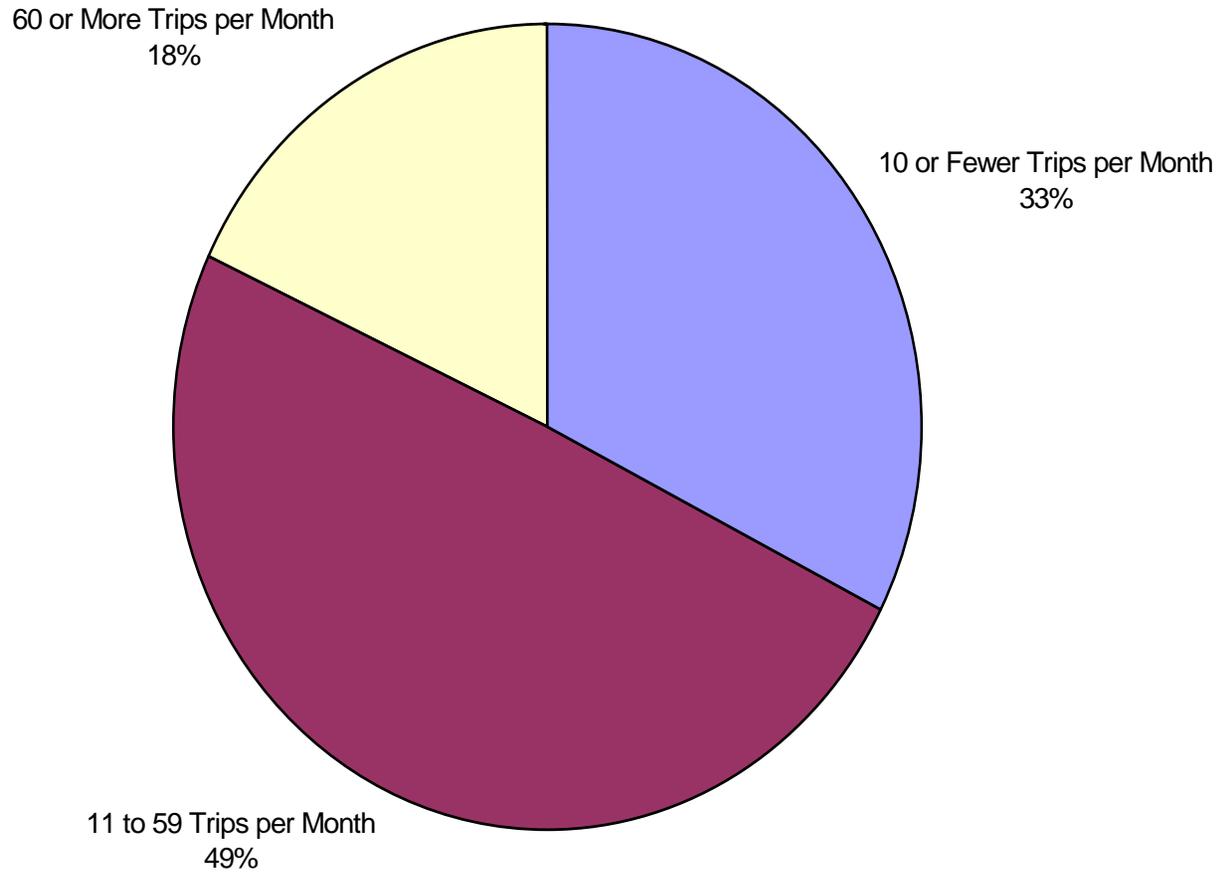
### Philadelphia MATP Riders by Language Preference



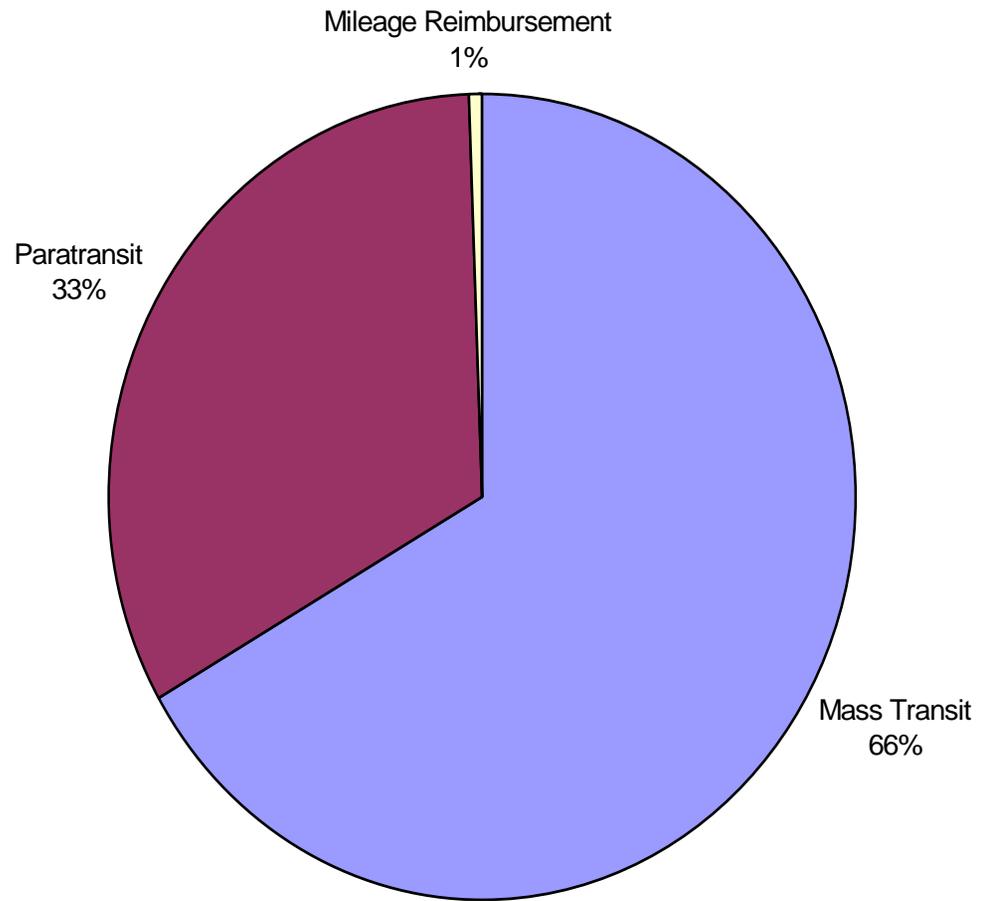
### Philadelphia MATP Riders by Aid Category Distribution



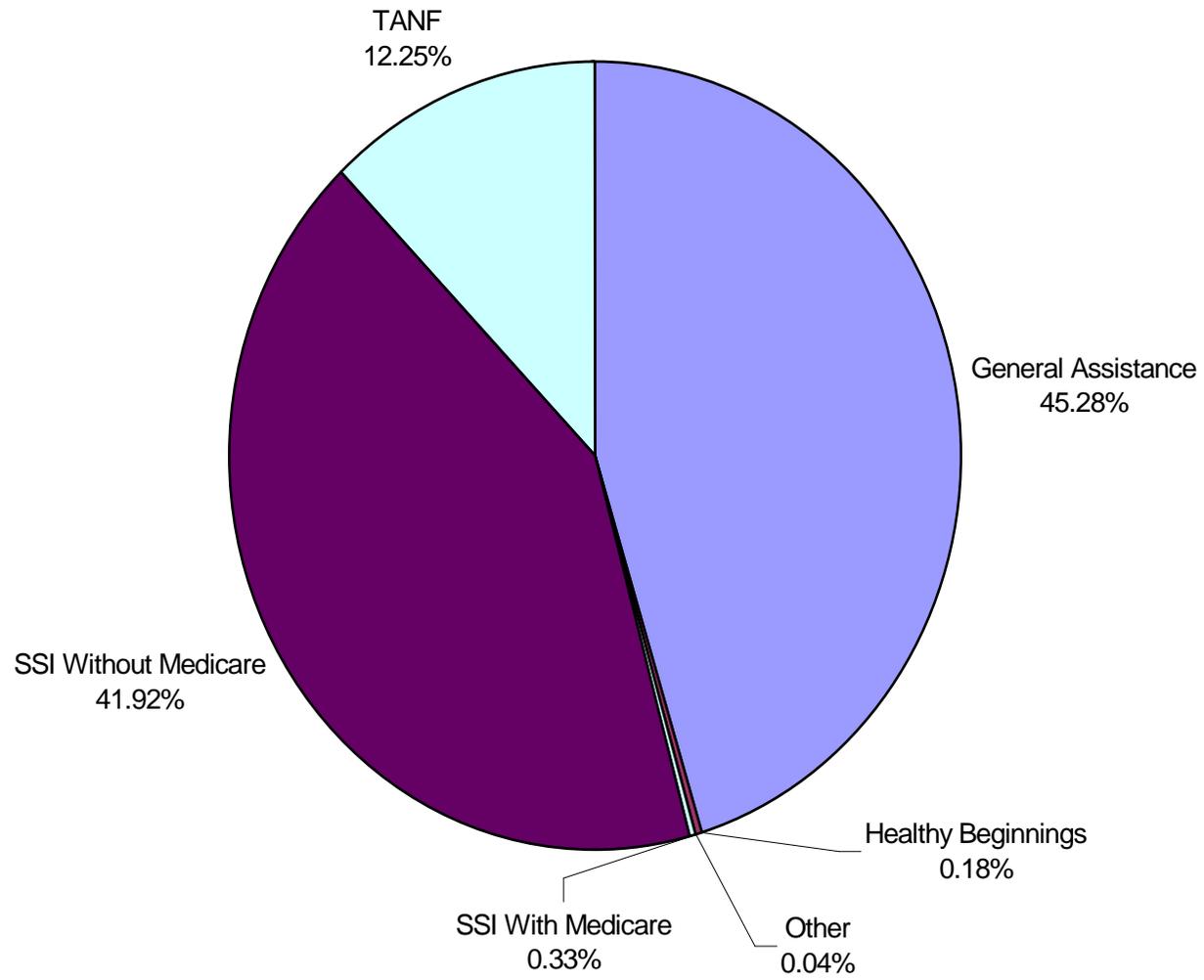
# Philadelphia MATP Utilization



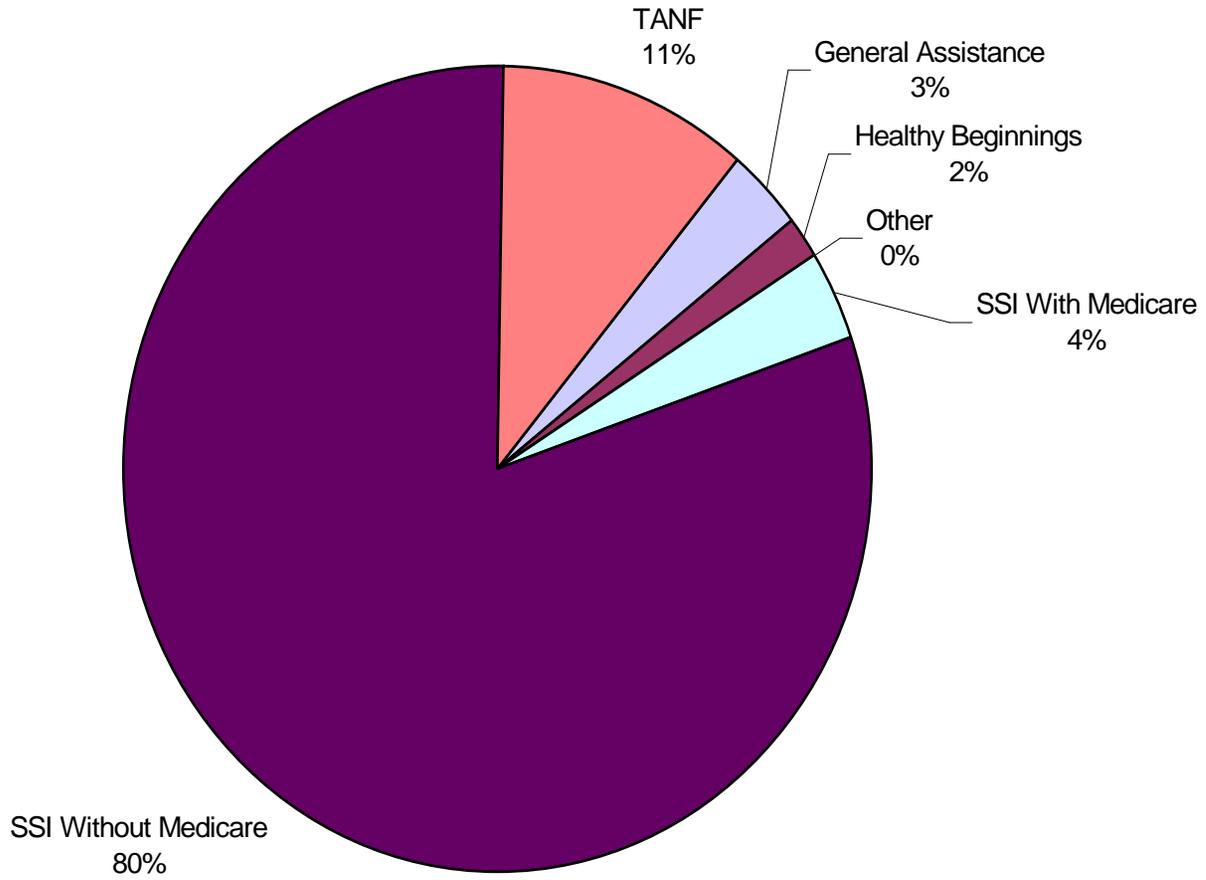
# Completed Trips by Mode



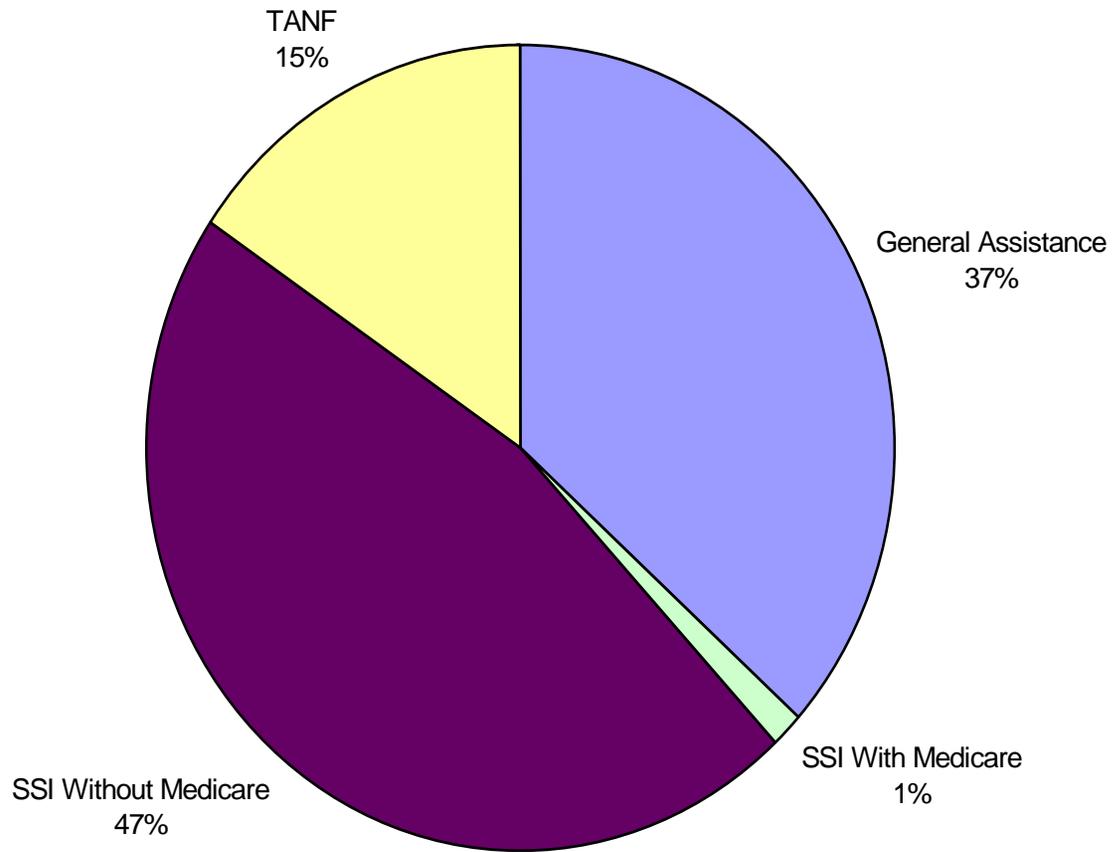
### Philadelphia MATP Mass Transit Riders by Aid Category



### Philadelphia MATP Paratransit Riders by Aid Category



# Philadelphia MATP Mileage Reimbursement by Aid Category



**Philadelphia County MA Eligibles by Age - December 2004 Data**

<b>Count of Recipients</b>	<b>Current Age</b>
14003	0
13391	1
12162	2
11569	3
11527	4
11109	5
10776	6
10032	7
9962	8
10271	9
10867	10
11094	11
11438	12
11163	13
10970	14
10684	15
10459	16
9763	17
8452	18
6971	19
6142	20
4704	21
4391	22
4243	23
4182	24
4245	25
4038	26
4008	27
3637	28
3439	29
3262	30
3267	31
3434	32
3580	33
3647	34
3566	35
3653	36
3689	37
3841	38
3786	39
4004	40
3978	41
3847	42
4072	43
3956	44
3964	45
3978	46
4084	47
3931	48
3670	49
3471	50
3276	51
3116	52

**Count of Recipients****Current Age**

3092	53
3068	54
2755	55
2860	56
2858	57
2539	58
2524	59
2520	60
2546	61
2518	62
2277	63
2173	64
2217	65
2210	66
2245	67
2146	68
2099	69
2002	70
1870	71
1928	72
1720	73
1743	74
1706	75
1579	76
1571	77
1381	78
1413	79
1381	80
1224	81
1159	82
1057	83
900	84
873	85
694	86
611	87
540	88
530	89
450	90
374	91
382	92
284	93
267	94
163	95
116	96
100	97
85	98
52	99
53	100
33	101
20	102
9	103
13	104
8	105
2	107
1	112

Category	Program Status Code	Count of Eligibles
A	00	12916
A	60	38
A	62	379
A	?	738
B	00	25
B	80	26
C	00	79349
C	04	239
C	06	4442
C	07	1395
C	08	23245
C	09	257
D	00	13442
D	02	42
D	15	3
D	50	10124
E	00	1
J	00	77818
J	31	35
J	32	12
J	33	308
J	60	113
J	62	1269
J	?	1791
M	00	58
M	60	1
M	62	1
M	?	3
PA	00	191
PA	22	16
PA	81	9
PAN	00	1679
PAN	66	459
PAN	80	1627
PAW	00	1566
PAW	66	337
PAW	80	961
PC	00	23504
PC	02	176
PC	03	55
PC	21	4
PC	22	54
PC	23	108
PC	26	34
PC	27	24201
PC	31	4885
PC	32	2482
PC	33	7059
PC	34	392
PC	35	81
PC	37	18

PC	71	16163
PD	00	4554
PD	21	3
PD	22	15
PD	29	630
PG	00	15
PH	00	4130
PH	20	131
PH	80	11555
PH	95	1636
PH	97	222
PJ	00	396
PJ	21	28
PJ	22	93
PJ	81	398
PJ	98	91
PJN	00	330
PJN	66	71
PJN	80	366
PJW	00	687
PJW	66	198
PJW	80	605
PS	16	61531
PS	17	12
PS	18	874
PU	00	310
PU	21	2
PU	26	1
PU	27	143
PU	71	172
PW	00	172
PW	66	71
PW	80	8
TA	00	111
TA	65	2346
TA	66	48
TA	67	994
TA	80	19
TAN	00	535
TAN	66	70
TAN	80	32
TB	00	1
TC	00	8036
TD	00	1902
TD	55	735
TJ	00	430
TJ	65	1140
TJ	66	46
TJ	67	562
TJ	80	8
TJN	00	55
TJN	66	2

TU	00	71
U	00	1620
U	04	73
U	07	5
U	08	97

<b>District Code</b>	<b>Count of Eligibles</b>
510	77
511	20975
512	21577
513	28477
514	17303
515	20171
516	20414
517	22018
519	18320
51A	13076
51C	16884
51D	20056
51E	18497
51F	17242
51G	29017
51J	22517
51K	19888
51M	18522
51N	24489
51P	31986
51Y	14366
	13

**Philadelphia County**

01 English	285138
02 Spanish	18135
03 Vietnamese	3410
04 Cambodian	2032
05 Russian	1538
06 Laotian/Lao	182
07 Polish	65
08 French	53
10 Albanian	74
11 Amharic	48
12 Arabic	64
13 Armenian	46
14 Bengali	2
15 Bosnian (Serbo Croat)	8
16 Chinese; Cantonese	826
17 Chinese; Mandarin	515
18 Creole (Haiti Fr)	13
19 Croatian	8
20 Czech	8
21 Farsi	28
22 German	2
23 Greek	5
24 Gujarati (India)	3
25 Hebrew	0
26 Hindi (India)	4
27 Hmong	1
28 Hungarian	0
29 Ibo	1
30 Indonesian	70
31 Italian	44
32 Japanese	2
33 Korean	167
34 Latvian	1
35 Lithuanian	0
36 Malay	2
37 Malayalam (India)	7
38 Pashto/Pushtu	0
39 Portuguese	4
40 Punjabi/Panjabi	2
41 Romanian	34
42 Serbian	4
43 Sign Language	1
44 Slovak	3
44 Slovene	2
46 Somali	1
47 Swahili	0
48 Tagalog (Philippines)	4
49 Tamil	0
50 Thai	4
51 Turkish	49
52 Urdu	7
53 Ukranian	8
54 Yoruba	7
99 Other	99

## Philadelphia Providers

Updated 10/25/05

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Fax</b>
Concord Coach	4425 rising Sun Ave. 19140	215-476-4612	215-551-7949
Keystone Bus Service	6214 Lindbergh Blvd.19142	215-727-1959	215-727-1978
Family Connection	438 S. 57th Street 19143	215-476-3455	215-748-0810
MTS	15 Ardrossan Ave. 19382	215-659-0499	215-659-8577
Allstate	185 Birksdale Dr. 19422	856-303-8611	856-303-8612
Service Plus	300 Domino Lane 19128	215-476-4612	215-476-4731
Safecare	4730 Market Street 19139	215-476-4612	215-476-4730
Transit Aide	705 West Springs Garden 08065	856-303-8611	856-303-8612
Victory Cab	1405 W. Pike St. 19140	215-225-5000	215-223-4997
First Call Ambulance	5702 Newtown Ave. 19120	215-342-9011	215-342-9108
Advantage Ambulance	4710 N. 6th St. 19120	267-261-3022	215-455-4400
Frantz Matador, LLC	3927 Mary St. 19026	215-828-0364	610-259-3982
Philadelphia Coach	2301 Church St. # 2 19124	215-744-7777	215-288-8530
Protech Ambulance	3325 Edgemot St. 19134	215-427-9001	215-427-9009
CATCH	1409 Lombard Street 19146	215-462-6510	215-462-6520
All City Cab	6821 Norwich Drive. 19153	215-365-8000	215-365-0883
Black = Regular Provider			
Blue = Back up Provider			