

HealthCare Benefits Packages

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

**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
20 Portable X-ray Provider	53 Extended Acute Psychiatric Care – Inpatient or Residential Treatment Facility
21 Renal Dialysis Center	54 Nutritionist (Waiver Service)
22 Funeral Director	55 PDA (PA Dept. of Aging) Waiver (Waiver Service)
23 Home Health Agency	56 Attendant Care (Waiver Service)
24 State Mental Retardation Center	57 Provider Enumeration
25 Private ICF/MR & Private ICF/ORC (Intermediate Care Facility/Other Related Conditions)	58 Long Term Care Capitated Assistance Program (LTCCAP)
26 Rural Health Clinic (RHC) & Federally Qualified Health Centers (FQHC)	59 COMM CARE (Community Care) Waiver (Waiver Service)
28 Outpatient Drug and Alcohol Clinic	
29 Outpatient Psychiatric Clinic	
30 Family Planning Clinic	
31 Nurse Midwife	
32 Case Management – MH/MR	

**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 exception of: PS/17

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"> 01 Physician 02 Case Manager – MA 03 Dentist 04 Podiatrist 05 Medical Supplier (including low vision centers, hemophilia centers, opticians, and shoe stores) 06 Short Procedure Unit (SPU) 07 Chiropractor 08 Ambulatory Surgical Center (ASC) 09 Birth Center 10 Independent Medical/Surgical Clinic 11 General Hospital – Inpatient & outpatient services 12 Rehabilitation Hospital, Rehabilitation Unit or D&A Hospital, D&A Unit – Inpatient & outpatient services 13 Private Psychiatric Hospital or Psychiatric Unit 14 Public Psychiatric Hospital 15 Optometrist 16 Laboratory 17 Managed Care Organization (MCO) – Recipients with Program Status Code 21, not eligible 18 Ambulance Company 19 Pharmacy 20 Portable X-ray Provider 21 Renal Dialysis Center 22 Funeral Director – Recipient must be receiving cash payment at time of death 23 Home Health Agency 24 State Mental Retardation Center 25 Private ICF/MR & Private ICF/ORC 26 Rural Health Clinic (RHC) & Federally Qualified Health Centers (FQHC) 28 Outpatient Drug and Alcohol Clinic 29 Outpatient Psychiatric Clinic 30 Family Planning Clinic | <ul style="list-style-type: none"> 31 Nurse Midwife 32 Case Management – MH/MR 33 Outpatient Psychiatric Partial Hospitalization Facility 34 State Restoration Centers and LTC Units located at State Mental Hospitals 35 County Nursing Facility 36 Private Nursing Facility 37 Hospice 38 Home Care Agency (Waiver Service) 41 Psychologist 42 Comprehensive Outpatient Rehabilitation Facility (CORF) – For Medicare deductible and coinsurance only 43 Physical Therapist 44 Certified Registered Nurse Anesthetist (CRNA) – For Medicare deductible and coinsurance only 45 Respite Care – For Medicare deductible and coinsurance only 46 Certified Rehabilitation Agency 47 Education Rehabilitation Agency 48 Rehabilitative Services – MH 49 Certified Registered Nurse Practitioner (CRNP) 50 EPSDT Service Provider – Includes occupational therapy, speech therapy, audiology services, medical care management, social services, mental health services, and early intervention 51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service) 52 Tobacco Cessation 53 Extended Acute Psychiatric Care – Inpatient or Residential Treatment Facility only 56 Attendant Care (Waiver Service) 57 Provider Enumeration |
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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
02 Case Manager – MA
03 Dentist
04 Podiatrist
05 Medical Supplier (including low vision centers, hemophilia centers, opticians and shoe stores)
06 Short Procedure Unit (SPU)
07 Chiropractor
08 Ambulatory Surgical Center (ASC)
09 Birth Center
10 Independent Medical/Surgical Clinic
11 General Hospital – Inpatient & outpatient services
12 Rehabilitation Hospital, Rehabilitation Unit or D&A Hospital, D&A Unit – Inpatient & outpatient services
13 Private Psychiatric Hospital or Psychiatric Unit
14 Public Psychiatric Hospital
15 Optometrist
16 Laboratory
17 Managed Care Organization (MCO) – Recipients with Program Status Code 21, not eligible
18 Ambulance Company
19 Pharmacy – Excludes medications for symptomatic relief of cough and cold
20 Portable X-ray Provider
21 Renal Dialysis Center
22 Funeral Director – Recipient must be receiving cash payment at time of death
23 Home Health Agency
24 State Mental Retardation Center | 25 Private ICF/MR & Private ICF/ORC
26 Rural Health Clinic (RHC) & Federally Qualified Health Centers (FQHC)
28 Outpatient Drug and Alcohol Clinic
29 Outpatient Psychiatric Clinic
30 Family Planning Clinic
31 Nurse Midwife
32 Case Management – MH/MR
33 Outpatient Psychiatric Partial Hospitalization Facility
34 State Restoration Centers and LTC Units located at State Mental Hospitals
35 County Nursing Facility
36 Private Nursing Facility
37 Hospice
38 Home Care Agency (Waiver Service)
39 Homemaker Agency (Waiver Service)
48 Rehabilitative Services – MH
49 Certified Registered Nurse Practitioner (CRNP)
51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service)
52 Tobacco Cessation
53 Extended Acute Psychiatric Care – Inpatient Only
54 Nutritionist (Waiver Service)
55 PDA (PA Dept. of Aging) Waiver (Waiver Service)
56 Attendant Care (Waiver Service)
58 Long Term Care Capitated Assistance Program (LTCCAP)
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"> 01* Physician 02 Case Manager – MA 03 Dentist – Only in inpatient or ASC/SPU setting 04* Podiatrist 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. 06 Short Procedure Unit (SPU) 07* Chiropractor 08 Ambulatory Surgical Center (ASC) 09 Birth Center 10* Independent Medical/Surgical Clinic 11* General Hospital – Inpatient & outpatient services 12* Rehabilitation Hospital, Rehabilitation Unit – Inpatient & outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year) and D&A Hospital, D&A Unit – Inpatient and outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year). 13 Private Psychiatric Hospital or Psychiatric Unit 14 Public Psychiatric Hospital 15* Optometrist 16 Laboratory 17 Managed Care Organization (MCO) – Recipients with Program Status Code 21, not eligible 18 Ambulance Company – Limited to emergency transportation only | <ul style="list-style-type: none"> 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. 20 Portable X-ray Provider 22 Funeral Director – Recipient must be receiving cash payment at time of death 23 Home Health Agency – Limited to a maximum of 30 visits per fiscal year 24 State Mental Retardation Center 25 Private ICF/MR & Private ICF/ORC 26* Rural Health Clinic (RHC) & Federally Qualified Health Centers (FQHC) 28 Outpatient Drug and Alcohol Clinic 29 Outpatient Psychiatric Clinic 30 Family Planning Clinic 31 Nurse Midwife 33 Outpatient Psychiatric Partial Hospitalization Facility 34 State Restoration Centers and LTC Units located at State Mental Hospitals 35 County Nursing Facility 36 Private Nursing Facility 37 Hospice 49* Certified Registered Nurse Practitioner (CRNP) 52 Tobacco Cessation 53 Extended Acute Psychiatric Care – Inpatient Only |
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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"> 01* Physician 02 Case Manager – MA 03 Dentist – Only in inpatient or ASC/SPU setting 04* Podiatrist 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. 06 Short Procedure Unit (SPU) 07* Chiropractor 08 Ambulatory Surgical Center (ASC) 09 Birth Center 10 Independent Medical/Surgical Clinic 11 General Hospital – Inpatient & outpatient services 12 Rehabilitation Hospital, Rehabilitation Unit or D&A Hospital, D&A Unit – Inpatient & outpatient services 13 Private Psychiatric Hospital or Psychiatric Unit 14 Public Psychiatric Hospital 15* Optometrist 16 Laboratory 17 Managed Care Organization (MCO) – Recipients with categories TB and TR, not eligible 18 Ambulance Company 19 Pharmacy – Limited to any birth control drugs. LTC residents are eligible for all legend drugs. 20* Portable X-ray Provider 21** Renal Dialysis Center 23 Home Health Agency 24* State Mental Retardation Center 25* Private ICF/MR & Private ICF/ORC 26 Rural Health Clinic (RHC) & Federally Qualified Health Centers (FQHC) 28 Outpatient Drug and Alcohol Clinic 29 Outpatient Psychiatric Clinic 30 Family Planning Clinic 31 Nurse Midwife | <ul style="list-style-type: none"> 32 Case Management – MH/MR – Category TR, not eligible 33 Outpatient Psychiatric Partial Hospitalization Facility 34* State Restoration Centers and LTC Units located at State Mental Hospitals 35* County Nursing Facility 36* Private Nursing Facility 37* Hospice 38 Home Care Agency (Waiver Service) 39 Homemaker Agency (Waiver Service) 41 Psychologist – For Medicare deductible and coinsurance only 42 Comprehensive Outpatient Rehabilitation Facility (CORF) – For Medicare deductible and coinsurance only 43 Physical Therapist – For Medicare deductible and coinsurance only 44 Certified Registered Nurse Anesthetist (CRNA) – For Medicare deductible and coinsurance only 45 Respite Care – For Medicare deductible and coinsurance only 46 Certified Rehabilitation Agency – For Medicare deductible and coinsurance only 48 Rehabilitative Services – MH – Category TR, not eligible 49 Certified Registered Nurse Practitioner (CRNP) 51 Community Service Program for Persons with Physical Disabilities (CSPPPD) (Waiver Service) 52 Tobacco Cessation 53 Extended Acute Psychiatric Care – Inpatient Only 54 Nutritionist (Waiver Service) 55 PDA (PA Dept. of Aging) Waiver (Waiver Service) 56 Attendant Care (Waiver Service) 57 Provider Enumeration 58 Long Term Care Capitated Assistance Program (LTCCAP) 59 COMMCARE (Community Care) Waiver (Waiver Service) |
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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"> 01* Physician 02 Case Manager – MA 03 Dentist – Only in inpatient or ASC/SPU setting 04* Podiatrist 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. 06 Short Procedure Unit (SPU) 07* Chiropractor 08 Ambulatory Surgical Center (ASC) 09 Birth Center 10* Independent Medical/Surgical Clinic 11* General Hospital – Inpatient & outpatient services 12* Rehabilitation Hospital, Rehabilitation Unit – Inpatient and outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year) and D&A Hospital, D&A Unit – Inpatient & outpatient services (Inpatient limited to an aggregate total of 30 days per fiscal year). 13 Private Psychiatric Hospital or Psychiatric Unit 14 Public Psychiatric Hospital 15* Optometrist 16 Laboratory | <ul style="list-style-type: none"> 17 Managed Care Organization (MCO) 18 Ambulance Company – Limited to emergency transportation only 19 Pharmacy – Limited to legend birth control drugs 20 Portable X-ray Provider 23 Home Health Agency – Limited to a maximum of 30 visits per fiscal year 24 State Mental Retardation Center 25 Private ICF/MR & Private ICF/ORC 26* Rural Health Clinic (RHC) & Federally Qualified Health Centers (FQHC) 28 Outpatient Drug and Alcohol Clinic 29 Outpatient Psychiatric Clinic 30** Family Planning Clinic 31 Nurse Midwife 33 Outpatient Psychiatric Partial Hospitalization Facility 34 State Restoration Centers and LTC Units located at State Mental Hospitals 35 County Nursing Facility 36 Private Nursing Facility 37 Hospice 49* Certified Registered Nurse Practitioner (CRNP) 52 Tobacco Cessation 53 Extended Acute Psychiatric Care – Inpatient Only |
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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.

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

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

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

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

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

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

ARM	Assistance Reporting Monthly
Buy-In	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.
Categorically Needy	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.
Category	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.
CIS	Client Information System
CMS	Centers for Medicare and Medicaid Services (formerly known as HCFA)
Dual Eligibles	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.
Employability Assessment	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.
Healthy Beginnings Plus	An expanded prenatal care program for low income pregnant women with family income up to 185% of the federal poverty guidelines.
Healthy Horizons	The name Pennsylvania uses to describe Medicare beneficiaries who are in the QMB, SLMB, QI, and Buy-In groups.
MAMIS	Medical Assistance Management Information System
Medicaid Only Dual Eligibles	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.
Medically Needy Only (MNO)	Medical Assistance coverage which provides certain limited medical services to eligible clients.
Medicare	Title XVIII health insurance for the aged and disabled, funded by the Federal government and individual insurance premiums paid by the insured.
Medicare Cost-Sharing	Medicare cost-sharing expenses include Medicare premiums, deductibles and coinsurance under Part A and Part B Medicare.

Medicare Deductible	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.
Medicare Part A	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.
Medicare Part 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.
Medicare Savings Programs	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.
OIM	Office of Income Maintenance
OMAP	Office of Medical Assistance Programs
Presumptive Eligibility	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.
Program Status Code	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.
Qualification Code	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.
Qualified Disabled and Working Individuals (QDWIs)	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. Medicaid pays the Medicare Part A premiums only.
Qualifying Individuals	The two groups of QIs are effective 1/1/98: <ul style="list-style-type: none"> ● QI 1s 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. Medicaid pays their Medicare Part B premiums only. ● QI 2s 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. Medicaid pays only a portion of their Medicare Part B premiums. Note: Coverage for QI 2's ended 12/31/02.
Qualified Medicare Beneficiaries (QMBs)	The two groups of QMBs are: <ul style="list-style-type: none"> ● QMBs without Other Medicaid. 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. 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. ● QMBs with Full Medicaid. 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. 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.

**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

01/10/2005

PENNSYLVANIA MEDICAID Southeast MCO DIRECTORY

Mandatory Physical Health MCOs – HealthChoices Southeast		
Sonia Madison , CEO <u>AmeriChoice of Pennsylvania</u> The Wanamaker Building 100 Penn Square East, Suite 900 Philadelphia, PA 19107	Phone: 215-832-4602 Fax: 215-832-4702 www.americhoice.com	Bucks, Chester, Delaware, Montgomery and Philadelphia Counties
MCO Contact Person: Carol Lavoritano Government Affairs Manager E-mail: CLavoritano@americhoice.com	Phone: 215-832-4534 Fax: 215-832-4644	
Member Services Department: 1-800-321-4462 TTY 1-800-654-5984 Special Needs Unit: 215-832-4571 TTY 1-800-654-5984 Provider Services Department: 1-800-345-3627		
Robert Tremain, CEO <u>Health Partners of Philadelphia, Inc.</u> 833 Chestnut Street, Suite 900 Philadelphia, PA 19107	Phone: 215-849-9606 Fax: 215-849-7097 www.healthpart.com	Bucks, Chester, Delaware, Montgomery and Philadelphia Counties
MCO Contact Person: Kearline McKellar-Jones Director of Regulatory Compliance E-mail: kmjones@healthpart.com	Phone: 215-991-4063 Fax: 215-849-2132	
Member Services Department: 1-800-553-0784 TTY 1-877-454-8477 Special Needs Unit: 1-215-991-4370 TTY 1-215-849-1579 Provider Services Department: 215-991-4350 (for Philadelphia area local calls) 1-888-991-9023		
Daniel J. Hilferty, President & CEO <u>Keystone Mercy Health Plan</u> 200 Stevens Drive Philadelphia, PA 19113-1570	Phone: 215-937-8200 Fax: 215-937-8202 www.keystonemercy.com	Bucks, Chester, Delaware, Montgomery and Philadelphia Counties
MCO Contact Person: Laura Herzog Manager, Government Affairs E-mail: Laura.Herzog@kmhp.com	Phone: 215-937-8448 Fax: 215-937-5377	
Member Services Department: 1-800-521-6860 TTY 1-800-684-5505 Special Needs Unit: 1-800-521-6860 TTY 1-800-684-5505 Provider Services Department: 1-800-521-6007		
Mandatory Behavioral Health Contractors – HealthChoices Southeast		
Bernard McBride, BH Project Director Bucks County Behavioral Health System 600 Louis Drive, Suite 102-A Warminster, PA 18974 E-mail: bjmcbride@co.bucks.pa.us	Phone: 215-773-9313 Fax: 215-773-9317	Bucks County
Behavioral Health Subcontractor: Magellan Behavioral Health 105 Terry Drive		Phone: 610-313-5845 E-mail: Tbouknight@state.pa.us

Newtown, PA 18940 Member Services: 1-877-769-9784		
Donna Carlson, BH Project Director Department of Human Services 601 Westtown Road, Suite 330 P.O. Box 2747 West Chester, PA 19380-0990 E-mail: dcarlson@Chesco.org	Phone: 610-344-5300 Fax: 610-344-5736	Chester County
Behavioral Health Subcontractor: Community Care Behavioral Healthcare Organization (Community Care) One East Uwchlan Ave. Suite 311 Exton, PA 19341 Member Services: 1-866-662-4228		
LeeAnn Moyer, Project Director Montgomery County Behavioral Health Montgomery County Human Services Center 1430 DeKalb Street, P.O. Box 311 Norristown, PA 19404 E-mail: lmoyer@mail.montcopa.org	Phone: 610-278-3642 Fax: 610-278-3683	Montgomery County
Behavioral Health Subcontractor: Magellan Behavioral Health 105 Terry Drive Newtown, PA 18940 Member Services: 1-877-769-9782		
Donna Holiday, Project Director Delaware County Office of Behavioral Health 20 South 69 th Street, 3 rd Floor Upper Darby, PA 19082 E-mail: Holidayd@co.delaware.pa.us	Phone: 610-713-2365 Fax: 610-713-2378	Delaware County
Behavioral Health Subcontractor: Magellan Behavioral Health 105 Terry Drive Newtown, PA 18940 Member Services: 1-888-207-2911		
Michael Covone, Deputy Commissioner Office of Behavioral Health/Mental Retardation Services 1101 Market Street, 7 th Floor Philadelphia, PA 19107 E-mail: michael.covone@phila.gov	Phone: 215-685-5459 Fax: 215-685-5457	Philadelphia County
Behavioral Health Subcontractor: Community Behavioral Health 801 Market Street, 7 th Floor Philadelphia, PA 19107 Member Services: 1-888-545-2600		

**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
Clients	Unduplicated MATP Clients	7,246	7,302	7,183	6,999	7,113	7,120	7,215	7,230
	% Growth From Prior Year	n/a							
Trips	Mass Transit Trips	82,141	127,272	125,325	129,326	127,850	107,556	126,666	139,461
	Client Reimbursement Trips	250	508	484	644	570	594	526	656
	Para Transit Trips	79,725	92,299	80,527	89,038	87,369	86,476	89,168	78,688
	Total Trips	162,116	220,079	206,336	219,008	215,789	194,626	216,360	218,805
	Average Trips Per Client	22.4	30.1	28.7	31.3	30.3	27.3	30.0	30.3
Cost	Mass Transit Cost	\$ 164,246	\$ 208,814	\$ 207,578	\$ 193,373	\$ 213,010	\$ 187,521	\$ 192,890	\$ 229,791
	Client Reimbursement Cost	\$ 608	\$ 1,012	\$ 966	\$ 1,083	\$ 1,119	\$ 1,208	\$ 1,061	\$ 1,225
	Para Transit Cost	\$ 1,371,051	\$ 1,620,552	\$ 1,390,392	\$ 1,526,406	\$ 1,475,349	\$ 1,470,625	\$ 1,490,879	\$ 1,267,644
	Total Cost	\$ 1,535,905	\$ 1,830,378	\$ 1,598,936	\$ 1,720,862	\$ 1,689,478	\$ 1,659,354	\$ 1,684,830	\$ 1,498,660
	Average Cost Per MATP Client	\$ 211.97	\$ 250.67	\$ 222.60	\$ 245.87	\$ 237.52	\$ 233.06	\$ 233.52	\$ 207.28
	Average Cost Per Trip	\$ 9.47	\$ 8.32	\$ 7.75	\$ 7.86	\$ 7.83	\$ 8.53	\$ 7.79	\$ 6.85

Mar-2001	Apr-2001	May-2001	Jun-2001	Jul-2001	Aug-2001	Sep-2001	Oct-2001	Nov-2001	Dec-2001	Jan-2002
7,430	7,344	7,360	7,434	7,355	7,526	7,372	7,438	7,750	7,779	7,847
n/a	n/a	n/a	n/a	1.50%	3.07%	2.63%	6.27%	8.96%	9.26%	8.76%
113,229	133,047	124,666	44,929	83,772	135,065	133,133	136,406	136,510	136,763	144,473
254	505	416	149	241	464	252	608	603	672	816
82,266	10,254	82,307	1,067	78,456	83,651	67,382	83,025	76,725	71,224	79,382
195,749	143,806	207,389	46,145	162,469	219,180	200,767	220,039	213,838	208,659	224,671
26.3	19.6	28.2	6.2	22.1	29.1	27.2	29.6	27.6	26.8	28.6
\$ 217,068	\$ 219,673	\$ 219,918	\$ 65,493	\$ 165,337	\$ 253,358	\$ 237,372	\$ 254,621	\$ 250,914	\$ 250,988	\$ 257,195
\$ 526	\$ 1,007	\$ 965	\$ 264	\$ 526	\$ 888	\$ 508	\$ 1,098	\$ 1,139	\$ 1,353	\$ 1,573
\$ 1,615,768	\$ 1,524,253	\$ 1,627,273	\$ 23,454	\$ 1,508,187	\$ 1,750,981	\$ 1,438,464	\$ 1,660,593	\$ 1,566,923	\$ 1,478,782	\$ 1,602,667
\$ 1,833,362	\$ 1,744,933	\$ 1,848,156	\$ 89,211	\$ 1,674,050	\$ 2,005,227	\$ 1,676,344	\$ 1,916,312	\$ 1,818,976	\$ 1,731,123	\$ 1,861,435
\$ 246.75	\$ 237.60	\$ 251.11	\$ 12.00	\$ 227.61	\$ 266.44	\$ 227.39	\$ 257.64	\$ 234.71	\$ 222.54	\$ 237.22
\$ 9.37	\$ 12.13	\$ 8.91	\$ 1.93	\$ 10.30	\$ 9.15	\$ 8.35	\$ 8.71	\$ 8.51	\$ 8.30	\$ 8.29

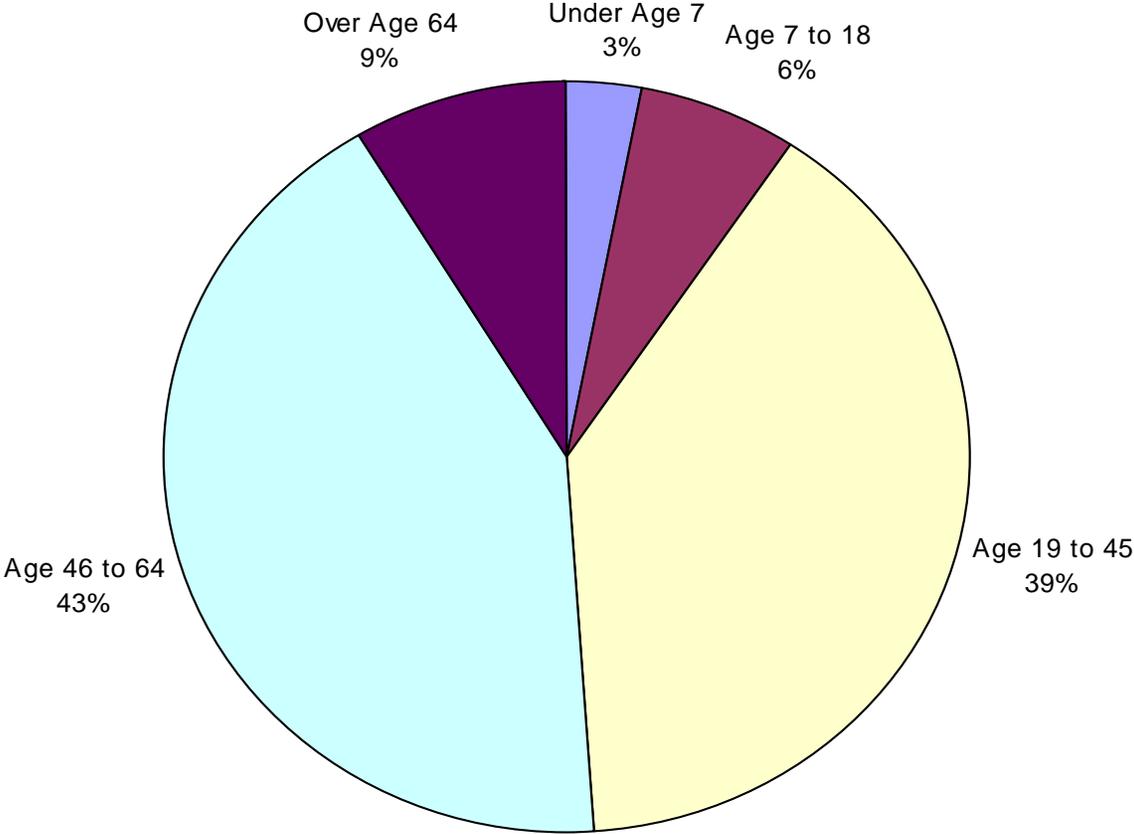
Feb-2002	Mar-2002	Apr-2002	May-2002	Jun-2002	Jul-2002	Aug-2002	Sep-2002	Oct-2002	Nov-2002
8,250	8,092	8,385	8,196	8,120	8,257	8,464	8,177	8,584	8,247
14.11%	8.91%	14.17%	11.36%	9.23%	12.26%	12.46%	10.92%	15.41%	6.41%
144,356	141,986	149,086	131,463	193,310	91,489	128,480	163,611	149,774	146,654
913	856	954	1,010	1,547	718	1,040	1,374	1,232	1,292
75,115	78,655	84,841	85,713	77,427	84,348	84,286	76,146	86,912	75,639
220,384	221,497	234,881	218,186	272,284	176,555	213,806	241,131	237,918	223,585
26.7	27.4	28.0	26.6	33.5	21.4	25.3	29.5	27.7	27.1
\$ 250,856	\$ 257,930	\$ 261,164	\$ 238,973	\$ 320,189	\$ 184,488	\$ 239,593	\$ 278,271	\$ 272,224	\$ 264,071
\$ 1,509	\$ 1,645	\$ 1,795	\$ 1,963	\$ 2,824	\$ 1,579	\$ 2,181	\$ 2,514	\$ 2,402	\$ 2,412
\$ 1,466,677	\$ 1,517,435	\$ 1,633,631	\$ 1,865,823	\$ 1,634,744	\$ 1,699,862	\$ 1,710,450	\$ 1,535,137	\$ 1,862,415	\$ 1,570,243
\$ 1,719,042	\$ 1,777,010	\$ 1,896,590	\$ 2,106,759	\$ 1,957,757	\$ 1,885,929	\$ 1,952,224	\$ 1,815,922	\$ 2,137,041	\$ 1,836,726
\$ 208.37	\$ 219.60	\$ 226.19	\$ 257.05	\$ 241.10	\$ 228.40	\$ 230.65	\$ 222.08	\$ 248.96	\$ 222.71
\$ 7.80	\$ 8.02	\$ 8.07	\$ 9.66	\$ 7.19	\$ 10.68	\$ 9.13	\$ 7.53	\$ 8.98	\$ 8.21

Dec-2002	Jan-2003	Feb-2003	Mar-2003	Apr-2003	May-2003	Jun-2003	Jul-2003	Aug-2003	Sep-2003
8,286	8,326	8,115	8,498	8,256	8,444	8,425	8,249	8,649	8,302
6.52%	6.10%	-1.64%	5.02%	-1.54%	3.03%	3.76%	-0.10%	2.19%	1.53%
146,759	146,721	148,889	141,017	151,832	152,743	193,310	103,346	155,224	158,465
1,360	1,114	1,274	1,168	1,519	1,336	1,547	900	1,412	1,412
72,251	79,731	62,734	81,224	81,915	82,177	77,427	84,103	78,236	75,507
220,370	227,566	212,897	223,409	235,266	236,256	272,284	188,349	234,872	235,384
26.6	27.3	26.2	26.3	28.5	28.0	32.3	22.8	27.2	28.4
\$ 264,975	\$ 276,117	\$ 265,096	\$ 270,555	\$ 267,314	\$ 273,518	\$ 323,719	\$ 203,964	\$ 274,419	\$ 279,897
\$ 2,558	\$ 2,198	\$ 2,434	\$ 2,370	\$ 2,928	\$ 2,559	\$ 2,852	\$ 1,819	\$ 2,617	\$ 2,599
\$ 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
\$ 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
\$ 221.01	\$ 237.92	\$ 209.91	\$ 230.68	\$ 233.93	\$ 227.18	\$ 234.51	\$ 252.85	\$ 245.33	\$ 254.67
\$ 8.31	\$ 8.70	\$ 8.00	\$ 8.77	\$ 8.21	\$ 8.12	\$ 7.26	\$ 11.07	\$ 9.03	\$ 8.98

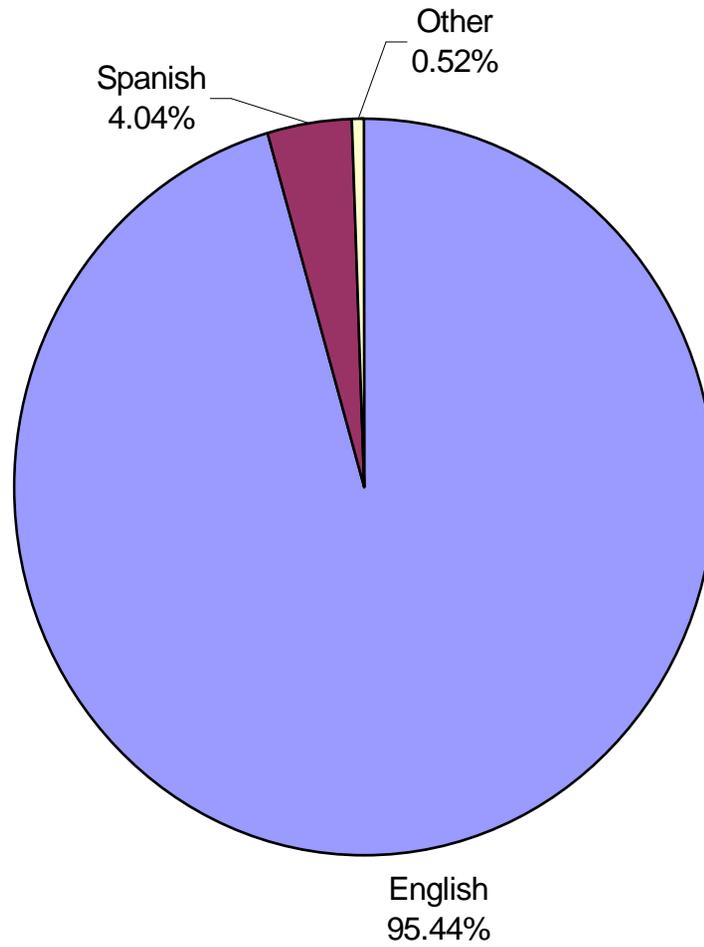
Oct-2003	Nov-2003	Dec-2003	Jan-2004	Feb-2004	Mar-2004	Apr-2004	May-2004	Jun-2004	Jul-2004
8,615	8,501	8,047	8,272	8,605	8,757	8,947	8,943	8,985	8,961
0.36%	3.08%	-2.88%	-0.65%	6.04%	3.05%	8.37%	5.91%	6.65%	8.63%
153,450	146,985	153,340	144,742	158,726	150,358	164,822	157,041	228,208	135,910
1,374	1,356	1,420	1,328	1,572	1,428	1,614	1,321	2,138	1,074
84,282	71,404	78,380	73,168	87,566	91,120	82,397	78,884	82,666	80,747
239,106	219,745	233,140	219,238	247,864	242,906	248,833	237,246	313,012	217,731
27.8	25.8	29.0	26.5	28.8	27.7	27.8	26.5	34.8	24.3
\$ 279,005	\$ 241,866	\$ 242,805	\$ 236,773	\$ 245,888	\$ 245,482	\$ 252,375	\$ 246,017	\$ 335,632	\$ 222,025
\$ 2,665	\$ 2,332	\$ 2,398	\$ 2,188	\$ 2,591	\$ 2,561	\$ 2,667	\$ 2,288	\$ 3,443	\$ 1,978
\$ 2,013,924	\$ 1,814,769	\$ 1,947,354	\$ 1,882,316	\$ 1,940,604	\$ 2,156,472	\$ 1,997,765	\$ 1,922,899	\$ 1,846,530	\$ 2,332,642
\$ 2,295,594	\$ 2,058,967	\$ 2,192,557	\$ 2,121,277	\$ 2,189,083	\$ 2,404,515	\$ 2,252,807	\$ 2,171,204	\$ 2,185,605	\$ 2,556,645
\$ 266.46	\$ 242.20	\$ 272.47	\$ 256.44	\$ 254.40	\$ 274.58	\$ 251.79	\$ 242.78	\$ 243.25	\$ 285.31
\$ 9.60	\$ 9.37	\$ 9.40	\$ 9.68	\$ 8.83	\$ 9.90	\$ 9.05	\$ 9.15	\$ 6.98	\$ 11.74

Aug-2004	Sep-2004	Oct-2004	Nov-2004	Dec-2004
8,993	9,294	9,271	9,132	9,301
3.98%	11.95%	7.61%	7.42%	15.58%
128,139	164,535	169,090	175,571	162,001
1,201	1,180	1,472	1,427	1,738
83,265	75,300	80,878	82,453	82,570
212,605	241,015	251,440	259,451	246,309
23.6	25.9	27.1	28.4	26.5
\$ 204,515	\$ 256,391	\$ 254,868	\$ 264,141	\$ 254,302
\$ 1,991	\$ 2,099	\$ 2,399	\$ 2,273	\$ 2,836
\$ 2,110,752	\$ 2,114,025	\$ 2,013,519	\$ 2,098,942	\$ 2,188,626
\$ 2,317,258	\$ 2,372,515	\$ 2,270,786	\$ 2,365,356	\$ 2,445,764
\$ 257.67	\$ 255.27	\$ 244.93	\$ 259.02	\$ 262.96
\$ 10.90	\$ 9.84	\$ 9.03	\$ 9.12	\$ 9.93

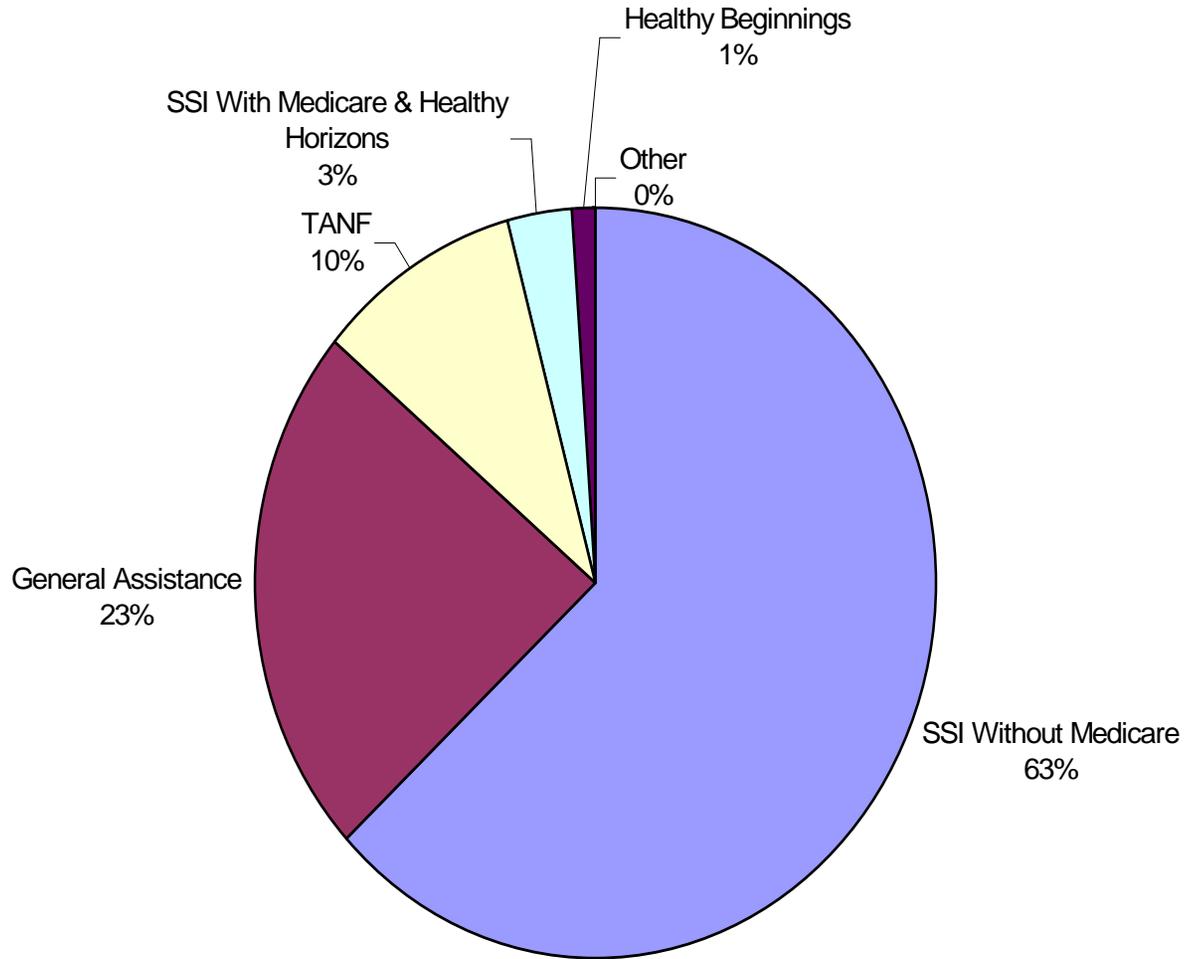
Philadelphia MATP Riders by Age Group



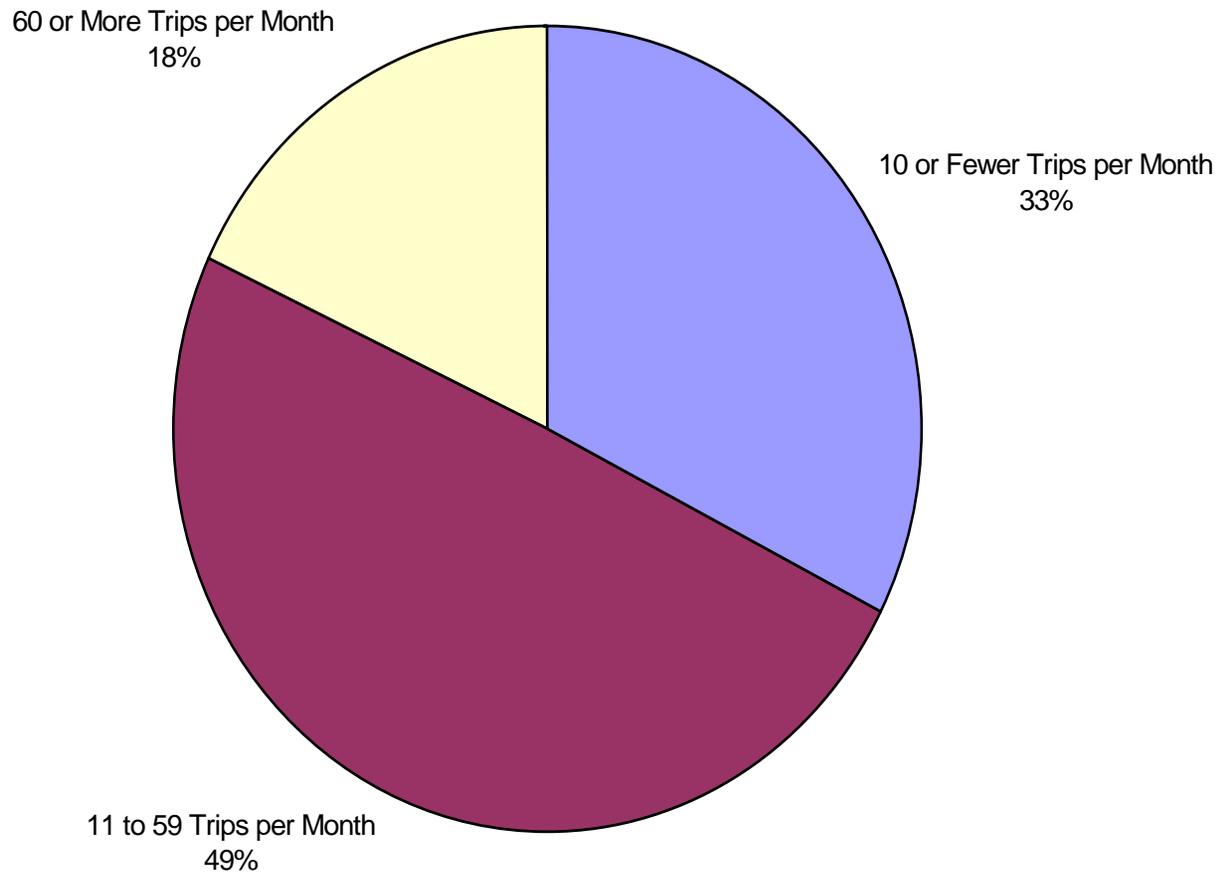
Philadelphia MATP Riders by Language Preference



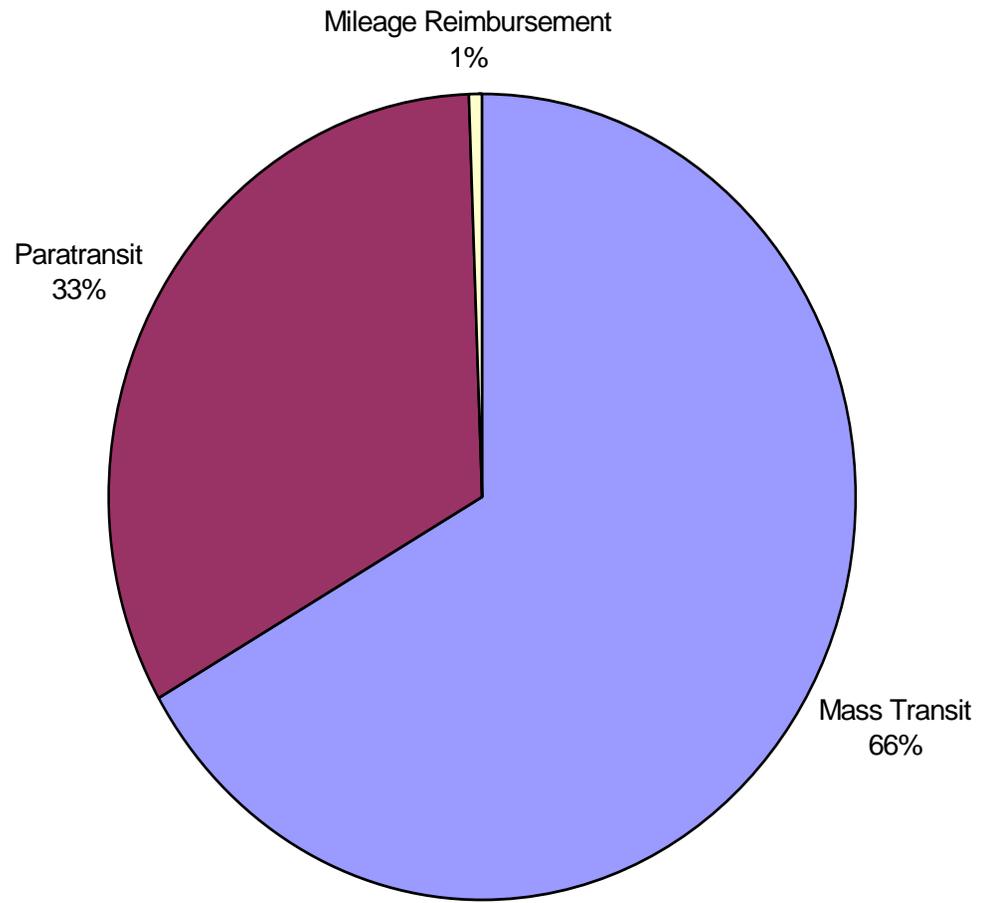
Philadelphia MATP Riders by Aid Category Distribution



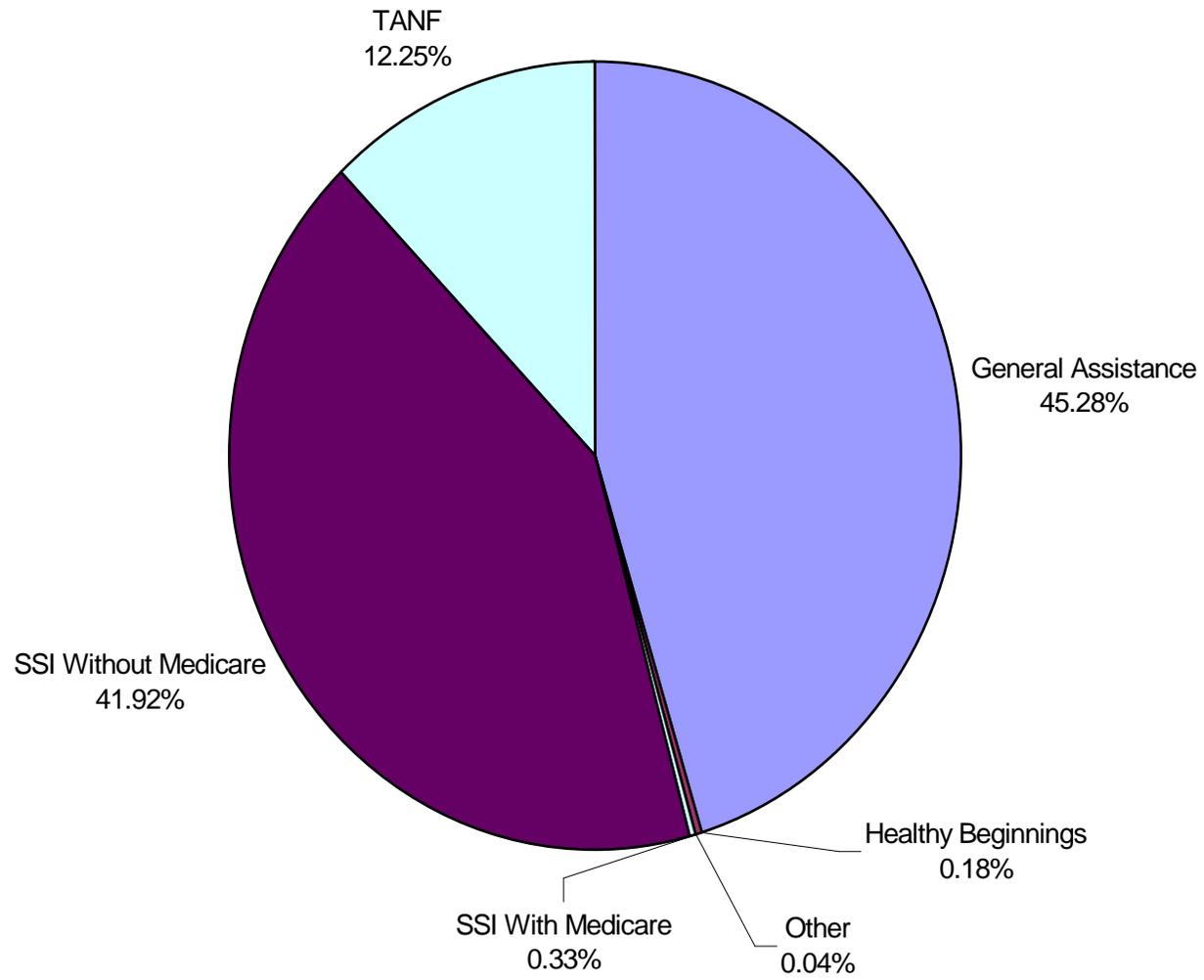
Philadelphia MATP Utilization



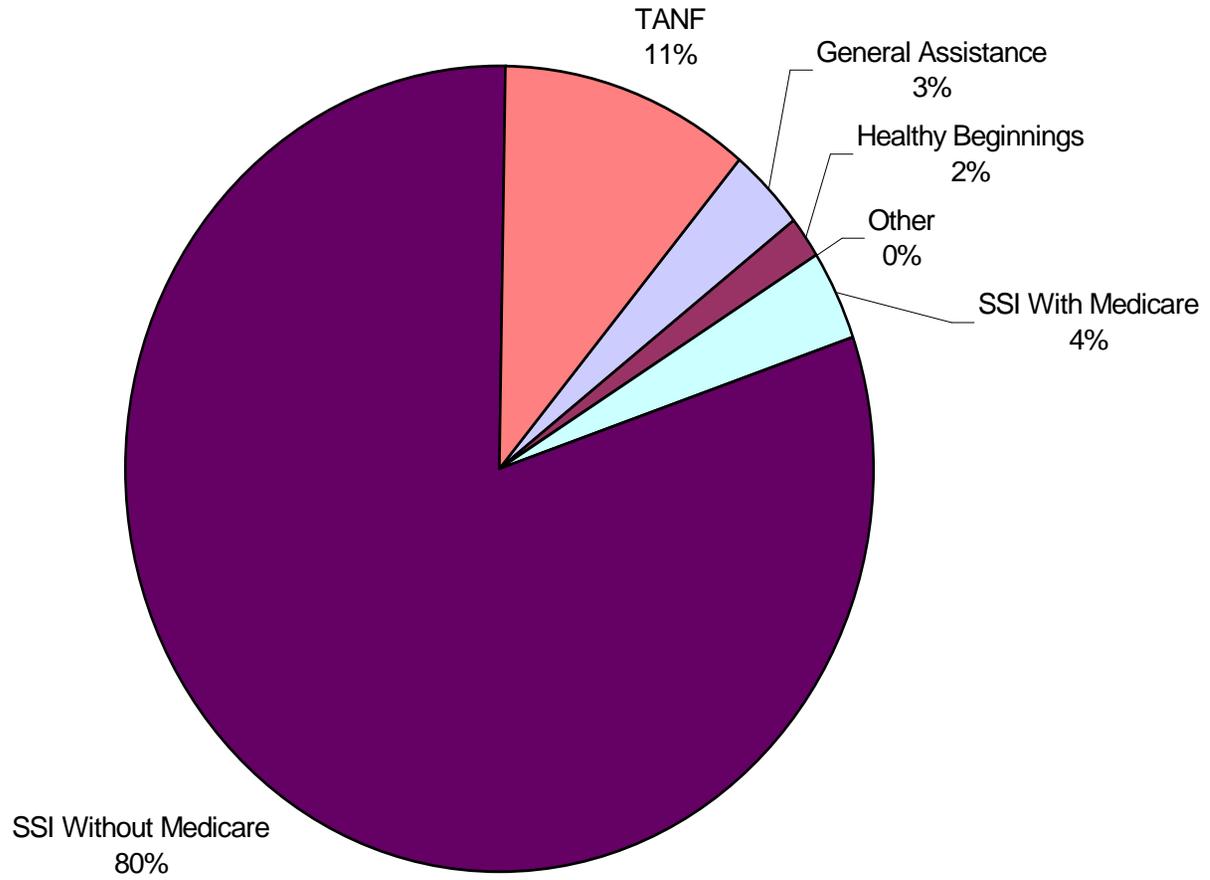
Completed Trips by Mode



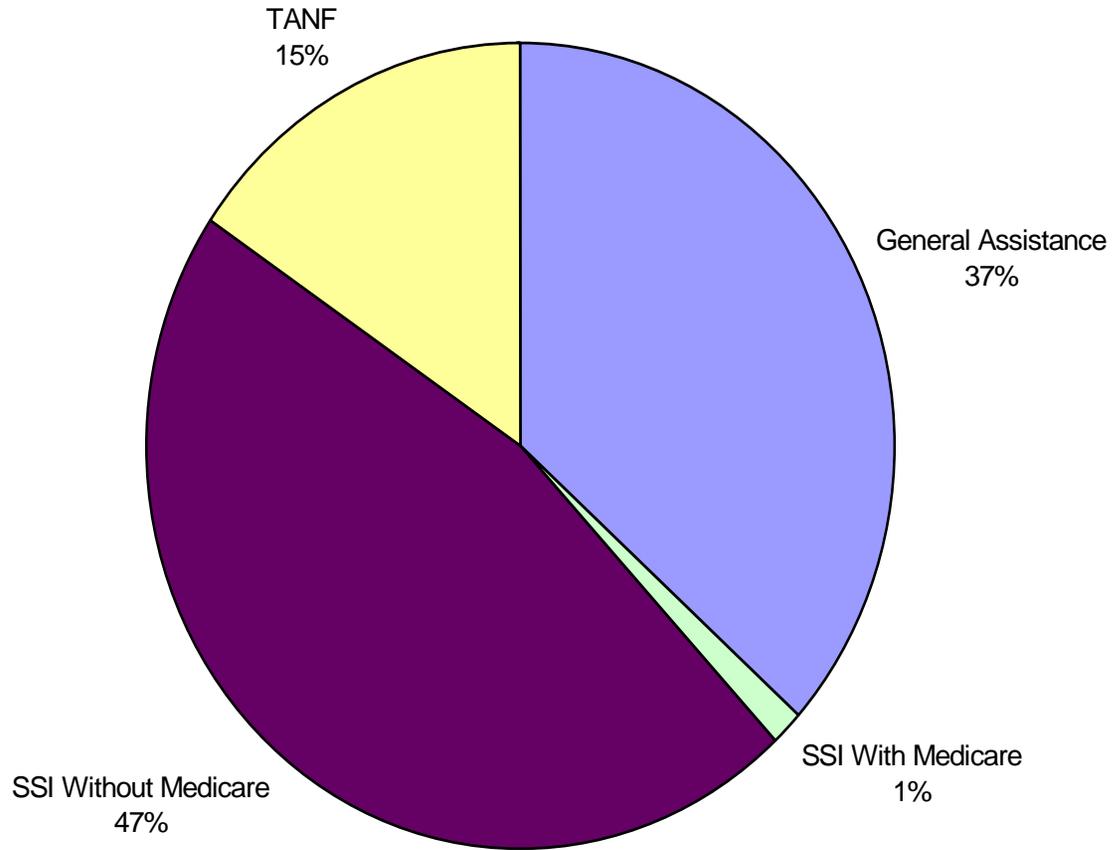
Philadelphia MATP Mass Transit Riders by Aid Category



Philadelphia MATP Paratransit Riders by Aid Category



Philadelphia MATP Mileage Reimbursement by Aid Category



Philadelphia County MA Eligibles by Age - December 2004 Data

Count of Recipients	Current Age				
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				
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

District Code	Count of Eligibles
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 MATP Para Transit Providers/ Current Broker Sub-Contractors

ALLSTATE
AMER.PARA, INC.
METROMOBILITY
TRANSIT AIDE
TRIAGE
SERVICE PLUS
CONCORDE
CATCH