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CHAPTER III
RECIPIENT ELIGIBILITY

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CHAPTER III RECIPIENT ELIGIBILITY

DETERMINING ELIGIBILITY

Eligibility determinations are made by local departments of social services. Inquiries from persons who wish to apply for medical assistance should be referred to the local department of social services in the locality in which the applicant resides. DMAS will not pay providers for services, supplies, or equipment until eligibility has been determined. (See "Assistance to Patients Possibly Eligible for Benefits.") Once found eligible, coverage can be retroactive for up to three months before the month in which the application for benefits was filed.

To be eligible for full Medicaid benefits, an individual must be a resident of Virginia and a U.S. citizen or an alien qualified for full benefits. Aliens who do not qualify for full Medicaid benefits due to their alien status may be eligible for Medicaid coverage of emergency services if they meet all other Medicaid eligibility requirements. Recipients are eligible either as "categorically needy," "medically needy," or "medically indigent."

Emergency Medicaid Services for Aliens

Local departments of social services determine eligibility for receipt of emergency Medicaid coverage based on regular eligibility criteria and documentation from the provider of services that emergency services were provided. Referrals to the local department of social services may come from the provider or from the alien. (See Chapter I for information on the covered services and the coverage criteria.) For purposes of this section, labor and delivery are considered emergency services.

Documentation of the emergency treatment will be verified by the local department of social services through the patient's medical record obtained from the provider. This documentation must include all required Medicaid forms and a copy of the recipient's complete medical record. (For inpatient hospital stays, this documentation will be the medical record for the entire hospitalization up to the 21-day limit for those over age 20.) The local department of social services will submit this documentation to Medicaid for approval of the coverage of treatment and for establishment of the time for which this coverage will be valid.

If the recipient is found eligible and the emergency coverage is approved by Medicaid, each provider rendering emergency care will be notified via the Emergency Medical Certification Form of the recipient's temporary eligibility number for coverage of the treatment of the conditions during the time stated on this form. This form will also be used to notify providers if an alien is not eligible for emergency care. (See "Exhibits" at the end of this chapter for a sample of this form.)

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Categorically Needy

Categorically needy individuals may be eligible if they fall into one of the following categories:

- Aged (eligible for Supplemental Security Income)
- Blind (eligible for Supplemental Security Income)
- Disabled (eligible for Supplemental Security Income)
- Temporary Assistance to Needy Families recipients (TANF)
- Auxiliary Grants recipients (AG)
- Hospice recipients (Effective July 1, 1993)
- Newborns up to age one year whose mothers are eligible for and receiving Medicaid or would be eligible if they were pregnant
- Low-Income Families with Children
- Aged, Blind and Disabled Individuals who have a protected status
- Children under age 21 in the care of public or private child caring agencies
- Children under age 21 in nursing facilities or ICF-MR
- Children under age 21 in subsidized adoptions
- Individuals eligible for TANF or SSI but not receiving it
- Individuals who would be eligible for SSI or TANF except for a reason prohibited under Title XIX
- Individuals in long-term care institutions with income under a special income cap
- Individuals receiving services under a home and community-based care waiver with income under a special income cap

Medically Indigent

Individuals considered as "medically indigent" include:

1. Pregnant women with income up to 133% of the Federal Poverty Guidelines. A medically indigent pregnant woman remains in that classification until the end of the 60-day postpartum period.
2. Children under age six whose parents' income is within 133% of the Federal Poverty Guidelines. Infants remain eligible for Medicaid up to

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their first birthday as long as the mother is Medicaid-eligible or would be eligible if pregnant. Infants and children in this classification who are receiving inpatient services on the date they reach the maximum age for coverage as medically indigent will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

3. Children who have attained six years of age but who have not attained nineteen years of age with income up to 133% of the Federal Poverty Guidelines. Children in this classification who are receiving inpatient services on the date they reach the maximum age for coverage as medically indigent will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.
4. Aged, blind, and disabled individuals with income up to 80% of the federal poverty level. This group is eligible for full Medicaid benefits and QMB benefits.
4. Qualified Medicare Beneficiaries (QMBs) with income up to 100% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of Medicare premiums, deductibles, and coinsurance only.
5. Qualified Medicare Beneficiaries—EXTENDED- (QMB-DUALLY ELIGIBLE)- with income up to the Medicaid income limits. This group is eligible for Medicaid coverage of premiums, deductibles, and coinsurance plus all other Medicaid-covered services.
6. Qualified Disabled and Working Individuals with income up to 200% of the Federal Poverty Guidelines. This group is eligible for Medicaid payment of the Medicare Part A premiums only.
7. Special Low-Income Medicare Beneficiaries (SLMB)—with income up to 120% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of the Medicare Part B premium only.
8. Qualified Individuals-1 (QI-1)—with income equal to or greater than 120% but less than 135% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of the Medicare Part B premium only. Medicaid coverage for this group is not an individual entitlement.
9. Breast and Cervical Cancer Prevention and Treatment Act-- women who were certified through the Breast and Cervical Cancer Early Detection Program. This group is eligible for the full range of Medicaid services.
10. Plan First – with income equal to or less than 133% of the Federal Poverty Guidelines. This group is eligible for limited Medicaid family planning services only.

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Medically Needy

Medically needy recipients generally meet all the eligibility requirements for categorically needy coverage, except that their income exceeds the categorically needy limits. Medically needy recipients are eligible if they fall into the following categories and have income and resources within the medically needy limits:

- Aged
- Blind
- Disabled
- Individuals who received Medicaid in December 1973 as AB/APTD-related medically needy and who continue to meet the December 1973 eligibility requirements
- Pregnant women
- Low-Income children under age eighteen
- Newborn children up to age one if the mother is eligible for Medicaid or would be eligible if she were pregnant
- Children under age 21 in nursing care facilities or ICF-MR
- Children in subsidized adoptions
- Children under age 21 in the care of public or private child-caring agencies

Even if a Medicaid applicant's income is over the Medicaid limit, that applicant may become eligible for a limited period of Medicaid coverage if all other eligibility factors are met. This is called a "spend-down." The applicant's medical expenses must equal or exceed the difference between his or her income and the Medicaid income limit. If the allowable medical expenses of the applicant equal this spend-down amount before the end of a budget period (six-month period for non-institutionalized individuals or a one month period for institutionalized individuals), the applicant may receive a limited period of Medicaid coverage which will stop at the end of the budget period. Eligibility must be redetermined in order to establish eligibility in subsequent budget periods.

Medicaid Eligibility for Institutionalized Individuals

Medicaid policies regarding the eligibility of institutionalized individuals allow a different method of determining income and resource eligibility and computing post-eligibility income for situations where an institutionalized individual has a community spouse.

The institutionalized individual is defined as one who is an inpatient in a medical institution or nursing facility or one who receives home and community-based care waiver

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services such as personal care, adult day health care, or respite care. The institutionalized individual's spouse at home is referred to as the community spouse. The community spouse will be able to keep a specified amount of income and resources to enable the community spouse to continue to meet maintenance needs in the community (e.g., mortgage and utility costs). The institutionalized spouse will be allowed to transfer a certain amount of resources to the community spouse without penalty according to the determination made by the local social services department.

Prior to applying for Medicaid, the institutionalized individual or the community spouse can request a resource assessment. The local department of social services completes the resource assessment document which produces a compilation of a couple's combined countable resources at the time one spouse becomes institutionalized and a calculation of a spousal share.

The resource assessment is available only to married persons institutionalized or receiving home and community-based care for a continuous period that began on or after September 30, 1989. The resource assessment does not have to be part of a Medicaid application.

RECIPIENT ELIGIBILITY CARD

A plastic eligibility card is issued to recipients to present to participating providers. **The provider is obligated to determine that the person to whom care or service is being rendered is the same individual listed on the eligibility card.** The provider has the responsibility to request such identification as he or she deems necessary. Presentation of a plastic ID card is not proof of coverage nor guarantee of payment. A sample of an eligibility card is included under "Exhibits" at the end of this chapter.

Eligibility for Medicaid benefits must be confirmed each time service is rendered. Verification can occur through a verification vendor, the voice response system, or the web-based verification system.

Some individuals have coverage under a Virginia Medicaid contracted managed care organization and should not receive services outside their network without a referral.

The verification response will advise if the enrollee has restrictions such as a MEDALLION primary care provider, contracted MCO enrollment, or a primary payer.

The provider must determine if the service is within the dates of eligibility. Benefits are available only for services performed during the indicated period of eligibility. These dates must be checked prior to rendering any service.

Note: Medicaid will not pay for care or services rendered before the beginning date or after the end date of eligibility.

Bank Identifier

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The top six numbers on the plastic card represent the BIN, or bank identifier, which is required for pharmacy benefit cards under the National Council of Prescription Drug Programs (NCPDP).

Name of Eligible Person

An eligibility card is issued to each person eligible for Medicaid services, except for Medicare premium payments. Check the name against another proof of identification if there is any question that the card does not belong to the patient.

Recipient's Eligibility Number

The recipient's complete eligibility number is embossed on the front of the eligibility card. Eligibility numbers are distinct and permanent. When an enrollee relocates or moves into another case, or has a break in eligibility, he keeps the same number and the same card. This number serves as a “key” in verifying current eligibility status.

To fulfill the requirements of claims processing, it is essential that all 12 digits be entered on Medicaid forms for billing purposes.

Date of Birth

The date of birth indicates the recipient's age and identifies eligibility for those services with age restrictions, such as dental care for recipients under 21 years of age. The date of birth should be checked prior to rendering any services. The provider should verify the age of the recipient. If the provider has a question as to the age of the recipient, means of identification other than the Medicaid card should be examined.

Sex

The recipient's gender is indicated on the card.

Card

The sequential number of the enrollee's card is given. If a card is lost or stolen and another is issued, the prior card will be de-activated and will not confirm eligibility using the magnetic “swipe” mechanism.

Cardholder's Signature (on back)

The signature line provides another element of verification to confirm identity.

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VERIFICATION OF RECIPIENT ELIGIBILITY

A new eligibility card will not be routinely sent to the recipient. Replacement cards must be requested and the reason for replacement given. **It is in the best interest of the provider to review the card each time services are rendered. Possession of a card does not mean the holder is currently eligible for benefits.** It is the obligation of the provider of care to determine the identity of the person named on the eligibility card and the current eligibility status.

Program/Benefit Package Information

Recipients' benefits vary depending upon the program in which they are enrolled. The eligibility verification will provide information on which program the recipient is participating in. Examples of these programs include MEDALLION, Medallion II, Medicaid fee-for-services and Medicare premium payment.

Qualified Medicare Beneficiaries (QMBs) are eligible only for payment of Medicare premiums, deductibles, and coinsurance. Review of eligibility status is essential to prevent billing Medicaid for non-covered services for this group. Qualified Medicare Beneficiaries—EXTENDED (QMBs-Dually Eligible) are entitled to the full range of services under Medicaid and Medicare.

Special Indicator Code (Copayment Code)

The Special Indicator Code indicates the status of copayments or eligibility for certain additional services. These codes are:

<u>Code</u>	<u>Message</u>
A	Under 21 - No copay exists.
B	Individuals Receiving Long-Term Care Services, Home or Community-Based Waiver Services, or Hospice Care - No copay is required for any service.
C	All Other Recipients - Copays apply for inpatient hospital admissions, outpatient hospital clinic visits, clinic visits, physician office visits, other physician visits, eye examinations, prescriptions, home health visits, and rehabilitation service visits. (Some verification methods may return a yes/no response. Yes = copays apply. No = copays do not apply)

The following copay exemptions apply:

- Enrollees in managed care organizations may not have to pay copays.
- Pregnancy-related services or family planning clinic visits, drugs, and supplies are exempt from copays for all recipients.

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- No copayments apply for any emergency services for any recipient, with one exception for recipients in Client Medical Management with a pharmacy restriction. Please refer to the Client Medical Management exhibit in Chapter 1 for more information on this exception.

Insurance Information

The “Insurance Information” in the verification response indicates any type of insurance coverage the recipient has in addition to Medicaid. This information includes specific insurance companies, dates of coverage, policy numbers, and a code that specifies the particular type of coverage of the policy. These items are:

Carrier Code	A three-digit code indicating the name of the insurance carrier, e.g., 001 for Medicare (See Insurance Company Code List for these code numbers in “EXHIBITS” at the end of this chapter.) If the carrier code is 003 (not listed), call the client's local eligibility worker for assistance in obtaining the name of the insurance carrier.
Begin Date	The first date on which this insurance policy was effective
Type Code	An alpha character describing the type of coverage provided by the policy, such as a "T" for dental coverage. (See the Type of Coverage Code List under “EXHIBITS” at the end of this chapter for a list of these codes.)
Policy Number/ Medicare Code	The specific policy or Medicare number for the insurance identified by the Carrier Code

Only insurance information for active policies during the period for which eligibility is requested is provided at verification. If the patient reports insurance information different from what is on the card, refer the patient to his or her local department of social services worker to correct the data so bills will be processed correctly.

Under the assignment of benefits regulations, DMAS can act on behalf of the recipient (subscriber) and recover third-party payment from the primary carrier.

Workers' Compensation and other liability insurances (e.g., automobile liability insurance or home accident insurance) **are always considered as primary carriers** for cases where coverage is applicable to the injury being treated. Because the recipient's eligibility card cannot indicate this coverage, it is necessary that cause-of-injury information be obtained from the patient.

Primary Care Providers (PCPs) for the Client Medical Management Program

Eligibility verification will list the names of designated primary care providers (physician

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and/or pharmacy). A primary care designation or restriction is imposed by the Recipient Monitoring Unit of DMAS as a result of high utilization of services by the recipient causing unnecessary or duplicate services. The designated providers must agree to the relationship prior to the designation appearing on the recipient's card. Unless it is an emergency, do not provide services without contacting the primary care provider first for authorization.

MEDALLION PCP

Eligibility verification will list the name of the client's PCP in the MEDALLION program. Other medical professionals must have a referral from the PCP before rendering services.

Managed Care Organization (MCO)

Some enrollees have coverage through a managed care organization. In general, all services provided under the Medicaid State Plan, with the exception of certain carved out services, are the responsibility of the MCO. Additionally, a managed care enrollee will revert back to traditional Medicaid coverage upon enrollment into certain exclusionary programs, as listed in 12VAC30-120-370, such as the Technology Assisted home and community based care waiver, hospice, nursing facilities, or treatment foster care/residential treatment facility for children under age 21. Foster care children enrolled in TFC case management who are in the custody of Richmond City Department of Social Services will be enrolled in managed care but TFC services are carved out of the MCO contract.

Individuals enrolled with a MCO that subsequently meet one or more of the criteria outlined in 12VAC30-120-370, subsection B, during MCO enrollment will be disenrolled as appropriate by DMAS, with the exception of those who subsequently become enrolled into the AIDS, IFDDS, MR, EDCD, Day Support, or Alzheimers federal waiver programs for home and community-based Medicaid coverage. These individuals shall receive acute and primary medical services via the MCO.

Transportation to acute and primary care services shall be paid by the MCO. Transportation to waiver related services shall be the responsibility of and payable by FFS Medicaid via the FFS contracted transportation vendor.

Individuals excluded from mandatory managed care enrollment will receive Medicaid services under the current fee-for-service system. When enrollees no longer meet the criteria for exclusion, they will be required to enroll in the appropriate managed care program.

The MCOs pay for preauthorized, family planning or emergency services when provided outside the MCO network. Preauthorized, family planning or emergency care provided to a Medallion II client by a provider or facilities not participating in the MCO's network are reimbursed according to either a prenegotiated amount or the current Medicaid fee schedule. This reimbursement shall be considered payment in full to the provider or facility of emergency care.

MCOs issue their own cards to enrollees. However, using the plastic eligibility card will

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provide verification of managed care enrollment information.

RECIPIENT WITHOUT AN ELIGIBILITY CARD

A recipient who seeks services without a current eligibility card should be considered responsible for all charges incurred unless eligibility is verified. The provider can verify eligibility without the card using two other identification keys, including name, Social Security Number, and date of birth. These can be used to access the MediCall automated System, the verification vendors, and the web verification system (ARS). See Chapter 1 for further information about verification methods.

ASSISTANCE TO PATIENTS POSSIBLY ELIGIBLE FOR BENEFITS

If a patient is unable to pay for services rendered, the provider may refer the patient or the patient's representative to the local department of social services for an application for Medicaid. The local department of social services will notify the patient of eligibility or ineligibility. Medicaid assumes no financial responsibility for services rendered prior to the effective date of the recipient's eligibility. The effective date of Medicaid eligibility may be retroactive up to three months prior to the month in which the application was filed if the patient was eligible during the retroactive period. Medicaid does not reimburse recipients for out-of-pocket expenses. Once a patient is found eligible, providers may bill Medicaid for covered services, and upon receipt of payment from Medicaid, must reimburse the patient for the out-of-pocket expenses.

MEDICAID APPLICATIONS AND REDETERMINATIONS--AUTHORIZED REPRESENTATIVE POLICY

Medicaid eligibility requirements are strict and require an applicant or someone conducting business on his or her behalf to attest to citizenship or alien status, declare all income and assets, and make assignment of insurance and medical support benefits. In order to accurately determine eligibility, local departments of social services must ensure that an individual who files an application or someone conducting business on behalf of the applicant has full knowledge of the applicant's situation and can provide correct information.

Applications

A Medicaid applicant must sign the application form unless the application is filed and signed by the applicant's legal guardian or committee, attorney-in-fact, or authorized representative. If the applicant is unable to sign his or her name but can make a mark, the mark must be designated "his/her mark" and witnessed by one person. A child under age 18 cannot legally sign a Medicaid application for himself or herself unless he or she is legally emancipated from his or her parents. If a child is not legally emancipated, his or her parent or legal guardian, **an authorized representative designated by the parent or legal guardian, or a caretaker relative with whom the child lives** must sign the application.

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Exception: A minor child under 18 years of age may apply for Medicaid on behalf of his or her own child.

A legally competent individual age 18 or older may authorize anyone to file a Medicaid application on his or her behalf provided that the authorization is in writing, identifies the individual or organization authorized to conduct business on his or her behalf, and is signed by the individual giving the authorization. When an individual has been determined by a court to be legally incompetent or legally incapacitated, the individual's legally appointed committee or guardian is the individual's authorized representative and can apply for Medicaid on the individual's behalf.

If an individual does not have a legal guardian or authorized representative and is mentally unable to sign an application or designate a representative, the individual's spouse will be considered the authorized representative for Medicaid purposes. In situations where the individual is not married, is estranged from his or her spouse, or the spouse is unable to represent him or her, a relative of the individual who is willing to take responsibility for the individual's Medicaid business may be considered his or her authorized representative. Relatives who may be considered authorized representatives in this situation are, in this order, the individual's:

- Adult child;
- Parent;
- Adult sibling;
- Adult niece or nephew; or
- Adult aunt or uncle.

If it is determined that an individual cannot sign an application and does not have an attorney-in-fact or authorized representative, a Medicaid application may be filed by someone other than an authorized person provided the individual's inability to sign the Medicaid application is verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign and file a Medicaid application because of his or her diagnosis or condition. The local department of social services will pend the application until it can be appropriately signed if it is determined that court action has been initiated to have a guardian or committee appointed for the individual or until an Adult Protective Services investigation concludes that guardianship proceedings will not be initiated. Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment file a Medicaid application on behalf of an individual who cannot designate an authorized representative.

An application may be filed on behalf of a deceased person by his or her guardian or committee, attorney-in-fact, executor or administrator of his or her estate, surviving spouse, or a surviving family member, in the following order of preference: adult child, parent, adult sibling, adult niece or nephew, or adult aunt or uncle. The application must be filed within a three-month period subsequent to the month of the individual's death. Medicaid coverage can be effective no earlier than three months prior to the application month. Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment file a Medicaid application on behalf of a deceased individual.

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Redeterminations

A Medicaid recipient must sign the redetermination application form unless the application is filed and signed by the applicant's legal guardian or committee, attorney-in-fact, or authorized representative. If the applicant is unable to sign his or her name but can make a mark, the mark must be designated "his/her mark" and witnessed by one person. If a child under age 18 is not legally emancipated, his or her parent or legal guardian, an authorized representative designated by the parent or legal guardian, or the caretaker relative with whom the child lives must sign the redetermination form.

When it is reported that an adult recipient cannot sign the application and the recipient does not have a guardian, committee, attorney-in-fact, or authorized representative, an individual identified below who is willing and able to take responsibility for the recipient's Medicaid business will be considered the recipient's authorized representative. The individuals are, in this order of preference, the recipient's:

- Spouse;
- Adult child;
- Parent;
- Adult sibling;
- Adult niece or nephew;
- Adult aunt or uncle; or
- Representative payee to include an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment (only for those recipients who were in a medical facility and eligible for Medicaid on October 1, 1996).

The recipient's inability to sign the redetermination application must be verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign the Medicaid redetermination application because of his or her diagnosis or condition.

If the individual cannot sign the redetermination application and does not have an attorney-in-fact or authorized representative, the local department of social services will determine if court action has been initiated to have a guardian appointed for the recipient or will refer the case to Adult Protective Services for investigation. If the recipient is otherwise eligible, Medicaid coverage will continue until a guardian or committee is appointed and can sign the redetermination application or until an Adult Protective Service investigation concludes that guardianship proceedings will not be initiated and the redetermination can be signed by the recipient or his or her authorized representative.

NON-MEDICAID PATIENT RELATIONSHIP

Medicaid-eligible recipients who elect to be treated as private patients or who decline to verify their Medicaid eligibility with providers, will be treated as private pay patients by the provider and by DMAS. Providers are required to furnish supporting documentation whenever patients fall into either of these categories.

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NEWBORN INFANT ELIGIBILITY

All newborn days, including claims for “well babies,” must be submitted separately. “Well baby” days cannot be processed as part of the mother’s per diem, and no information related to the newborn must appear on the mother’s claim.

A newborn infant is automatically eligible for Medicaid if the mother is eligible on the day she gives birth. The infant must be enrolled, however, and receive his or her own Medicaid eligibility number.

The Newborn Eligibility Report (DMAS-213) should be completed by the hospital and sent to the local department of social services to obtain a number for billing purposes. The mother will not have to contact the local department of social services to obtain the Medicaid identification number for the newborn IF the DMAS-213 is utilized; however, she may still choose to do this herself.

The provider can verify newborn eligibility from the card using two other identification keys, including name, social security number, and the date of birth. These can be used to access the AVRS (MediCall), the verification vendors, and the web-based system, ARS. See chapter I for more information on eligibility verification.

MEDICAID ELIGIBILITY FOR HOSPICE SERVICES

To be eligible to elect hospice as a Medicaid benefit, an individual must be entitled to Medicaid benefits and be certified as terminally ill. "Terminally ill" is defined as having a medical prognosis that life expectancy is six months or less. If the individual is eligible for Medicare as well as Medicaid, the hospice benefit must be elected or revoked concurrently under both programs.

GUIDELINES ON INMATE STATUS

Section 1905(a)(24)(A) of the *Social Security Act* excludes from Medicaid coverage payments for care and services rendered to any individual who is an "inmate of a public institution" unless that individual is a patient in a medical institution.

This provision permits Medicaid payment for individuals who reside in publicly operated medical institutions but prohibits Medicaid payment for services rendered to individuals who are "inmates" of public institutions. There are instances in which an individual residing in a medical institution is barred from Medicaid eligibility because he or she is also an "inmate" of a public institution. These guidelines are designed to assist staff in evaluating individuals to determine if their care in medical institutions qualifies for Medicaid payment.

Qualification for Medicaid payment is determined by ascertaining:

1. Whether the institution in which the individual resides is a public institution;
2. Whether it is an exempted institution (medical, educational, or vocational); and

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3. Whether the individual residing therein is an "inmate of a public institution".

A public institution is defined as "an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control" (42 CFR 435.1009).

Exempted public institutions are "medical institutions," "intermediate care facilities," and "publicly operated community residences that serve no more than 16 residents" (42 CFR 435.1009). Intermediate care facilities as a result of OBRA '87 are now called nursing facilities. Intermediate care facilities for the mentally retarded are also considered to be medical institutions for purposes of this section.

An inmate of a public institution is defined as "a person who is living in a public institution unless that person

1. is in a public educational or vocational training institution for purposes of securing education or vocational training, or
2. is in a public institution for a temporary period pending other arrangements appropriate to his or her needs" (42 CFR 435.1009).

In determining qualification for Medicaid payment, it is necessary to determine the nature of the physical placement of an individual (i.e., where he or she actually lives) and the purpose of the placement (i.e., is the reason for placement either educational or vocational?). If the institution is a public institution, the individual may still be eligible if the purpose of the placement is educational or vocational. This is particularly important in evaluating placements in psychiatric facilities or programs where the placing agency is the local school division.

Commitment to public institutions under the penal system has an effect on eligibility for Medicaid payment. The state mental hospital system accepts transfers and commitments from the courts or penal facilities operated by the Department of Corrections or the Department of Juvenile Justice. In cases in which the individual is imprisoned because he or she has been accused or convicted of a crime, neither of the two exceptions to "inmate" status listed above applies.

The *State Medicaid Manual* states "[w]hen a person is incarcerated in the penal system because he has been accused or found guilty of a criminal offense, his status as an inmate is not terminated until he is released from the institution on parole or otherwise." Individuals are inmates during the period before trial or other disposition of the charges or after conviction. Under federal guidelines, the State assumes full responsibility for a prisoner's care, wherever provided. Inmate status continues until the indictment is dismissed or he or she is released from custody either as "not guilty" or for some other reason such as bail, parole, or pardon.

It does not matter whether the offense is a misdemeanor, a felony, or a delinquent act. If he or she is serving a sentence in a prison, jail, or other correctional facility and is transferred to a mental or other medical facility, he or she is still an inmate. Thus, individuals placed

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in psychiatric facilities from prison or juvenile correctional facilities retain their inmate status, and their care does not qualify for Medicaid payment.

An individual is considered an "inmate" of a penal institution even during a pretrial period when the basis for his placement is only accusation, and not conviction, of a crime. Thus, even though the reason for transfer to the mental hospital is temporary, he is still considered an inmate for purposes of Medicaid. In the *State Medicaid Manual* the Secretary of Health and Human Services has interpreted such an individual to be an inmate because "it is as yet unclear whether an individual's placement is of a long-term or purely temporary nature."

The *State Medicaid Manual* further states that "[a] person is considered an inmate of a penal institution if he is incarcerated under process of the penal system..." The word "incarcerated" is important. A facility in which a person is confined "under process of the penal system" is to be considered a "penal institution." Thus, local juvenile detention centers which are secure facilities are "penal institutions." However, local group homes operated by local court service units are not penal institutions because they are not secure. In evaluating individuals who are placed into psychiatric hospitals from programs operated by local court service units, it is necessary to ascertain the nature of the facility in which the individual resided prior to admission to the psychiatric hospital. "If a person detained by legal process is sent directly to a medical institution... there is no other public institution of which he may be considered, even constructively, to be an inmate. Irrespective of such a person's status under the penal system, he cannot be considered an inmate of a public institution."

Examples:

1. An adolescent is serving a sentence at a penal institution and attempts suicide. He is transferred to the adolescent unit at Central State Hospital for evaluation or treatment. He is not eligible for Medicaid even though he resides in a medical institution because he is still incarcerated under the penal system. When his treatment is complete, he will return to the penal system to continue his sentence.
2. An adolescent charged with murder is sent from the local jail to Central State Hospital to determine whether she is competent to stand trial. She is considered an inmate since she remains under indictment and has resided in a penal institution. Even if she is found incompetent to stand trial, she can be tried at some later date when she has gained competency. She remains an inmate until the charges against her are dismissed or she is tried and found not guilty.
3. A juvenile is committed to the custody of the Department of Juvenile Justice after a court hearing because he is determined to be a child in need of services. The local court services unit or the Department of Juvenile Justice determines that he is in need of inpatient psychiatric services and he is placed directly in a Medicaid-enrolled psychiatric hospital. He is not considered an inmate of a public institution because he resides in a medical institution. He has never

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resided in a public penal institution, and he is not under sentence. When his treatment is completed, he will return to the community. The fact that the Department of Juvenile Justice holds custody does not make him an "inmate."

Medicare Catastrophic Coverage Act of 1988

The Medicare Catastrophic Coverage Act of 1988 and other legislation require State Medicaid Programs to expand the coverage of services to certain low income Medicare beneficiaries known as Qualified Medicare Beneficiaries (QMBs).

QMB Coverage Only

Recipients in this group are eligible for Medicaid coverage of Medicare premiums and of deductible and coinsurance up to the Medicaid payment limit, less the recipient's copayment on allowed charges for all Medicare-covered services. Their Medicaid verification will provide the message "QUALIFIED MEDICARE BENEFICIARY--QMB." The Medicare coinsurance is limited to the Medicaid fee when combined with the Medicare payment.

QMB Extended Coverage

Recipients in this group will be eligible for Medicaid coverage of Medicare premiums and of deductible and coinsurance up to the Medicaid payment limit on allowed charges for **all** Medicare-covered services **plus** coverage of **all** other Medicaid-covered services listed in Chapter I of this manual. This group's Medicaid verification provides the message, "QUALIFIED MEDICARE BENEFICIARY--QMB EXTENDED." These recipients are responsible for copays for pharmacy services, health department clinic visits, and vision services.

Plan First

Men and women enrolled in Plan First can receive limited Medicaid covered family planning services. This group's Medicaid verification provides the message, "PLAN FIRST - FAMILY PLANNING SERVICES ONLY." See the Plan First Manual for more information.

All Others

Recipients without ANY of these messages at time of verification will be eligible for those covered services listed in Chapter I of this manual.

FAMILY ACCESS TO MEDICAL INSURANCE SECURITY

The Family Access to Medical Insurance Security Plan (FAMIS), administered by the Department of Medical Assistance Services, provides assistance with comprehensive health benefits coverage for children through the age of 18 who do not have any health insurance coverage. The plan is designed to cover children of working Virginia families who make too much to qualify for Medicaid but cannot afford or do not have access to other health insurance. Eligibility determinations and enrollment of eligible children are handled by a contractor at a central processing unit and by eligibility workers in local departments of social services. Eligible enrollees receive plastic ID cards like those eligible for Medicaid

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until they are enrolled into a managed care organization if one is available in their locality.

FAMIS enrollees cannot be Medicaid eligible. FAMIS coverage begins no earlier than the month in which an application is filed. The application form for FAMIS and FAMIS Plus (the “medically indigent” category of Medicaid) is the same and can be filed at either the central processing unit or a local department of social services. Effective August 1, 2003 children’s Medicaid will be called FAMIS Plus.

Once a child is found eligible, that child is enrolled in FAMIS and receives a plastic medical assistance card that shows the child’s name and identification number. During this initial period, medical coverage can be received from any Medicaid provider. Ongoing medical coverage, depending upon the area of the state where the child resides, will be provided by a managed care entity, either a Managed Care Organization (MCO) or a Primary Care Physician (PCP). Once a provider is assigned, medical services will be provided by the MCO network provider or PCP.

THE FAMIS PROGRAM ADMINISTERS TWO BENEFIT PACKAGES THROUGH TWO DELIVERY SYSTEMS. ONE IS A MODIFIED MEDICAID LOOK-ALIKE COMPONENT OFFERED THROUGH A FEE-FOR-SERVICE PROGRAM AND A PRIMARY CARE CASE MANAGEMENT PROGRAM (PCCM). THE OTHER PACKAGE IS MODELED AFTER THE STATE EMPLOYEE’S HEALTH PLAN AND IS DELIVERED BY CONTRACTED MANAGED CARE ORGANIZATIONS (MCOs). CHILDREN FOUND ELIGIBLE UNDER FAMIS ARE ELIGIBLE TO RECEIVE BENEFITS DESCRIBED IN THE STATE’S PLAN FOR THE STATE CHILDREN’S HEALTH INSURANCE PROGRAM (S-CHIP). THESE BENEFITS ARE SIMILAR TO THOSE COVERED UNDER THE *STATE PLAN FOR MEDICAL ASSISTANCE* EXCEPT FOR INPATIENT MENTAL HOSPITAL SERVICES, SUBSTANCE ABUSE SERVICES, ABORTION, TRANSPORTATION, AND SOME COST-SHARING LIMITATIONS.

The coverage offered through the PCCM Program or offered on a fee for service basis does not rely on contracts with MCOs. These two health care delivery systems are offered in areas that do not have contracted MCOs to provide coverage modeled after the state employee plan. In areas without contracted MCOs, those enrollees who transitioned from the CMSIP, the state’s previous children’s health program, to FAMIS and who were assigned to a primary care provider under the Primary Care Case Management (PCCM) Program continue to receive services through this program. In these areas, all newly eligible and enrolled FAMIS enrollees are assigned to the fee-for-service program.

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

APPLICANT'S NAME

EMERGENCY MEDICAL CERTIFICATION

CASE NUMBER

TO: DIVISION OF PROGRAM OPERATIONS
DEPT. OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET, SUITE 1300
RICHMOND, VA 23219

I. REFERRAL SECTION

THE ABOVE-NAMED INDIVIDUAL HAS APPLIED FOR MEDICAID. A DETERMINATION OF EMERGENCY NEED AND DURATION IS NEEDED NO LATER THAN _____ .

(DATE)

INDIVIDUAL'S STATUS A B C
ATTACHED IS INFORMATION ON THE EMERGENCY MEDICAL TREATMENT.

SIGNED: _____ WORKER#: _____ DATE: _____

AGENCY NAME: _____

AGENCY ADDRESS: _____

II. CERTIFICATION SECTION

I HAVE REVIEWED THE MEDICAL EVIDENCE AND DETERMINED THAT THE MEDICAL CONDITION

IS AN EMERGENCY IS NOT AN EMERGENCY

THE REASON FOR DETERMINATION, OR SPECIFICS OF COVERED SERVICES AND DURATION OF COVERAGE ARE DETAILED BELOW.

SIGNED: _____ TITLE: _____ DATE: _____

III. NOTIFICATION SECTION

TO: MEDICAID SERVICE PROVIDERS

THE ABOVE-NAMED INDIVIDUAL HAS BEEN DETERMINED INELIGIBLE FOR MEDICAID BENEFITS.
REASON FOR DENIAL: _____

THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR MEDICAID TO COVER EMERGENCY SERVICES. ONLY SERVICES DIRECTLY RELATED TO THE EMERGENCY ARE COVERED FOR THE TIME PERIOD SPECIFIED BELOW. THIS FORM SERVES AS YOUR NOTIFICATION OF ELIGIBILITY IN LIEU OF A MEDICAID CARD. IF YOU HAVE ANY QUESTIONS, CALL THE PROVIDER HELPLINE AT 1-800-552-8627.


PERIOD OF COVERAGE: _____

MEDICAID NUMBER: _____

OTHER INSURANCE: _____

SIGNED: _____ TITLE: _____ DATE: _____

SAMPLE MEDICAID CARD



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

00286

999999999999

VIRGINIA J. RECIPIENT

DOB: 05/09/1964 **F** **CARD# 00001**

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NEWBORN ELIGIBILITY REPORT
HOSPITAL OR DSS USE ONLY

ANSWER EACH QUESTION (Please Print)

Mother's Name _____
Last First M.I.

Mother's SSN

--	--	--	--	--	--	--	--	--	--

 Date of Birth

--	--	--	--	--	--

M M D D Y Y

Mother's Address _____

Is mother enrolled in an HMO? _____ Yes _____ No

If yes, enter name of mother's HMO _____

mother's Medical Assistance Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last	Full Name of Newborn(s)		Birth Date MM/DD/YY	Sex	DSS Use Only														
	First	M.I.			MA Number Assigned														

• **Note: Medicaid eligibility for newborns begins on the date of birth, if the child is born to a Medicaid eligible mother.**

Signature of Mother _____ Date _____

<small>Name of Hospital</small>	<small>Hospital Medicaid ID Number</small>	<small>Signature of Person Completing Form</small>
<small>Date</small>	<small>Telephone Number</small>	<small>Telephone Number</small>

MAIL FORM IMMEDIATELY TO:
Local Department of Social Services

DSS Use Only
Date Received _____
Date Processed _____

INSURANCE COMPANY CODES

CARRIER CODE	CARRIER NAME
00001	MEDICARE
00002	ABSENT PARENT
00003	NOT LISTED
00004	AMERICAN COMM MUT LIFE INS CO
00005	ACADEMY LIFE INS CO
00006	AETNA US HEALTHCARE
00007	ALLSTATE INSURANCE CO
00008	AMERICAN DEFENDER LIFE INS CO
00009	AMERICAN FIDELITY ASSUR CO
00010	AMERICAN HERITAGE LIFE INS CO
00011	AMERICAN MUT LIABILITY INS CO
00012	AMERICAN RESERVE LIFE INS CO
00013	APPALACHIAN LIFE INS CO
00014	WILSET ASSOCIATES INS
00015	WALMART ASSOC HLTH PLAN
00016	AMERICAN INCOME LIFE INS CO
00017	AMERICAN SENIOR CITIZENS
00018	AMERICAN CANCER
00019	AMERICAN INTEGRITY INS CO
00020	BANKERS FIDELITY LIFE INS CO
00021	BANKERS LIFE AND CASUA INS CO
00022	BANKERS LIFE INS CO OF NE
00023	BENEFICIAL NATIONAL
00024	BLUE RIDGE INSURANCE CO
00025	BUILDERS LIFE
00026	AMERICAN FAMILY LIFE ASSUR CO
00027	ATLANTIC LIFE INSURANCE CO
00028	AMERICAN MOTORISTS INS CO
00029	BENEFICAL MULTIPLE INS
00030	TRIGON BC/BS OF VA
00031	BLUE CROSS BLUE SHIELD SW VA
00032	BC/BS OF THE NAT'L CAP'TL AREA
00033	BLUE CROSS BLUE SHIELD MD
00034	ANTHEM BC/BS OF CHATTANOOGA TN
00035	BLUE CROSS BLUE SHIELD OF KY
00036	OTHER BC BS
00037	COMMONWEALTH LIFE INS CO OF KY
00038	CONSTITUTION LIFE INS CO
00039	COLUMBIA MUTUAL
00040	CHAMPUS
00041	CHAMPVA
00042	CHARTER SECURITY
00043	CHESAPEAKE LIFE INS CO
00044	THE CITADEL LIFE INS CO
00045	CITIZENS HOME
00046	COASTAL STATES LIFE INS CO
00047	COLONIAL LIFE ACCIDENT INS CO
00048	COLONIAL PENN INSURANCE CO
00049	COMBINED INS CO OF AMERICA
00050	CIGNA
00051	CONTINENTAL CASUALTY COMPANY
00052	CENTRL ST HLTH LIF INS OMAHA
00053	DEER

00054 FOUNDERS LIFE ASSURANCE CO
00055 KLAIS & COMPANY
00056 BENEFIT ADMIN OF AMERICA INC
00057 DURHAM LIFE INSURANCE CO
00058 GROUP HEALTH ASSOCIATION INC
00059 GUARANTEE TRUST LIFE INS CO
00060 EASTERN INSURANCE COMPANY
00061 EMMCO INSURANCE COMPANY
00062 EMPLOYERS LIFE INS CO WAUSAU
00063 EQUITABLE LIFE ASSURANCE
00064 EQUITY NATIONAL LIFE INS CO
00065 DARDEN RESTAURANTS
00066 GROUP HEALTH ASSOCIATION INC
00067 GUARDIAN LIFE INS CO OF AMER
00068 HEALTH BENEFIT ADMINISTRATORS
00069 AETNA INS CO FORT WAYNE
00070 FEDERAL HOME LIFE INS CO
00071 NAT'L CLAIM ADMIN SERV (NCAS)
00072 FEDERATED LIFE INS CO
00073 FIDELITY BANKERS LIFE INS CO
00074 FIREMANS FUND INS CO
00075 METRO MACHINE CORP
00076 HUNT TAYLOR
00077 FIRST VIRGINIA LIFE INS CO
00078 THE FRANKLIN LIFE INS CO
00079 IDEAL MUTUAL
00080 ITT LIFE INSURANCE CO
00081 INA BENFIT SER
00082 GEN FIDELITY
00083 GLOBE LIFE INSURANCE COMPANY
00084 GEOTWN COM HTH PLAN
00085 GOV EMP LIFE INS
00086 GULF LIFE INSURANCE CO
00087 BEVERLY ENTERPRISES
00088 INDEPENDENT LIFE ACCID INS CO
00089 THE LINCOLN NATL LIFE INS CO
00090 HARTFORD LIFE INSURANCE CO
00091 HERALD LIFE INSURANCE CO
00092 HOME BENEFICIAL LIFE INS CO
00093 HOME LIFE GROUP BENE SERV INC
00094 PEOPLE SECURITY INSURANCE CO
00095 LABORERS DIST COU VA HLTH WELF
00096 LIFE INVESTORS INS CO OF AMER
00097 MEDICO LIFE INSURANCE CO
00098 MONTGOMERY WARD LIFE INS CO
00099 INDEPENDENCE
00100 INTEGON LIFE INSURANCE CORP
00101 INTEGRITY NATL LIFE INS CO
00102 INTER STATE ASSURANCE COMPANY
00103 INVESTORS
00104 NATL ASSOC GOVER EMPLOY
00105 NATL SENIOR CITIZENS GROUP
00106 NATIONAL TRAVELERS LIFE CO
00107 JOHN HANCOCK MUTUAL LIF INS CO
00108 NATIONAL BENEFIT LIFE INS CO
00109 GREAT WEST LIFE ASSUR.CO-MD
00110 KENTUCKY CENTRAL LIFE INS CO

00111	KEY LIFE
00112	NATL ACCIDENT AND HLTH
00113	NATL LIFE AND ACCID INS CO
00114	NATIONAL CASUALTY CO
00115	LIBERTY LIFE INS CO
00116	LIBERTY NATIONAL LIFE INS CO
00117	LIFE AND CASUALTY INS CO TN
00118	LIFE INS CO OF GEORGIA
00119	LIFE INS CO OF NORTH AMERICA
00120	THE LIFE INSURANCE CO OF VA
00121	LINCOLN INCOME LIFE INS CO
00122	LONE STAR LIFE INSURANCE CO
00123	LUMBERMENS
00124	ORANGE STATE LIFE HLTH INS CO
00125	PEOPLES SECURITY LIFE INS CO
00126	PROTECTIVE LIFE INS CO
00127	THE PYRAMID LIFE INSURANCE CO
00128	MARYLAND LIFE
00129	MASSACHUSETTS GEN LIFE INS CO
00130	MASSACHUSETTS MUT LIFE INS CO
00131	MAYFLOWER NATIONAL LIFE INS CO
00132	MED INDEMNITY CO
00133	METROPOLITAN CASUALTY INS CO
00134	MIDLAND MUTUAL LIFE INS CO
00135	MID SOUTH INS CO
00136	MID STATES
00137	MIDWEST SECURITY INS CO
00138	MUTUAL OF OMAHA INS CO
00139	MUTUAL LIFE
00140	BENEFIT PLAN STRATEGIES
00141	NYHART (WYNN'S PRECISION)
00142	SOUTHEAST LIFE
00143	NATL AMER LIF INS CO OF PA
00144	BUSINESS ADMIN & CONSULTANTS
00145	NATIONAL HOME LIF ASSURANCE C
00146	INTERCARE BENEFIT SYSTEMS
00147	NATIONAL LIFE INSURANCE CO
00148	NATIONAL SAVINGS LIFE INS CO
00149	NATL UN FIRE INS PITTSBURG PA
00150	NATIONWIDE LIFE INSURANCE CO
00151	NEW YORK LIFE INSURANCE CO
00152	NORTH AMERICAN INS CO
00153	NORTHWESTERN NATL LIFE INS CO
00154	UFCW HLTH AND WELFARE FUND
00155	SOUTHWESTERN LIFE INS CO
00156	OCCIDENTAL
00157	OPTOMETRIC SERV CORP
00158	SENTRY LIFE INS CO
00159	STANDARD LIFE SEC INS CO OF NY
00160	PAUL REVERE LIFE INS CO THE
00161	PENN MUTUAL LIFE INS CO
00162	STONEBRIDGE INSURANCE COMPANY
00163	PENSION LIFE INS CO OF AMERICA
00164	PHYSICIANS LIFE IN CO
00165	JEFFERSON PILOT LIFE INS CO
00166	PIONEER LIFE INS CO OF IL
00167	PROVIDEN LIFE & ACCIDENT INS C

00168	PRUDENTIAL INS CO OF AMERICA
00169	CONFED ADMIN SERVICES INC
00170	C & O RAILROAD
00171	SENIOR AMER
00172	RELIANCE
00173	REPUBLIC AMERICAN LIFE INS CO
00174	NATIONAL FINANCIAL
00175	ROYAL GLOBE
00176	TRUST
00177	UNION LABOR LIFE INS CO
00178	UNION BANKERS INS CO
00179	UNITED EQUITABLE INS CO
00180	SAFECO
00181	SCHOLASTIC
00182	TRIGON ADMINISTRATORS - VA
00183	SHENANDOAH LIFE INS CO
00184	SOUTHERN AID LIFE INS CO INC
00185	SOUTHLAND LIFE INS CO
00186	SOUTHWEST GENERAL
00187	STATE FARM FIRE & CASUALTY CO
00188	SUN LIFE ASSURANCE CO OF CANAD
00189	ITPE-NMU
00190	NETWORK HEALTH PLAN CORP
00191	UNITED CHAMBER ASSUR PLN
00192	TRANS-GENERAL LIFE INS CO
00193	TRAVELERS
00194	TWENTIETH CENTURY LIFE INS CO
00195	AETNA-FMC CORPORATION
00196	UNION CENTRAL LIFE INS CO THE
00197	USAF DEPT OF DEFENSE
00198	UNITED FAMILY LIFE INS CO
00199	USAA LIFE INS CO
00200	UNION SECURITY LIFE INS CO
00201	UNITED AMERICAN INS CO
00202	UNITED FIRE INSURANCE COMPANY
00203	UNITED MIN WORK OF AMER HLTH
00204	UNIVERSAL LIFE INS CO
00205	CENTRAL RESERVE LIF OF N AMER
00206	UNITED INS CO OF AMERICAL
00207	NATIONAL FOUNDATION LIFE INS C
00208	WESTERN AND SOUTHERN LIFE INS
00209	ZEBBA TRUST
00210	ALUMINUM WKRS
00211	AMALGAMATED CLOTHING & TEXTILE
00212	AMAL MEATCUTTERS
00213	AMERICAN FED OF GOVT EMP
00214	POSTAL WKRS UNION
00215	ASBESTOS WKRS
00216	BAKERY AND CONFECTIONERY BENE
00217	BRICKLAYERS UNION
00218	BRHD RAILWAY CLERKS
00219	CARPENTERS UNION
00220	COMM WKRS OF AMER
00221	CONST GEN LAB UNION
00222	INT ASSO MACHINSTS
00223	INT BRHD ELECT WKRS
00224	INT UN OP ENGINEERS

00225	IRON WORKERS TRUST FUND
00226	MILLWRIGHTS UNION
00227	NATIONAL ASSOC OF LTR CARRIERS
00228	MAIL HANDLERS BENEFIT PLAN
00229	PLAST & CEMENT
00230	PLUMBERS & STEAMFITTERS
00231	SHEET METAL WORKERS' LOCAL 100
00232	TEAMSTERS JOINT COUNCIL NO 83
00233	FOOD & COMM WKRS
00234	UNITED PAPERWKRS
00235	UNITED STEELWKRS
00236	WAREHOUSE EMP
00237	BENEFIT PLAN SERVICES
00238	GREAT AMERICAN INS CO
00239	BANKERS MULTIPLE LINE INS CO
00240	VA DENTAL PLAN
00241	VA FARM BUR MUT
00242	VA MUT BENEFIT
00243	VA SURETY CO
00244	VOLUNTEER ST
00245	EMERSON ELEC BENE PLAN T
00246	EASTERN MED SUPPLY POLIC
00247	HARDEN & CO
00248	WAUSAU INSURANCE COMPANY
00249	WESTERN NAT LIFE INS CO
00250	WORLD INS CO
00251	HEALTH CARE ADINISTRATORS INC
00252	CROWN LIFE INS CO
00253	KEYSTONE INS CO
00254	YOUTHGUARD
00255	UNITED BENEFIT LIFE INS CO
00256	VA HLTH AND ACCIDENT ASSOC
00257	GUARANTEE RESERVE LIF INS CO
00258	NATIONAL LIBERTY LIFE
00259	GEORGE WASHINGTON LIFE INS CO
00260	PENNSYLVANIA LIFE INS CO
00261	OLD AMERICAN INS CO
00262	MONUMENTAL LIFE INS CO
00263	CENTRAL VA UFCW
00264	NEWPORT NEWS SHIPYARD
00265	PHYSICIAN MUTUAL INS CO
00266	REINSURED LEX GROUP INS
00267	EMPLOYEE BENEFIT CLAIMS
00268	VETERANS LIFE INS CO
00269	WASHINGTON AREA CORP CAR
00270	WAYNE ADMIN GROUP INS
00271	NEW ENGLAND GEN LIFE INS CO
00272	FIRST CONTINENTAL LIFE & ACCID
00273	MOUNTAIN TRAIL INSURANCE
00274	NAT'L HOME HEALTH
00275	WILLIS CORROON ADMIN SERV
00276	VA INDEPENDENT COAL CORP
00277	UNITED OF OMAHA LIFE INS CO
00278	NAT'L LEAGUE OF POSTMAST
00279	BENEFITS PLAN SERVICES INC
00280	CONTRACT DRIVERS INS TRUST
00281	TRANS AMER ACCIDENTAL LF

00282	FOOD HEALTH CARE
00283	RICHMOND BENEFICAL LIFE
00284	UNION FIDELITY LIFE INS CO
00285	SOUTHERN LUMBER MANF SPE
00286	UNION PLAN ADMINSTRATIO
00287	WOODMEN OF THE WORLD LIF INS
00288	WASHINGTON NATIONAL INS CO
00289	NORTH CAROLINA MUT LIF INS CO
00290	SPERRY MARINE SYSTEM
00291	DEPARTMENT OF LABOR
00292	CIF SERVICE CENTER
00293	VIRGINIA PLAN
00294	THE MINISTERS & MISSIONARIES B
00295	KISER INSURANCE CO
00296	CENTRAL VA RETAIL CLERK
00297	COSTAL PLAIN INS
00298	N N INVESTORS LIFE INS
00299	STUDENT ACCIDENT PROTECT
00300	VA DENTAL SERVICE PLAN
00301	WEAVER ASSOCIATES
00302	HORSEMEN BEN & PROT ASSOC
00303	PACIFIC MUTUAL LIFE INS CO
00304	THE OHIO STATE LIFE INS CO
00305	DELTA DENTAL PLAN OF VA
00306	POSTMASTERS BENEFIT PLAN
00307	EQUICOR
00308	ESMARK
00309	OPTIMA HEALTH PLAN
00310	SMITHFIELD FOOD HEALTH PLAN
00311	J P KENNEDY INS CO
00312	HUMANA INSURANCE
00313	ALLIANCE HLTH BENE PLAN
00314	HRSA/ILA
00315	ROLLINS INS CO
00316	AARP
00317	TIME INSURANCE COMPANY
00318	COSTAL HEALTH CARE PLAN
00319	HMO PLUS
00320	HEALTH AMERICA
00321	QUAKER CITY
00322	MONUMENTAL GENERAL INS CO
00323	UNION LIFE/HOSP INDEMNIT
00324	UNION FEDERAL NATIONAL
00325	COLONIAL BENEFIT ADMINISTRATOR
00326	AETNA
00327	NORTHEAST DELTA INSURANCE
00328	H J WILLIAMS COMPANY INS
00329	BENEFICIAL STANDARD LFE INS CO
00330	FEDERAL LIFE INS CO
00331	BAYLY MARTIN & FAY INS
00332	HMO OF PENNSYLVANIA
00333	BOILERMAKER NAT HLTH & WEL FND
00334	ENGINEERS UNION 106
00335	U S FIDELITY & GUARANTY
00336	AVTEX FIBERS INC
00337	STOUFERS CONCOURSE HOTEL
00338	LOYAL AMERICAN LIFE INS CO

00339 PRUDENTIAL AUTO DEALER
00340 SECURITY TRST LFE INS CO OF GA
00341 STATE MUTUAL INS CO OF AMERICA
00342 NAT'L CAPITAL ADMIN SERVC
00343 KISER GEORGETOWN INS
00344 PRIVATE HEALTH CARE SYS
00345 SECARE 65
00346 TEACHERS PROTECTIVE MUT LFE IN
00347 CCEB TRUST
00348 SEA FARERS
00349 CNS WHOLESALE GROCERY
00350 WEYERHAEUSER GROUP INS
00351 MAIL HANDLERS BENEFIT PLAN
00352 CHOICE INS HEALTH PLAN
00353 MWH MEDICORP MEDICAL PLN
00354 GOVERNMENT EMPLOYEES HOSP ASSOC
00355 VULCAN LIFE INS CO
00356 JOHN ALDEN LIFE INS CO
00357 PROVIDERS ALLCARE ADMINISTRATO
00358 LIFE & HLTH INS CO OF AMERICA
00359 CENTRAL LIFE ASSURANCE CO
00360 IBEX BENEFITS
00361 GREAT WESTERN
00362 CONFEDERATION LIFE
00363 BLUE CROSS/BLUE SHIELD OF MASS
00364 AMERICAN REPUBLIC INS CO
00365 HLTH CARE PLAN ADMIN
00366 HORACE MANN INS CO
00367 GENERAL AMERICAN INS CO
00368 OXFORD LIFE INSURANCE CO
00369 GENERAL AMERICAN INS CO
00370 NORTH BROOK INSURANCE
00371 HERITAGE NAT'L HLTH PLAN
00372 GLOBAL INS MANAGEMENT
00373 FLORIDA ROCK INDUSTRIES
00374 VETERANS OF FOREIGN WARS
00375 HUDSON GROUP ADMINIS
00376 KAISER PERMANENTE
00377 HARVEST LIFE INS CO
00378 TENNESSEE COMPANY GROUP
00379 TRANSPORT LIFE INSURANCE CO
00380 CONTROL DATA SYSTEMS INC.
00381 GREAT WEST LIFE ASSURANCE CO
00382 HECHINGER
00383 HOME BLDS ASSOC OF VA HLTH BNF
00384 GREAT WEST LIFE ASSURANCE CO
00385 CHESTERFIELD RESORCE INC
00386 SECURITY TRST LFE INS OF GA
00387 HILTON NEVADA CORP GRP HLTH BN
00388 DAYSTORM LADD FURNITURE
00389 SENTARA HEALTH PLAN
00390 CAPITOL AMERICAN LIFE INS CO
00391 PRINCIPAL MUTUAL LIFE INS CO
00392 FIELDCREST MILLS
00393 HUDSON GROUP ADMINISTRATOR
00394 GOLDEN RULE LIFE INS CO
00395 CONSUMERS UNITED LIFE INS CO

00396 COMPREHENSIVE BENEFITS SERV CO
00397 DEAN COMPANY EMPLOYEE
00398 PLANNED ADMINISTRATOR INC.
00399 AWANA CLUBS INT'L GROUP INS
00400 DAN RIVER MILLS INC
00401 LINCOLN NATIONAL LIFE INS CO
00402 BOOKE AND COMPANY
00403 MEDICAL DOCTORS INDIV PRACTICE
00404 CORPORATE SYSTEMS ADMIN
00405 TRANSPORT LIFE INS COMPANY
00406 C AND A INSURANCE COMPANY
00407 FEDERAL EXPRESS CORP GRP HLTH
00408 ROSES INTERACTIVE MEDICAL SER
00409 CHARLES CO EMPLOYEE BENEFIT TR
00410 PROVIDERS ALLCARE ADM
00411 SETTLERS LIFE INS CO
00412 NORTHERN GROUP SERVICES INC
00413 AID ASSOCIATION FOR LUTHERANS
00414 OLD SURETY LIFE OF TEXAS
00415 PACIFIC FIDELITY LIFE INS CO
00416 LANE CO IN HLTH CARE PLAN
00417 REYNOLDS METALS INSURANCE
00418 C AND O EMPLOYEES HOSP ASSOC
00419 CAMPBELL TAGGART INC
00420 COBRA SERVICE
00421 BASSETT WALKER
00422 ATLANTA GROUP BENEFIT CENTER
00423 LONG - AIR DOX CO
00424 ALTA
00425 UNITED FURNITURE WORKERS INS
00426 ATLANTA LIFE INSURANCE CO
00427 GROUP HEALTH ADMINISTRATORS
00428 MEDICAL FACILITIES OF AMERICA
00429 CIGNA
00430 ADVANCED INSURANCE SERVICE
00431 ITT HARTFORD LIFE & ANNUITY
00432 HEALTH CLAIM SERVICES
00433 FRINGE BENEFIT REVIEW
00434 NGS AMERICAN
00435 JEFFERSON PILOT C/O AMPRO FISH
00436 CRUM & FOSTER INS COMPANIES
00437 T P A OF GEORGIA
00438 SECURITY LIFE INS CO OF AMER
00439 MCDONOUGH-CAPERTON BENEFIT SER
00440 PCS HEALTH SYSTEM CLAIMS
00441 LAWRENCE MUSGROVE ASSOC
00442 WASHINGTON POST - SELF INSURER
00443 OPTIMUM CHOICE INC
00444 BLUE CROSS BLUE SHIELD(EMPIRE)
00445 G H I
00446 BENEFIT PLAN ADMINISTRATORS
00447 B/C - B/S OF ILLINOIS
00448 JOHN DEERE LIFE INS COMPANY
00449 NRECA NAT'L ROYAL ELECTRIC COR
00450 H. L. DUKE & COMPANY
00451 AMERICAN NATIONAL INS CO
00452 THE MUTUAL GROUP

00453 ACORDIA LOCAL GOV'MNT BENEFITS
00454 AM FOREIGN SERV PROT ASSOC
00455 E B SERVICES INC
00456 SELF FUNDED PLANS INC
00457 PHYSICIANS ASSOC
00458 FLEETWOOD INDUSTRIES
00459 PAID PRESCRIPTION PROGRAM
00460 SOUTHERN HEALTH INSURANCE
00461 HEALTH PLUS
00462 B/C - B/S OF NORTH CAROLINA
00463 CAPITAL CARE BC BS
00464 NATIONAL HEALTH INS CO
00465 E D S ELECTRONIC DATA SYSTEM
00466 INSUREX BENEFITS
00467 BENEFIT CONSULTANT SERVICES
00468 MAMSOVA
00469 AETNA LIFE INS CO NC
00470 TOWER LIFE INSURANCE CO
00471 SERV BEN PLAN RETAIL PHARM PRO
00472 UNITED STATES LIFE INS CO
00473 NATIONAL BENEFIT PLANS
00474 CHESAPEAKE BAY FISHING CO
00475 JOHN HANCOCK INS CO
00476 GROUP HEALTH COOPERATIVE
00477 AMALGATED LIFE INS CO
00478 SAVERS LIFE INS CO
00479 METLIFE (METROPOLITAN)
00480 CIGNA HEALTHCARE
00481 ROSES INC
00482 BLUE CROSS/BLUE SHIELD-MI
00483 BLUE CROSS BLUE SHIELD OF WV
00484 BMA BUSINESS MEN'S ASSURANCE
00485 HEALTH STRATEGIES
00486 CORPORATE BENEFITS SERVICE INC
00487 HEALTHKEEPERS
00488 BLUE CROSS BLUE SHIELD OF AL
00489 BC/BS OF PA (INDEPENDENCE)
00491 AETNA LIFE INS CO INDIANA
00492 KANAWHA INSURANCE CO
00493 AMERICAN MEDICAL SECURITY
00494 AMER POSTAL WORKERS UNION PLAN
00495 TRAVELERS
00496 PRIORITY HLTH CARE-HLTHKEEPERS
00497 NATL ASSOC OF HOME BUILDERS
00498 EMPLOYERS HEALTH INS CO
00499 BORDEN INC
00500 PAN AMERICAN LIFE INS CO
00501 THE GUARDIAN
00502 NOBLE LOUNDES AND JOHNSON
00503 CONTINENTAL GENERAL INS CO
00504 SOUTHERN BENEFIT SERVICE
00505 AMER BANKERS LIFE ASSUR OF FL
00506 NATIONWIDE LIFE INS CO
00507 GUARANTEE MUTUAL LIFE INS CO
00508 PIECE GOOD SHOPS INC SELF INSU
00509 WASHINGTON WHOLESALERS INS CO
00510 STATE FUND WORKERS COMPENS INS

00511 ADMINISTRATIVE CONSULTANTS
00512 BLUE CROSS BLUE SHIELD OF FL
00513 GROUP BENEFITS SERVICES
00514 PHOENIX MUTUAL LIFE INS
00515 DUKE AND CO EMPLOYEE BEN MANAG
00516 THE PRINCIPAL FINANCIAL GROUP
00517 PLUMBERS PIPEFITTERS MED FUND
00518 EMPLOYEE BENEFIT MANAGEMENT CO
00519 CENTRAL BENE NATL LIFE INS CO
00520 FORTIS BENEFITS INS CO
00521 BLUE CROSS BLUE SHIELD OF MO
00522 ALICARE INC
00523 RURAL ELECTRIC GRP INS ADMINIS
00524 METROPOLITAN LIFE INS CO
00525 BLUE CROSS BLUE SHIELD OF TX
00526 CLAIMSWARE INC
00527 HEALTH RISK MANAGEMENT
00528 THE MEGA LIFE & HEALTH INS CO
00529 BC/BS OF MAINE
00530 TPA OF FORT WORTH
00531 ACORDIA NATIONAL
00532 BC/BS OF CENTRAL NEW YORK
00533 DIVERSIFIED GROUP ADMIN. INC.
00534 AFF TEAMS HLTH/WEL MD-LOCAL311
00535 PIEDMONT ADMINISTRATORS
00536 FIRST HEALTH - UTAH
00537 GLOBE LIFE & ACCIDENT INS. CO.
00538 COMMUNITY MUTUAL INS CO
00539 BLUE CROSS-BLUE SHIELD-HIGHMRK
00540 CIGNA
00541 THE GUARDIAN
00542 ALLIANCE ASSURANCE CO
00543 TRAVELERS-NEW YORK
00544 UNITED MEDICAL RESOURCES INC
00545 HEALTH SOURCE INS GROUP
00546 AMERICAN CONT LIFE INS CO
00547 TRAVELERS-DENTAL-NEW YORK
00548 HMO OF VIRGINIA
00549 A CONSULTING SERVICES
00550 AETNA HEALTH PLAN-OHIO
00551 FCE BENEFIT ADMINISTRATORS
00552 FIRST HLTH ADVANTAGE-PROVIDIAN
00553 PRO CLAIM ADMIN INC (PROCLAIM)
00554 CORESOURCE INC (NC)
00555 METRAHEALTH
00556 CORESOURCE INC
00557 DUKE BENEFITS SERVICES
00558 PHARMACY NETWORK NAT CORP
00559 BANKERS UNITED LIFE ASSURANCE
00560 SOUTHERN HEALTH SERVICES
00561 GRGE WASHINGTON UNIV HLTH PLAN
00562 METRO LIFE INS CO (DE)
00563 BA MULLICAN LUMBER/MANUF CO
00564 HOME LIFE GP BEN & SERV INC
00565 CONTINENTAL ASSURANCE CO
00566 AETNA LIFE INS CO - TX
00567 BC/BS OF WI

00568 NAT TELE COOP ASSOC/GRP HLTH
00569 AMPRO FISHERIES COMPANY
00570 EXPRESS SCRIPTS
00571 HARRINGTON BENEFIT SERVICES
00572 PARTNERS NAT HLTH PLANS NC
00573 GROUP INSURANCES SERVICES
00574 ASSOCIATED BENEFITS CORP OF TN
00575 FOUNTAINHEAD ADMIN INC
00576 SINGER FURNITURE - ROANOKE
00577 HUMANA HEALTH PLAN
00578 BLUE CROSS AND BLUE SHIELD TN
00579 CHUBB LIFEAMERICA INS. CO
00580 SPECTRUM ADMINISTRATORS
00581 GENERAL HEALTH BENEFITS
00582 BLUE CROSS AND BLUE SHIELD NJ
00583 HEALTHTRUST
00584 BLUE CROSS AND BLUE SHIELD MS
00585 AMINITRON
00586 TRAVELERS PLAN ADMIN OF TENN
00587 GALLAGHER BASSETT
00588 ALEXANDRIA HOSPITAL PLAN
00589 PROVIDENT LIEF AND ACCID
00590 HEALTHSOURCE PROVIDENT-MEDICAL
00591 NASI WELFARE FUND
00592 WILLSE & ASSOCIATES INC
00593 CLAIM MANAGEMENT SERVICE
00594 PENN WESTERN BENEFITS INC
00595 PHILADELPHIA AMERICAN LIFE INS
00596 JONBIL INC
00597 ELECTRO-MECHANICAL CORP
00598 COLUMBIA FOREST PRODUCTS
00599 FEDERAL BLACK LUNG ASSOC
00600 JEFFERSON PILOT LIFE INS CO TN
00601 GENERAL ELECTRIC MED BENEFITS
00602 E.B.C. MID-AMERICAL
00603 HELATH NETWORK AMERICA
00604 MENNONITE MUTUAL AID
00605 THE TRAVELERS-MANAGED CARE SYS
00606 LIFE INSURANCE CO OF N AMER
00607 MEDICAL CLAIMS MANAGEMENT CORP
00608 METRA HLTH/RAILROAD ACCOUNTS
00609 MAMSI
00610 CAREMARK PRESCRIPTION SERV DIV
00611 MID-ATLANTIC MED SERV
00612 NEW YORK LIFE/HEALTH PLUS
00613 WEIMAN UPHOLSTERY
00614 ACORDIA NATIONAL-BC/BS OF KY
00615 POWELL MOUNTAIN COAL CO INC
00616 NOBEL GROUP BENEFITS
00617 BLUE CROSS/BLUE SHIELD OF NJ
00618 U S HEALTHCARE
00619 MCKEE FOODS GROUP BENEFITS
00620 STATE FARM INSURANCE
00621 BLUE CROSS/BLUE SHIELD OF IOWA
00622 BASSETT FURNITURE
00623 BRESCO INC
00624 BLUE CROSS/BLUE SHIELD OF SC

00625 NEW RIVER INDUSTRIES INC
00626 BLUE CROSS/BLUE SHIELD KANSAS
00627 COST MANAGEMENT TECHNOLOGIES
00628 BLAIR MILL ADMINISTRATORS
00629 CENTRA HEALTH BENEFITS
00630 MAN-U SER CONTRACT TRUST FUND
00631 WILLIAM TALLEY SIGN CO
00632 B.P.S. INC
00633 CELTIC LIFE INS CO
00634 LADD MEDICAL CLAIMS DEPT
00635 SELF INSURED SERV CO
00636 SHOOSMITH BROTHERS INC HLTH PLN
00637 MANCHESTER GROUP HEALTH PLAN
00638 DOANE PRODUCTS CO GROUP BENE
00639 EDUCATORS MUTUAL LIFE
00640 CENTRAL CAROLINA WAREHOUSE GRP
00641 MANGE-MEDICAL-CLAIMSWARE
00642 ELECTRICAL WELFARE TRUST FUND
00643 PRUDENTIAL INSURANCE COMPANY
00644 MET LIFE DENTAL
00645 GREAT WEST LIFE & ANNUITY INS
00646 BASSETT EMPLOYEE BENEFITS
00647 ANTHEM LIFE
00648 CIGNA HEALTHCARE OF VA
00649 JOHN HANCOCK
00650 JOHN DEERE HLTH CARE
00651 HILSTON VALLEY MED CTR
00652 THE GUARDIAN
00653 SOTHERN HEALTH TPA
00654 NETWORK INSURANCE INC
00655 ROCCO BENEFITS
00656 MANPOWER
00657 LAB DIST CO HL & WEL TRST FD#2
00658 MASS MUTUAL UNICARE
00659 JONES HILL & MERCER EMPL BENE
00660 BLUE CROSS AND BLUE SHIELD
00661 AETNA LIFE INS CO-PENNSYLVANIA
00662 CARILION HEALTH PLANS
00663 AETNA LIFE INS CO-FLORIDA
00664 CIGNA-DELEWARE
00665 STARMARK
00666 MEDICARE PART B-RAILROAD
00667 AETNA HEALTH PLAN-OKLAHOMA
00668 FIRST HEALTH-MARYLAND
00669 GREAT WEST LFE ASSUR CO PITTSB
00670 CONTINENTAL LIFE AND ACCIDENT
00671 TYSON FOODS INC
00672 STRATEGIC RESOURCE COMPANY
00673 WASHINGTON GAS & LIGHT CO
00674 AETNA LIFE INS CO -MASS
00675 DENTAL HLTH ADMIN & CONSLT SR
00676 FAISON INSURANCE ASSOCIATES
00677 TEACHER'S STATE EMPLOYEES'
00678 HEALTH PLANS INC
00679 FEDERATED MUTUAL INS.
00680 ACORDIA BENEFITS OF THE SOUTH
00681 ADMINITRON INC.

00682 ACORDIA BENEFITS
00683 HEATAC INC.
00684 VIRGINIA SPRINKLERS
00685 MANAGED PRESCRIPTION SERVICES
00686 PULASKI FURNITURE CORPORATION
00687 PIEDMONT COMMUNITY HEALTH PLAN
00688 CONSUMER DENTAL CARE
00689 ALTA HEALTH STRATEGIES INC
00690 METRAHEALTH
00691 AETNA LIFE INS CO-TYLER TX
00692 EMPLOYESS PLAN INC
00693 FEDERAL EMP BENE-TRIGON BCBS
00694 DONOVAN BENEFIT SYSTEMS INC
00695 EXPRESS SCRIPTS INC
00696 NATIONAL PRESCRIPTION ADM-NPA
00697 KIRK VAN ORSDEL INC
00698 BLUE CROSS & BLUE SHIELD OHIO
00699 GOODYEAR GROUP INS.
00700 INDIANAPOLIS NEWSPAPERS INC
00701 VIRGINIA HEALTH NETWORK
00702 EPOCH GROUP
00703 UNITED HEALTHCARE CORPORATION
00704 THE NEW ENGLAND CARE HLTH PLAN
00705 COLUMBIA HOSP CORP OF AMERICA
00706 PROVANTAGE
00707 MEDIPLUS
00708 FIRST ALLMERICA FINAN LIFE
00709 BC/BS OF CT
00710 CENTRAL UNITED INSURANCE CO
00711 AETNA LIFE INS CO - CALIF
00712 DONNKENNY APPAREL INC.
00713 ALLMERICA FINANCIAL
00714 SRX PHARMACY SPECIALISTS
00715 HEALTHSOURCE PROVIDENT
00716 BC/BS OF PA (CAPITAL)
00717 L & H ADMINISTRATORS
00718 GRAPHIC COMM & NAT'L H & W FND
00719 RELIASTAR(PRESTO PROD-#187119)
00720 METROPOLITAN LIFE INS CO-ILL
00721 QUALCHOICE OF NORTH CAROLINA
00722 AETNA HEALTH PLAN-MID-ATLANTIC
00723 WISCONSIN PHYS SERV/INSUR-TEC
00724 GATEWAY HEALTH ALLIANCE
00725 CORPORATE HEALTH ADMINISTRATOR
00726 AETNA LIFE INS CO - MICHIGAN
00727 PRUDENTIAL INS CO (ALBANY)
00728 TRIGON ADMINISTRATORS - NC
00729 AETNA LIFE INS CO - READING
00730 BC/BS OF PUERTO RICO
00731 AETNA LIFE INS CO - FRESNO CA
00732 STANDARD INSURANCE COMPANY
00733 YOUNG LIFE BENEFIT PLAN
00734 BLUE CROSS/BLUE SHIELD-CALIF
00735 BC/BS OF ARKANSAS
00736 AETNA INS CO.- KENTUCKY
00737 AETNA HEALTH PLAN - ILLINOIS
00738 BLUE CROSS/BLUE SHIELD

00739 ANTHEM BLUE CROSS/BLUE SHIELD
00740 PRUDENTIAL HEALTHCARE GROUP
00741 POSITIVE CARE ADMINISTRATORS
00742 TYSON FOODSINC-TEMPERANCEVILL
00743 EMPLOYEE BENEFIT SERVICES INC
00744 ALLIED ADMINISTRATORS
00745 PRINCIPAL HLTH CARE OF MID-ATL
00746 CENTRA
00747 THE DARBY CHOICE PROGRAM
00748 PRUDENTIAL HEALTHCARE
00749 PENINSULA HEALTHCARE
00750 INTERACTIVE MEDICAL SYSTEMS
00751 VALUE BEHAVIORAL HEALTH
00752 HEWITT COLEMAN AND ASSOCIATES
00753 USA HEALTH NETWORK
00754 ONE HEALTH PLAN
00755 MEDIPLAN
00756 CNA INSURANCE CO
00757 SOUTHAMPTON MEM HOSP-VICARE AD
00758 AETNA LIFE INS CO-DELAWARE
00759 HEALTH PLAN SERVICES INC.
00760 UNITED HLTHCARE ADMINISTRATORS
00761 NYL CARE
00762 MCELROY METAL MILL INC
00763 ALLIANCE
00764 UNITED HEALTH CARE
00765 OPTIMUM CHOICE
00766 UNICARE GROUP CLAIMS
00767 CHA HEALTH
00768 UNITED HEALTHCARE
00769 LITTLE CAESAR FRANCHISE BEN PL
00770 STARBRIDGE/STAR HUMAN RES GRP
00771 BC/BS OF ROCHESTER AREA
00772 EMPHESIS
00773 KENTUCKY UTILITIES COMPANY
00774 THE GUARDIAN (WASHINGTON)
00775 LINE CONSTRUCTION BENEFIT FUND
00776 NEW YORK LIFE
00777 UNICARE
00778 BC/BS OF MINNESOTA
00779 CRAWFORD & COMPANY
00780 BLUE CROSS BLUE SHIELD OF LA
00781 PROVIDENT LFE & ACC-S.CAROLINA
00781 PROVIDENT LFE & ACC-S.CAROLINA
00782 BUNKER HILL FOODS INC
00783 CIGNA - NEW MEXICO
00784 BENEFIT CONCEPTS INSURANCE
00785 HUMANA EMPLOYERS HEALTH
00786 BC/BS OF UTICA (NEW YORK)
00787 THE CENTENNIAL LIFE INS. CO.
00788 PREFERRED HEALTH PLAN INC.
00789 BENEFIX/OLAN MILLS GR MED PLAN
00790 JEFFERSON-PILOT (BLUE RDG ADM)
00791 CUNA MUTUAL INS CO-CREDIT UNIO
00792 AMERITAS DENTAL CARE DIVISION
00793 PITTMAN AND ASSOCIATES
00794 COMMONWEALTH HEALTH ALLIANCE

00795 BENEFIT ASSISTANCE CORP
00796 COASTAL LUMBER HEALTH CARE
00797 ARAMARK
00798 VICARE
00799 PRIMARY HEALTH SERVICES
00800 ABC-ASSOC BLDRS & CONTRACTORS
00801 KEMPER NATIONAL INS COMPANY
00802 WORKMANS OIL INC.(ACS GROUP)
00803 WYNN'S
00804 THE TPA
00805 COMMUNITY HEALTH
00806 AMERICAN HEALTH SERVICES
00807 MVP SELECT CARE INC
00808 BC/BS OF DELAWARE
00809 GREAT WEST LIFE ASSUR CO.-OHIO
00810 PRIMARY PHYSICIAN CARE
00811 SOUTHEASTERN PIPETRADES
00812 ADMINISTRATIVE SERVICES INC
00813 CARDAY ASSOCIATES
00814 PHOENIX GROUP SERVICES
00815 LAND-O-SUN DAIRIES INC.
00816 TUCKER ADMINISTRATOR
00817 SELF FUNDING ADMINISTRATORS
00818 MAKSIN MANAGEMENT CO.
00819 UNITED HEALTHCARE
00820 NATIONAL ELEVATOR INDUSTRY HLT
00821 INTER-RAIL TRANS. INC.
00822 MANUS INC.
00823 PILGRIM HEALTH CARE
00824 GEORGETOWN HEALTH PLAN
00825 AETNA LIFE INS CO-HARTFORDCT
00826 DAVIS-GARVIN AGENCY
00827 DIVERSIFIED PHARM. SERVICES
00828 ADVANCED PARADIGM INC.
00829 ALLIANCE PPO
00830 PEOPLES BENEFIT LIFE INSURANCE
00831 PARTNERS OF NORTH CAROLINA INC
00832 VICARE
00833 HEALTH ALLIANCE PLAN
00834 FINDLAY INDUSTRIES
00835 ECKARD HEALTH SERVICES
00836 ADVANCE DATA SOLUTIONS
00837 PHARMACY ADVANTAGE SYSTEMS
00838 MEDCO/PAID PRESCRIPTION
00839 VISION ONE
00840 ALL RISK ADMINISTRATORS INC.
00841 ADMINISTRATIVE SERV OF N.AMER
00842 AUTOMATED GRP ADMIN. INC.
00843 BENEFIT PLAN ADMINISTRATORS
00844 COOPERATIVE BENEFIT ADMIN
00845 CIGNA HEALTHCARE
00846 EXPRESS SCRIPTS INC.
00847 CIGNA HEALTH PLANS
00848 CIGNA HEALTHCARE
00849 AETNA US HEALTHCARE
00850 CIGNA HEALTHCARE
00851 RX PRIME

00852 CIGNA HEALTHCARE
00853 MET LIFE DENTAL
00854 CIGNA HEALTHCARE
00855 CIGNA HEALTHCARE
00856 CIGNA HEALTHCARE
00857 HOOKER FURNITURE
00858 CIGNA HEALTHCARE
00859 CIGNA HEALTHCARE
00860 EMPLOYEE BENEFIT CLAIMS INC.
00861 FEDERATED MUTUAL INS. CO.
00862 FIELDCREST CANNON INC.
00863 CIGNA INDEMNITY DENTAL
00864 GREAT WEST
00865 GREAT WEST
00866 GREAT WEST
00867 GROUP RESOURCES INC.
00868 JEFFERSON PILOT LIFE INS.
00869 KAISER PERMANENTE
00870 JOHN ALDEN LIFE INS. CO.
00871 KANAWHA HEALTHCARE SOLUTIONS
00872 BENESCRIP
00873 MID-WEST NATIONAL LIFE INS CO
00874 FIRST HEALTH
00875 MAMSI
00876 DIVERSIFIED PHARMACEUTICAL SVC
00877 JOHN P. PEARL & ASSOC.
00878 OPTIMUM CHOICE
00879 PACIFIC MUTUAL
00880 PIEDMONT COMMUNITY HEALTH PLAN
00881 PRINCIPAL FINANCIAL GROUP
00882 UNIVERSAL RX
00883 ULTRA LINK
00884 DELTA DENTAL OF ARKANSAS
00885 DELTA DENTAL OF PENNSYLVANIA
00886 UNICARE
00887 UNIFI INC./MEDCOST
00888 PHARMACARE
00889 VISION SERVICE PLAN
00890 DISNEY GROUP INC.
00891 AMERICAN GROUP ADMINISTRATOR
00892 CARITEN INSURANCE CO
00893 CIGNA HEALTHCARE
00894 SO.E.PIPETRADERS H & W FD/#491
00895 JOHN DEERE HEALTHCARE
00896 ANTHEM HEALTH & LIFE (AHL)
00897 AETNA PHARMACY MANAGEMENT
00898 SPECTERA
00899 PRUDENTIAL HEALTHCARE
00900 MEDIMPACT
00901 EAGLE MANAGE CARE
00902 EXPRESS SCRIPT VALUE RX
00903 UNICARE DENTAL
00904 PRUDENTIAL HEALTHCARE DENTAL
00905 PRINCIPAL FINANCIAL GROUP
00906 PRUDENTIAL INSURANCE
00907 PRUDENTIAL INSURANCE
00908 PROFESSIONAL CLAIMS MANAGEMENT

00909 FORTIS BENEFITS INS. CO.
00910 COMMUNITY HEALTHCARE
00911 UFCW
00912 GROUP DENTAL SERVICE
00913 ARGUS HEALTH SYSTEM
00914 ADMINISTRATED SOLUTIONS INC.
00915 SHEFFIELD OLSON & MCQUEEN INC.
00916 SCRIPT CARE
00917 PIEDMONT COMMUNITY HEALTH PLAN
00918 CIGNA HEALTHCARE
00919 PRINCIPAL FINANCIAL
00920 PRINCIPAL FINANCIAL
00921 PRINCIPAL FINANCIAL
00922 PRINCIPAL FINANCIAL
00923 PRINCIPAL FINANCIAL
00924 CIGNA HEALTHCARE
00925 CIGNA HEALTHCARE
00926 UNICARE
00927 UNITED HEALTHCARE OF MIDWEST
00928 GOLDEN RULE
00929 UNICARE
00930 UNICARE DENTAL
00931 ERISA DESIGNED SYSTEMS ADMIN
00932 NATIONAL TEXTILES
00933 ALLIANZ-LIFE INSURANCE CO
00934 COMPANION LIFE
00935 MEDICHOICE
00936 SAI MEDICAL HEALTH
00937 KAISER PERMANENTE
00938 CORNING INC. HEALTH BENEFITS
00939 AON CONSULTING
00940 BLUE CROSS/BLUE SHIELD-S CAROL
00941 FIRST OPTION HEALTH PLAN
00942 AARP HC OPTIONS/UNITED HC CLAI
00943 INSURERS ADMINISTRATORS
00944 TUFTS BENEFIT ADMINISTRATORS
00945 RX NET
00946 DELMARVA UNITED F&C WKRS
00947 GROUP H PENSION ADMINISTRATOR
00948 RESERVE NATIONAL INS CO
00949 RURAL CARRIER BENEFIT
00950 FMH BENEFIT SERVICES INC.
00951 HRM CLAIM MANAGEMENT INC.
00952 THE BOARD OF PENSIONS
00953 CENTRA
00954 SIMA/SOUTHERN INSURANCE MGMT
00955 NEW ENGLAND FINANCIAL
00956 MEDICAL MUTUAL OF OHIO
00957 WELS VEBA HLTH PLAN GRP ASSOC
00958 MD HEALTH PLAN
00959 SERV-U PRESCRIPTION SERVICES
00960 SOUTH WEST INSURANCE
00961 METRA-HEALTH ESSILOR OF AMERIC
00962 GALLAGHER BASSETT SERVICES INC
00963 DDP*DELTA
00964 JFP BENEFIT MANAGEMENT INC.
00965 VIRGINIA PREMIER HEALTH PLAN

00966	ANTHEM HEALTH & LIFE INS. CO.
00967	CHEVRON MEDICAL PLAN
00968	THE NYHART COMPANY INC.
00969	UNICARE OF NC/ARMY BENEFITS
00970	FREEDOM LIFE INS CO OF AMERICA
00971	BOARD OF PENSIONS
00972	COMMUNITY CARE PLUS
00973	DENTAL ALTERNATIVE
00974	PRESCRIPTION SOLUTION
00975	USA ONE
00976	NEW ENGLAND FINANCIAL (MD)
00977	MIDWESTERN INSURANCE ALLIANCE
00978	CM ADMINISTRATION
00979	CONSECO HEALTH INSURANCE
00980	MIDWESTERN INS ALLIANCE BEECH
00981	NORTH AMERICAN HEALTH PLAN
00982	ANTHEM
00983	PEOPLES BENEFIT & VETERANS LIF
00984	HEALTH MANAGEMENT CORPORATION
00985	DELTA DENTAL OF TENNESSEE
00986	JF MOLLOY & ASSOCIATES
00987	U.S. ABLE ADMINISTRATORS
00988	IBC
00989	SUN HEALTH INC.
00990	AMERIHEALTH ADMINISTRATORS
00991	THE LOOMIS COMPANY
00992	AETNA US HEALTHCARE - MARYLAND
00993	LIFE INVESTORS
00994	CARENET
00995	AMERICAN BENEFITS MANAGEMENT
00996	TWENTY-FIRST CNTRY HLTH & BENF
00997	MEGA LIFE & HEALTH INSURANCE
00998	PENINSULA INSURANCE AGENCY
00999	MEDICARE - PART B
A01	NORTH AMERICAN BENEFITS NETWK
A02	MEDICAL CLAIMS SERVICES
A03	UNITED HEALTHCARE OF VA
A04	NEBRASKA BOOK EMP.HLTH CARE PL
A05	FIRST HEALTH MEDICAL
A06	UNITED HEALTH CARE
A07	AVADO BRAND
A08	JEWEL SMOKELESS COAL CORP.
A09	GALLAGHER BENEFIT ADMIN
A10	KANSAS CTY LIFE ADMIN SERVICES
A11	RUSSELL MANUFACTURING
A12	HLTH & WELFARE BENEFIT SYSTEMS
A13	UPSTATE INSURANCE
A14	SEABURY AND SMITH
A15	MEDCOST BENEFIT SERVICES
A16	THE MAXON COMPANY
A17	INNOVATION HEALTH INC
A18	ALTA HEALTH AND LIFE
A19	HEALTHSOURCE/CIGNA
A20	LEGGETT & PLATT
A21	GROUP ADMINISTRATORS LTD
A22	AMERICAN COMMERCIAL BARGE LINE
A23	LANE HEALTH BENEFITS PLAN

A24	RMSCO INC.
A25	KANAWHA BENEFIT SOLUTION INC.
A26	AMERICAN HEALTH GROUP
A27	BELL ATLANTIC DENTAL BENEFIT
A28	COMMUNITY CARE NETWORK
A29	CIGNA HEALTHCARE - FARMINGTON
A30	MUTUAL OF OMAHA
A31	FIRST HEALTH
A32	AETNA US HEALTHCARE - ND
A33	GOOD SAMARITAN
A34	GREAT WEST
A35	AETNA US HEALTHCARE
A36	MEDICAL BENEFITS MUTUAL INS CO
A37	UNITED HEALTHCARE OF NC
A38	CENTRAL STATES WELFARE FUND
A39	ZENITH ADMINISTRATORS
A40	QUALITY SERVICE ADMINISTRATORS
A41	AMERICAN GENERAL LIFE&ACCIDENT
A42	AAGI
A43	SCOTT AND WHITE HEALTH PLAN
A44	FEDERAL MOGUL
A45	CONCORDIA HEALTH PLAN
A46	IPS
A47	VIGILANT INSURANCE
A48	UNITED HEALTHCARE OF NEW YORK
A49	MAIL HANDLERS BENEFIT PLAN
A50	KAISER PERMANENTE
A51	GLEN RAVEN MILLS INC.
A52	CHARLOTTE HEALTH CARE SRV. CTR
A53	CIGNA HEALTHCARE
A54	CAMBRIDGE
A55	RESTAT
A56	MED TAC HEALTHCARE
A57	CORESTAR/ELECTRA HEALTH NETWK
A58	BENEFIT MANAGEMENT SERVICES
A59	FOREIGN SERVICE BENEFIT PLAN
A60	GREAT WEST LIFE
A61	AETNA US HEALTHCARE
A62	AETNA U.S. HEALTHCARE
A63	MAMSI
A64	MONUMENTAL LIFE INSURANCE
A65	JOHN ALDEN LIFE INSURANCE CO.
A66	GENERAL PRESCRIPTION
A67	CHURCH MUTUAL INSURANCE
A68	FOREIGN SERVICE BENEFIT PLAN
A69	MED COST PREFERRED
A70	WAC WELFARE FUND
A71	PRINCIPAL LIFE INSURANCE CO.
A72	KEYSTONE MERCY HEALTH PLAN
A73	NORTH AMERICAN ADMINISTRATION
A74	THE GUARDIAN
A75	BENEFITS PLANNERS
A76	SOUTHERN HEALTH SERVICES
A77	BENESIGHT
A78	INTERMOUNTAIN HEALTH CARE
A79	BENEFIT MANAGEMENT CORP.
A80	THE J. P. FARLEY CORP.

A81	UNITED PAYORS AND PROVIDERS
A82	AMERICAN GEN.LIFE&ACCID.INS.CO
A83	IVOE LOCAL 115 WELFARE FUND
A84	KELLER HEALTH PLAN
A85	WELLPOINT PHARMACY
A86	AMERICAN BENEFITS MANAGEMENT
A87	ADMINISTRATIVE SERVICES
A88	SCHOOL PLANS DIVISION
A89	CONSECO DIRECT LIFE
A90	CIGNA
A91	EXECUTIVE PHARMACY ADMIN.
A92	FEDERATED BENEFITS
A93	LUCENT TECHNOLOGY
A94	NECA IBEW LOCAL 176
A95	INNOVATIVE HEALTH SERVICES
A96	METLIFE DENTAL
A97	ANTHEM BLUE CROSS/BLUE SHIELD
A98	STAR ADMINISTRATOR SERVICES
A99	AMERICAN BENEFITS MANAGEMENT
B01	PRINCIPAL LIFE INSURANCE CO.
B02	UNITED INSURANCE COMPANY
B03	MCKINLEY HEALTH PLAN
B04	APWU HEALTH PLAN
B05	UNITED INS. CO. OF AMERICA
B06	PA EMPLOYEE BENEFIT TRUST FUND
B07	NATIONAL MED. HLTH.CARD SYSTEM
B08	AMALGAMATED INSURANCE FUND
B09	MACHIGONNE BENEFIT ADMIN.
B10	PEOPLES BENEFIT SERVICES INC.
B11	OXFORD HEALTH PLAN
B12	CORESOURCE
B13	AMERICORPS PROGRAM
B14	INSURANCE MANAGEMNT ADMIN(IMA)
B15	ADVANCE PCS
B16	CLAIMSPRO
B17	HEALTH PLAN OF NEVADA INC.
B18	CHESAPEAKE HEALTH
B19	AETNA US HEALTHCARE
B20	PANAMA CANAL AREA HLTH BENEFIT
B21	PROCARE RX
B22	BENEFITS SYSTEMS
B23	NESTLE
B24	EMPLOYEE BENE. ADMIN. COLONIAL
B25	KEY BENEFIT ADMINISTRATORS
B26	AVMED
B27	HEALTH CARE SAVINGS PPO
B28	BENEFIT COORDINATORS INC.
B29	AMERICAN PIONEER LIFE INSURANC
B30	UK HMO MEDICAL BENEFITS PLAN
B31	COMMONWEALTH ADMINISTRATORS
B32	ALLIANCE PPO
B33	DENTAL BENEFIT PROVIDERS INC.
B34	CAREFIRST ADMINISTRATORS
B35	PREMERA BLUE CROSS
B36	AULT-CARE
B37	ADVANCED PCS (MEDICAID ONLY)
B38	THE PYRAMID LIFE INSURANCE CO.

B39	AFLAC
B40	UNITED PROVIDER SERVICES
B41	COMMUNITY HEALTH BY OPTIMA
B42	DELTA DENTAL PLAN OF WISCONSIN
B43	WEST POINT STEVENS
B44	AMERI BEN SOLUTIONS
B45	AETNA US HEALTHCARE - HMO
B46	GREAT WEST LIFE & ANNUITY INS.
B47	UNITED AMERICAN INSURANCE
B48	MANAGED MED
B49	CAREFIRST - GHMSI
B50	OXFORD LIFE INSURANCE COMPANY
B51	UNITED CONCORDIA
B52	HCH ADMINISTRATION
B53	ONE HEALTH PLAN
B54	AETNA US HEALTHCARE
B55	HIGHMARK SERVICE COMPANY
B56	THE CAPELLA GROUP
B57	CONNECTICUT GEN/UNITED METHODIST
B58	UNITED TEACHER ASSOC./MEDICARE
B59	STANDARD LIFE & ACCID. INS. CO
B60	CIGNA
B61	GENERAL PRESCRIPTION PROGRAM
B62	WESTMORELAND COAL COMPANY
B63	SOUTHERN HEALTH SERVICES INC.
B64	PROVIDENCE HC RISK MANAGER
B65	CIGNA HEALTHCARE
B66	BLUE CROSS BLUE SHIELD KEYCARE
B67	BLUE CROSS BLUE SHIELD FEDERAL
B68	AARP-HEALTHCARE OPTIONS
B69	GEICO GENERAL INSURANCE CO.
B70	MINNESOTA COMM. HEALTH (MCHA)
B72	HILLCO LTD
B73	CIGNA HEALTHCARE
B74	BLUE CROSS/BLUE SHEILD OF OK
B75	VALLEY COMMUNITY HC NETWORK
B76	RBMS LCC/RISK & BENEFIT MGMT
B77	HEALTH NET OF PENN. INC.
B78	ANTHEM PRESCRIPTION MANAGEMENT
B79	DEFINITY HEALTHCARE
B80	BC/BS OF OREGON (REGENCE)
B81	BC/BS OF NORTH CAROLINA
B82	UNICARE - TEXAS
B83	CENTRAL UNITED LIFE
B84	VETARI SYSTEMS
B85	OPERATING ENGINEERS LOCAL 147
B86	U.S. HEALTH & LIFE INSURANCE
B87	BRISTOL COMPRESSORS
B88	WALGREENS HEALTH CARE PLUS
B89	PROVIDENCE HC RISK MANAGEMENT
B90	HEALTH SMART PREFERRED CARE
B91	BOON-CHAPMAN
B92	COMPREHENSIVE BENEFITS ADMIN.
B93	MEDIVERSAL
B94	USI ADMINISTRATORS
B95	TPSC
B96	ASSURE CARE OF ILLINOIS

B97 OREGON LABORERS HEALTH&WELFARE
B98 UNITED BENEFITS
B99 ADMINISTRATIVE ENTERPRISE INC
C01 UVA HEALTH PLAN
C02 NHC HEALTH BENEFIT PLAN
C03 SWIFT TRANSPORTATION
C04 CIGNA - MICHIGAN
C05 UNITED HEALTHCARE/GEN. MOTORS
C06 UNICARE HEALTHCARE OF VIRGINIA
C07 CLAREDON NATIONAL GM/SOUTHWST
C08 CEMARA ADMINISTRATORS INC.
C09 PROVIDENCE HEALTH PLAN
C10 PREFERRED ONE ADMIN. SERVICES
C11 P-5 HEALTH SERVICES
C12 HEALTHCOMP
C13 USI ADMINISTRATORS
C14 LBA HEALTH PLAN
C15 EMPIRE BLUE CROSS/BLUE SHIELD
C16 INTEQ/FOUNDATION ONE
C17 STAR HUMAN RESOURCE GROUP
C18 EMPLOYEE BENEFIT MNGT. SERVICE
C19 PACIFIC LIFE & ANNUITY
C20 CONNECTICARE INC.
C21 THE ANTIOCH COMPANY
C22 HELLER ASSOCIATES
C23 MEDICA
C24 T. R. PAUL INC.
C25 WASHINGTON EMPLOYER'S TRUST
C26 CARDINAL HOME INC. BENEFITS
C27 ARLINGTON BENEFIT SERVICES
C28 FIDELITY INSURANCE
C29 LONG CLAIMS SERVICES
C30 S & S HEALTHCARE STRATEGIES
C31 FAMILY HERTIAGE LIFE INS. CO.
C32 UNITED MEDICAL RESOURCE INC.
C33 JSL ADMINISTRATORS INC.
C34 INSURANCE SERVICE OF LUBBOCK
C35 ALTERNATIVE INSURANCE RESOURCE
C36 FOUNDATION ONE
C37 CHESAPEAKE HEALTH/AON SELECT
C38 WELLPATH
C39 HOLDEN & COMPANY
C40 NAT. VISION ADM. OF WISCONSIN
C41 RWDSU BENEFITS
C42 EQUITABLE PLAN SERVICES
C43 LONDON HEALTH ADMINISTRATORS
C44 BLUE CROSS BLUE SHIELD OF NE
C45 TEAMSTERS LOCAL639-EMPL.HEALTH
C46 PROFESSIONAL BENEFITS SERVICES
C47 NC STATE COMPREHENSIVE MAJOR
C48 SOUTHERN BEN. ADM. CAROLINA-VA
C49 BRIDGESTONE/FIRESTONE
C50 A.B.T LIFECARE CTRS.OF AMERICA
C51 HEALTH NEW ENGLAND
C52 SUPERIOR VISION SERVICES
C53 ASR GROUP
C54 BEECH STREET

C55	MAMSI
C56	AMERICAN HOME PATIENT
C57	LOCAL 1205 UNION
C58	ABA INC.
C59	INTER. UNION OF OPERATING ENG.
C60	ANTHEM BC/BS OF IDAHO
C62	LABORERS TRUST FUND
C63	JLT SERVICES
C64	PROTECTIVE CONSUMER DIRECT
C65	LUMENOS
C66	EQUITABLE LIFE AND CASUALTY
C67	ASSOCIATED PLAN ADMINISTRATORS



MMIS	Manuals
Data Elements 3013 TPL Coverage Code	
<input type="button" value="Back"/> <input type="button" value="Print"/>	
Rules	Valid Values
Inputs	Screens
Tables	Files
Outputs	
GENERAL INFORMATION	
<p>A code that identifies the type of coverage an enrollee has with the third party. Allowed values in this report are 'A' = Part A, 'B' = Part B and 'RD' = Part D.</p> <p>Subsystem: Financial Business Name: N/A Reference Name: C_CVRG_CVAL Cobol Picture: X(02) DB2 Data Type: CHAR(02) Range: N/A</p> <p>Go To Top</p>	
BUSINESS RULES	
<p>Valid Code The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.</p> <p>Go To Top</p>	
VALID VALUES	
DESCRIPTION	

A	Medicare Part A
B	Medicare Part B
C	Cancer
D	Dental
E	Not assigned
F	Home Health/Personal Care
G	Mental Health
H	Hospitalization

I	Indemnity/Accident
J	Dependent Pregnancy
K	Medicare Extended
L	Managed Care (HMO/PPO)
M	Major/Medical-Comprehensive
N	Intermediate Care Nursing Facility
O	Optical/Vision
P	Physician
Q	Chiropractor
R	Pharmacy
RD	Medicare Part D
S	Skilled Nursing
T	Transportation
U	Uninsured Absent Parent
V	Rehabilitation/Physical Medicine
W	Worker's Compensation
X	Preventive Care
Y	Medicare Part A-HMO (no longer used)
Z	Medicare Part B-HMO (no longer used)

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