

Oregon Health Plan: Medicaid and CHIP Population Eligibility Categories

Eligibility Categories (Eligibility Codes)	Description
Plus Benefit Package	
Children's Health Insurance Program (CHIP) CHIP: <1 (Z1, Z5, ZA, ZE) CHIP: 1-5 (Z2, Z6, ZB, ZF) CHIP: 6-18 (Z3, Z4, Z7, Z8, ZG, ZH)	CHIP (Children's Health Insurance Program): Children 0-18 who have incomes up to 200% of the Federal Poverty Level (FPL). To qualify for this program, federal rules state that the child cannot be eligible for other Medicaid programs.
Poverty Level Medical (PLM) Children PLM: Children < FPL: <1 (H1) PLM: Children < FPL: 1-5 (H2) PLM: Children < FPL: 6-18 (H3, H4) PLM: Children >= FPL: <1 (HA, HC) PLM: Children >= FPL: 1-5 (HB) PLM: Children no FPL: <1 (HD) PLM: Children no FPL: 1-5 (HE) PLM: Children no FPL: 6-18 (HF, HG)	Poverty Level Children (PLM) Children: Children less than 1 with incomes up to 185% of FPL; children 0-5 with incomes up to 133% of FPL; children 6-18 with income up to 100% of FPL.
Children's Protective Services SCF: Children in Adoptive, Substitute or Foster Care: (GA, C5, 19, 62)	Children in Adoptive, Substitute or Foster care.
TANF Medical Clients TANF-M (E2, V2, XE, 2, 82)	Temporary Assistance to Needy Families-Medical : Adults and Children who are receiving Medical Assistance (OHP) as part of, or all of their self-sufficiency benefit. TANF Extended (XE): clients no longer in the TANF program but receiving up to one year additional medical assistance.
Poverty Level Medical (PLM) Adults PLM: Adults < FPL (L2) PLM: Adults >= FPL (L6,L8)	Poverty Level Adults: Pregnant and post-partum women who are up to 185% of FPL.
Old Age Assistance/Blind, Disabled, and General Assistance Clients AB/AD with Medicare (3, 4, B3, D4) AB/AD without Medicare ((3, 4, B3, D4) General Assistance (5) OAA with Medicare Part B (1, A1) OAA with Medicare Part A or Part A & B (1, A1) OAA without Medicare (1, A1)	The Aid to the Blind (AB) and Aid to the Disabled (AD) eligibility categories cover people with disabilities who meet federal criteria. Some of these individuals are also covered by Medicare. Seniors (individuals 65 and older) are covered in the Old Age Assistance categories (OAA). Most individuals in this group have Part A (hospital insurance) and/or Part B (medical insurance) Medicare. Individuals who have both Medicare and Medicaid (such as OHP) are known as "dual eligibles".
Standard Benefit Package	
OHP: Families (W0, W1, W2, W3, W4, 1W) OHP: Adults/Couples (Y0, Y1, Y2, Y3, Y4, 1Y)	OHP Families are adults with children who do not meet the eligibility of traditional federal Medicaid rules; OHP Singles/Couples are adults without children who do not meet the "traditional" Medicaid rules. A waiver from the federal government is needed to serve this population. At the present time, incomes are up to 100% of FPL.
Medicaid only/Non-OHP benefit package	
Non-OHP: Medicare Beneficiaries (QB, QS, NP) CAWEM (CW, CX) Breast & Cervical Cancer (BC)	Medicare beneficiaries for whom Medicaid pays for their Part B Medicare premiums, but their incomes are above federal guidelines to receive the full OHP Plus benefit package. Medicare deductibles, coinsurance and copays may also be paid for by Medicaid. Citizen/Alien Waived Emergency Medical (CAWEM) program are individuals who, except for their immigration status, would be eligible for Medicaid. They only receive emergency medical, (including labor and delivery). A small number of counties provide prenatal care. Women in this program have been diagnosed with breast or cervical cancer, but do not have access to other health insurance. This population receives the Plus benefit package, but is not part of OHP.