

Oregon Medicaid Management Information System (OR-MMIS)

271 EB05

Note: Only codes BMD, BMH, BMM, BMP, BRG, CWM, CWX, DEN, DNT and MED represent medical assistance program (MAP) health care coverage. All other codes are for non-MAP services and should be ignored.

These codes will appear in loop 2110C EB segments when a Benefit Description (EB01 = D) is being made. For more information visit the OHP website at www.oregon.gov/OHA/HSD/OHP/Pages/index.aspx.

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|--|-----------------|--|------|--|
| MAP Benefit Codes | BMD | OHP with Limited Drug | | |
| | BMH | OHP Plus | | |
| | BMM | QMB + OHP with Limited Drug | | |
| | BMP | OHP Plus Supplemental | | |
| | BRG | Basic Health Plan | | |
| | CWM | Citizenship-Waived Medical | | |
| | CWX | CWM Plus | | |
| | DEN, DNT | OHP Dental | | |
| | MED | Qualified Medicare Beneficiary | | |
| Other DHS/OHA Benefit Codes (non-medical - for internal use only) | ADMIN | Admin Services | MFP | Money Follows the Person |
| | APD | Aged and Physically Disabled | MFW | Medically Fragile Children |
| | BHC | Basic Health Care Pkg | MIW | Medically Involved Children |
| | BPA | CMS State Plan for 20 hr | MND | Transplant Package |
| | BPD | CMS State Plan for 20 hr | MPD | QMB + Limited |
| | BPM | QMB + BHC | MPM | Medicare/Medicaid |
| | BPO | CMS State Plan for 20 hr | NFC | Nursing Home |
| | DBP | Limited Medicaid | NFG | Nursing Facility DD Special Services |
| | DDB | Children's Intensive In-home HCBC | NFS | Nursing Home Short-Term |
| | DDC | DD Comprehensive HCBC Waiver | OPI | Oregon Project Independence |
| | DDE | DD Eligible | PAC | PACE Benefit Plan |
| | DDG | DD Services General Fund | PDA | Senior Prescription Drug |
| | DDS | DD In-Home Supports HCBC | QDW | Qualified Disabled and Working Individuals |
| | FPS | Family Planning Waiver Services Only | RSG | DD Residential Adult GF |
| | FSG | Family Support DD Service | RSW | DD Residential Adult Waiver |
| | GAP | General Assistance | SMB | Special Low-Income Medicare Beneficiary Only |
| | IAC | In-Home Comprehensive Adult DD Services | SMF | Special Low-Income Medicare Beneficiary Only |
| | IAG | In-Home Comprehensive Adult DD Services | SMHS | State Medicaid Mental Health Services |
| | ICP | Independent Choices | SOP | State Operated Community Programs |
| | ICY | In-home Comprehensive Children | SPB | State Plan Benefits, Children |
| | IMR | Intermediate Care Facility | SPH | Spousal Pay In-Home Services |
| | INELG | Ineligible Recipient | SSE | SPD Service Eligible |
| | LMH | Limited Benefit | SSG | Support Services Adult |
| | LMM | QMB + Limited | SSW | Support Services Adult, DD Services |
| | MFN | Medically Fragile Children Non-Waivered Services | STD | Standard Benefit |