

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
ACA19	M1	MAGI Adult	ACA adults age 19 - 44 w/child or unborn	2, 82 M5, P2	AMO	1		MAGI Affordable Care Act age 19-44
	M3		ACA adults age 19 - 44 w/o child or unborn					
ACA45	M1	MAGI Adult	ACA adults age 45 - 54 w/child or unborn	2, 82 M5, P2	AMO	2		MAGI Affordable Care Act age 45-54
	M3		ACA adults age 45 - 54 w/o child or unborn					
ACA55	M1	MAGI Adult	ACA adults age 55 - 64 w/child or unborn	2, 82 M5, P2	AMO	3		MAGI Affordable Care Act age 55-64
	M3		ACA adults age 55 - 64 w/o child or unborn					
ADLHO	CE	HOP	Healthier Oregon Parent, Other Caretaker, Relative age 6 - 18	P2	HOP, PCR CWM	H3		HOP children age 6-18
	CG		Healthier Oregon age 6 - 18		HOP, CMO CWM			
	CH		Healthier Oregon C21 ages 6 - 18		HOP, C21			

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
ADOLE	2, 82, V2	TANF	TANF and extended medical including presumed TANF eligible age 6 - 18	2, 82, V2	MAA, MAF	T		Children age 6-18
	XE			M5, P2	EXT			
	H3	OHP	age 6 - 12	2, 82 M5, P2	OPC			
	H4		age 13 - 18					
	Z3	CHIP	age 6 - 12		CHP			
	Z4		age 13 - 18					
	Z7		age 6 - 12					
	Z8		age 13 – 18					
	ZC		age 6 - 12					
	ZD		age 13 - 18					
	ZM		age 6 - 18					
	ZG	CEC	Continuous Eligible CHIP age 6 - 12		CEC			
	ZH		Continuous Eligible CHIP age 13 - 18					

*benefits for HOP members who are 25
when they become eligible will continue until age 26

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
ADOLE (cont)	HF	CEM	Continuous Eligible Medical age 6 - 12	2, 82 M5, P2	CEM	T		Children age 6-18
	HG		Continuous Eligible Medical age 13 - 18					
	U3	MAGI CHIP	CHIP MAGI age 6 - 18		C21			
	U6		CHIP MAGI age 6 - 18					
	U9		CHIP MAGI age 6 - 18		C21, 12E			
	H5	CHIP to Medicaid	age 6 - 18		CMO			
			age 6 - 18 continuous eligibility, no income requirement		CMO			
	KA	Parent/Other Caretaker/ Relative	MAGI Parent, Other Caretaker, Relative age 6 - 18		PCR			
	MF	MAGI Child	MAGI Child age 6 - 18		CMO			
			MAGI Child age 6 - 18 continuous eligibility, no income requirement		CMO			

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
BDMC	3, B3 4, D4	Blind & Disabled	Blind & Disabled with Medicare	3, B3, 4, D4		A		Medicare/Medicaid Dual Eligible
	D4	Presumptive Eligible	Presumptive Eligible (program code 5, non-CSD previously GA) with or without Medicare	D4	OSP			
	1, A1, 3 B3, 4, D4 5	OAA Disabled	1619(b) Beneficiaries, presumed SSI eligible	1, A1, 3, B3 4, D4, 5	ESI			
			Pickle Amendment, presumed SSI eligible		OSS			
			Disabled Adult Children, presumed SSI eligible		DAC			
	MG	MAGI Child	MAGI Child, Assumed Eligible Newborn Medicare dual eligible	P2, M5 2, 82	CMO, AEN			
	ME		MAGI Child continuous eligibility age 1 - 5, Medicare dual eligible		CMO			
	MF		MAGI Child continuous eligibility age 6 - 18, Medicare dual eligible					
	H5	CHIP to Medicaid	age 6 - 18, Medicare dual eligible		PWO			
	LA	MAGI Pregnant	MAGI Pregnant w/Due Date Medicare dual eligible					
	LB		MAGI Pregnant w/Due Date Medicare dual eligible					
	LC		MAGI Pregnant, continuous eligibility no income or due date requirement Medicare dual eligible					
	LD		MAGI Pregnant, protected pregnant eligibility no income requirement Medicare dual eligible					

*benefits for HOP members who are 25
when they become eligible will continue until age 26

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
BDNOM	3, B3 4, D4	Blind & Disabled	Blind & Disabled without Medicare	3, B3, 4, D4		B		Aid to the Blind and Disabled & Old age Assistance (not Medicare eligible)
	M2	MAGI Disabled	MAGI Disabled Adult, w/child or unborn without Medicare	2, 82 M5, P2	AMO, SSD			
	M4		MAGI Disabled Adult, w/o child or unborn without Medicare					
	D4	Presumptive Eligible	Presumptive Eligible (program code 5, non-CSD previously GA) with or without Medicare	5	OSP			
	1, A1, 3 B3, 4, D4 5	OAA Disabled	1619(b) Beneficiaries, presumed SSI eligible	1, A1, 3, B3 4, D4, 5	ESI			
			Pickle Amendment, presumed SSI eligible		OSS			
			Disabled Adult Children, presumed SSI eligible		DAC			
ATP19	AE	Adult Temp Plan	Adult Temporary Plan ages 19 - 44 (effective date TBD after the end of the PHE)	2, 82 M5, P2	AMO, AEP	A1		Bridge to the Bridge 19 - 44
ATP45	AE	Adult Temp Plan	Adult Temporary Plan ages 45 - 54 (effective date TBD after the end of the PHE)	2, 82 M5, P2	AMO, AEP	A2		Bridge to the Bridge 45 - 54
ATP55	AE	Adult Temp Plan	Adult Temporary Plan ages 55 - 64 (effective date TBD after the end of the PHE)	2, 82 M5, P2	AMO, AEP	A3		Bridge to the Bridge 55 - 64

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
CHPIN	Z1	CHIP	CHIP eligible age < 1	2, 82 M5, P2	CHP	R		Children age 0
	Z5		CHIP eligible age < 1					
	ZA		CHIP eligible age < 1					
	ZK		CHIP eligible age < 1					
	ZE	CEC	Continuous CHIP Eligibility age < 1		CEC			
	U1	MAGI CHIP	CHIP MAGI age < 1		C21			
	U4		CHIP MAGI age < 1		C21			
	U7		CHIP MAGI age < 1		C21, 12E			
CSDCH	19, 62 GA, C5	SCF Children	SCF Children foster care and sub-adoptive care	19, 62 GA, C5	SAC (some C5 only)	C		Foster Children
	C5	MAGI Substitute Care	MAGI Substitute Care XIX Residential	C5	CR1			
			MAGI Substitute Care XIX Non-Residential		CR2			
		Former Foster Care	Former Foster Care		CR3			
	MC	CW MAGI	Child Welfare MAGI	MC				

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
DENCF	VC	COFA Dental	COFA Dental	P2	CFD	DC		COFA Dental Program
DENVT	SL	Veteran Dental	Veteran Dental - QMB SMB	P2	VED, SMB	DV		Veterans Dental Program
	QI		Veteran Dental - QMB SMF		VED, SMF			
	QB		Veteran Dental - QMB BAS		VED, QMB			
	VB		Veteran Dental		VED			
HOACS	H6	HOP	Healthier Oregon Acute Care Services Postpartum 0 - 60 days	1, A1, 3, B3 4, D4, 5	HOP, OSP ACS, CWM	HC		HOP OSIPM Acute Care Services
	H7		Healthier Oregon Acute Care Services Extended Postpartum 61 - 365 days		HOP, OSP ACS, CWM EXP			
	HU		HOP OSIPM Acute Care Services		HOP, OSP ACS, CWM			
	HZ		HOP OSIPM Acute Care Services, Pregnant		HOP, CWX OSP, ACS			

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
HOEPD	H6	HOP	Healthier Oregon Employed Persons with Disabilities Postpartum 0 - 60 days	1, A1, 3, B3 4, D4, 5	HOP, OSP EPD, CWM	HD		HOP OSIPM Employed Persons with Disabilities
	H7		Healthier Oregon Employed Persons with Disabilities Extended Postpartum 61 - 365 days		HOP, OSP EPD, CWM EXP			
	HU		Healthier Oregon OSIPM Employed Persons with Disabilities		HOP, OSP EPD, CWM			
	HZ		Healthier Oregon OSIPM Employed Persons with Disabilities, Pregnant		HOP, OSP EPD, CWX			
HOLTC	H6	HOP	Healthier Oregon OSIPM Postpartum 0 - 60 days	1, A1, 3, B3 4, D4, 5	HOP, OSP WIS, CWM	HE		HOP OSIPM Long-term Care Services
	H7		Healthier Oregon OSIPM CWX Extended Postpartum 61 - 365 days		HOP, OSP WIS, CWM EXP			
	HV		Healthier Oregon OSIPM Long-term Care Services		HOP, OSP WIS			
	HZ		Healthier Oregon OSIPM Long-term Care Services, Pregnant		HOP, CWX OSP, WIS			

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
HOOAA	HJ	HOP	Healthier Oregon Parent, Other Caretaker, Relative age >= 65	P2	HOP, PCR CWM	H4		HOP Old Age Assistance
	HR		Healthier Oregon Old Age Assistance age >= 65	1, A1	HOP, OSP CWM			
	HS		Healthier Oregon Blind without Medicare	3, B3, 5	HOP, OSP CWM			
	HT		Healthier Oregon Disabled without Medicare	4, D4, 5	HOP, OSP CWM			
HOP19*	HH	HOP	Healthier Oregon Adult age 19 - 25 w/child or unborn	P2	HOP, AMO CWM	H1		HOP MAGI age 19 - 44
	HI		Healthier Oregon Adult age 19 - 25 w/o child or unborn					
HOP55	HH	HOP	Healthier Oregon Adult age 55 - 64 w/child or unborn	P2	HOP, AMO CWM	H2		HOP MAGI age 55 - 64
	HI		Healthier Oregon Adult age 55 - 64 w/o child or unborn					
HOPBH	HU	HOP	HOP OSIPM Behavioral Health	1, A1, 3, B3 4, D4, 5	HOP, CWM BHI	HF		HOP OSIPM Behavioral Health
	HZ		HOP OSIPM Behavioral Health, Pregnant		HOP, CWX BHI			

*benefits for HOP members who are 25
when they become eligible will continue until age 26

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
HOPCR*	HJ	HOP	Healthier Oregon Parent, Other Caretaker, Relative age 19 - 25 and 55 - 64	P2	HOP, PCR CWM	H5		HOP MAGI Parent Other Caretaker Relative
HOPPG	HL	HOP	Healthier Oregon Parent, Other Caretaker, Relative Pregnant age >= 19	P2	HOP, PCR CWX	H6		HOP MAGI Pregnant
	HM		Healthier Oregon Pregnant age >= 19		HOP, PWO CWX			
	HW		Healthier Oregon OSIPM Pregnant CWX age >= 19	1, A1, 3, B3 4, D4, 5	HOP, OSP CWX			
HOPPP*	H9	HOP	Healthier Oregon Extended Postpartum 61 - 365 days age >= 19 - 25	P2	HOP, OVF EXP	H7		HOP MAGI Postpartum 0 - 365 days
	HN		Healthier Oregon Parent, Other Caretaker, Relative Postpartum 0 - 60 days age >= 19 - 25		HOP, PCR CWM			
	HP		Healthier Oregon Parent, Other Caretaker, Relative Extended Postpartum 61 - 365 days age >= 19 - 25		HOP, PCR CWM, EXP			
	HO		Healthier Oregon Postpartum 0 - 60 days age >= 19 - 25		HOP, PWO CWM			

*benefits for HOP members who are 25
when they become eligible will continue until age 26

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
HOPPP* (cont)	HQ	HOP	Healthier Oregon Extended Postpartum 61 - 365 days age >= 19 - 25	P2	HOP, PWO CWM, EXP	H7		HOP MAGI Postpartum 0 - 365 days
	HX		Healthier Oregon OSIPM Postpartum 0 - 60 days age >= 19 - 25	1, A1, 3, B3 4, D4, 5	HOP, OSP CWM			
	HY		Healthier Oregon OSIPM Extended Postpartum 61 - 365 days age >= 19 - 25		HOP, OSP CWM, EXP			
OAMC	1, A1	OAA	Old age Assistance with Medicare Part A or AB	1, A1		M		Medicare/Medicaid Dual Eligible
	1, A1, 3 B3, 4, D4 5	OAA Disabled	1619(b) Beneficiaries, presumed SSI eligible	1, A1, 3, B3 4, D4, 5	ESI			
			Picket Amendment, presumed SSI eligible		OSS			
			Disabled Adult Children, presumed SSI eligible		DAC			
OAMCB	1, A1	OAA	Old age Assistance with Part B Medicare	1, A1		F		Medicare/Medicaid Dual Eligible
	1, A1, 3 B3, 4, D4 5	OAA Disabled	1619(b) Beneficiaries, presumed SSI eligible	1, A1, 3, B3 4, D4, 5	ESI			
			Pickle Amendment, presumed SSI eligible		OSS			
			Disabled Adult Children, presumed SSI eligible		DAC			

*benefits for HOP members who are 25
when they become eligible will continue until age 26

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
OANOM	1, A1	OAA	Old age Assistance without Medicare	1, A1		O		Aid to the Blind and Disabled & Old age Assistance (not Medicare eligible)
	1, A1, 3 B3, 4, D4 5	OAA Disabled	1619(b) Beneficiaries, presumed SSI eligible	1, A1, 3, B3 4, D4, 5	ESI			
			Pickle Amendment, presumed SSI eligible		OSS			
			Disabled Adult Children, presumed SSI eligible		DAC			
OHPAD	2, 82, V2	TANF	TANF and extended medical including presumed TANF eligible age >= 19	2, 82, V2	MAA, MAF Ethnic Group C/D	I		MAGI Parent Other Caretaker Relative
	XE			P2, M5	EXT			
	KA	Parent/Other Caretaker/ Relative	MAGI Parent, Other Caretaker, Relative age >= 19	P2, M5, 2, 82	PCR			
OHPHO	CE	HOP	Healthier Oregon Parent, Other Caretaker, Relative age < 1	P2	HOP, PCR CWM	H8		HOP children age 0
	CF		Healthier Oregon age < 1		HOP, CM1 CWM			
	CH		Healthier Oregon C21 age < 1		HOP, C21			

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
OHPIN	2, 82, V2	TANF	TANF and extended medical including presumed TANF eligible age < 1	2, 82, V2	MAA, MAF Ethnic Group C/D	Q		Children age 0
	XE			P2, M5	EXT			
	H1	OHP	age < 1	P2, M5 2, 82	OPC			
	HA		age < 1		OPP, OP6			
	HC	OHP2	age < 1 AEN		OPP			
	HD	CEM	Continuous Eligible Medical age < 1		CEM			
	KA	Parent/Other Caretaker/ Relative	MAGI Parent, Other Caretaker, Relative age < 1		PCR			
	MD	MAGI Child	MAGI Child age < 1		CM1			
			MAGI Child age < 1 continuous eligibility no income requirement					
	MG		MAGI Child, AEN no age or income requirement					
OHPPA	L2	OHP	Person with due date	P2, M5, 2, 82	OPP	J		MAGI Pregnant

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
PLMHO	CA	HOP	Healthier Oregon Parent, Other Caretaker, Relative Pregnant age < 19	P2	HOP, PCR CWM, CWX	H9		HOP MAGI Pregnant
	CB		Healthier Oregon Pregnant age < 19		HOP, PWO CWM, CWX			
	CQ		Healthier Oregon C21 Pregnant age < 19		HOP, C21			
PLMHP	CC	HOP	Healthier Oregon Postpartum 0 - 60 days age < 19	P2	HOP, PWO CWM	HA		HOP MAGI Postpartum 0 - 365 days
	CD		Healthier Oregon Extended Postpartum 61 - 365 days age < 19		HOP, PWO CWM, EXP			
	CI		Healthier Oregon C21 Postpartum 0 - 60 days age < 19		HOP, RHE C21			
	CJ		Healthier Oregon C21 Extended Postpartum 61 - 365 days age < 19		HOP, EXP C21			

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
PLMPG	L6	OHP	Person w/Due Date	P2, M5 2, 82	OPP	E		MAGI Pregnant
	L8	OPP	Person w/Due Date					
	LA	MAGI Pregnant	MAGI PWO w/Due Date		PWO			
	LB		MAGI PWO w/Due Date					
	LC		MAGI PWO, continuous eligibility no income or due date requirement					
	LD		MAGI PWO, protected pregnant eligibility no income requirement		PWO, PPW			

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
PRESC	2, 82, V2	TANF	TANF and extended medical including presumed TANF eligible age 1 - 5	2, 82, V2	MAA, MAF Ethnic Group C/D	S		Children age 1 - 5
	XE			P2, M5	EXT			
	H2	OHP	age 1 - 5	P2, M5 2, 82	OPC			
	HB		age 1 - 5		OP6			
	Z2	CHIP	age 1 - 5		CHP			
	Z6		age 1 - 5					
	ZB		age 1 - 5					
	ZL		age 1 - 5					
	ZF	CEC	Continuous Eligible CHIP age 1 - 5		CEC			
	HE	CEM	Continuous Eligible Medical age 1 - 5		CEM			
	U2	MAGI CHIP	age 1 - 5		C21			
	U5		age 1 - 5					
	U8		age 1 - 5					

*benefits for HOP members who are 25
when they become eligible will continue until age 26

Capitation Category	PERC	Eligibility Category	Eligibility Description	Program Code	Case Descriptor	Group Code	MMIS Description	Contract Language
PRESC (cont)	KA	Parent/Other Caretaker/ Relative	MAGI Parent, Other Caretaker, Relative age 1 - 5	P2, M5 2, 82	PCR	S		Children age 1 - 5
	ME	MAGI Child	MAGI Child age 1 - 5		CMO			
			MAGI Child continuous eligibility age 1 - 5 no income requirement					
PRSHO	CE	HOP	Healthier Oregon Parent, Other Caretaker, Relative age 1 - 5	P2	HOP, PCR CWM	HB		HOP children age 1 - 5
	CG		Healthier Oregon age 1 - 5		HOP, CMO CWM			
	CH		Healthier Oregon C21 age 1 - 5		HOP, C21			
SNRG	BC	BCCP	Breast & Cervical Cancer	P2	BCP	X		Breast and Cervical Cancer Program