Oregon Medicaid Management Information System (OR-MMIS)
271 EB Values

Coverage Type To Return On 271 Elig Verification Response	EB01 Eligibility Indicator	EB02 Coverage Level Code	EB03 Service Type Code	EB04 Insurance Type Code	Coverage Description
APM	D	IND	30	MC	Alternative Payment Method - FQHC
Benefit Plan	D	IND	30	MC	Medicaid Benefit Package
Co-Pay	B	IND	30	MC	Medicaid Co-Pay Required
Dental (Limited)	F	IND	35	MC	Date of Last Limited Medicaid Service
FFS	1	IND	30	MC	Has Medicaid - FFS
FFS - With PCM	4	IND	30	MC	Medicaid Assigned PCM
Lockin Pharmacy	N	IND	88	MC	Medicaid Patient Restricted To Pharmacy
Managed Care HMO	2	IND	30	MC	Enrolled into FCHP
Managed Care DCO	3	IND	35	MC	Enrolled into Dental Plan
Managed Care MHO	3	IND	A4	MC	Enrolled into MH Plan
Managed Care CDO	3	IND	AI	MC	Enrolled into Chemical Dep Plan
Managed Care PCO	3	IND	30	MC	Enrolled into Primary Care Plan
Medicare A	R	IND	30	MA	Medicare Part A Coverage
Medicare B	R	IND	30	MB	Medicare Part B Coverage
Medicare D	R	IND	30	OT	Medicare Part D Coverage
No Medicaid Coverage	6	IND	30	MC	Has No Medicaid Coverage
PACE	N	IND	30	MC	Special SPD Program
TPL	R	IND	30	C1	Patient's Commercial Insurance Coverage
Vision (Limited) Exam	F	IND	AN	MC	Date of Last Limited Medicaid Service
Vision (Limited) Glasses	F	IND	AM	MC	Date of Last Limited Medicaid Service