

Appendix E: Benefit Service Packages

Categorically Needy Program (CNP)

This program has the largest scope of care. A few of the services are: doctors, dentists, physical therapy, eye exams and glasses, mental health, prescriptions, hospitals, and family planning for men, women, and teens. There is limited coverage for Maternity Case Management, orthodontia, private duty nursing, and psychological evaluation. Chiropractic care and nutrition therapy are limited to the Healthy Kids program.

Alternative Benefits Plan (ABP)

This program is available to persons eligible to receive health care coverage under Washington Medicaid's Modified Adjusted Gross Income (MAGI)-based adult coverage. The scope of services available is equivalent to that available to CNP-covered clients with the addition of a benefit for habilitative services. Washington Administrative Code (WAC) program policies are applicable to this new eligibility group, as are the instructions in the ProviderOne Billing & Resource Guide and program-specific Medicaid Provider Guides. This client population does not include those eligible for Medicare.

Emergency Related Services Only (ERSO) – PA may be required

This program has coverage for only specific medical conditions: a qualifying emergency, end stage renal disease on dialysis, cancer actively receiving treatment, or post-transplant status on anti-rejection medications. Prior authorization for some services may be required. Services not related to the medical condition are not covered. The Agency determines if the client has a qualifying condition for any of these programs in accordance with the Washington Administrative Code (WAC) criteria. For specific details please see [182-507 WAC](#).

Take Charge – Family Planning Service Only (TCFPO)

This program is for both women and men. It covers family planning services such as: annual examinations, family planning education and risk reduction counseling, FDA approved contraceptive methods such as birth control pills, IUDs and emergency contraceptive creams and foams; and sterilization procedures.

Family Planning Services Only (FPSO)

This program is for women. Services include: coverage for all birth control methods, sterilization, OB-GYN exams, and counseling to help with family planning.

General Assistance (GA) - no out of state care

This program covered many of the most basic services such as doctor's visits, prescriptions, and hospitalizations. However, some services, such as dental and mental health treatment may have restrictions that require prior authorization or may not be covered. As of 1/1/14, the GA program became obsolete as all clients in this population are now included in the ABP classification (see above).

Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) - No Out of State Care

This program covered many of the most basic services such as doctor's visits, prescriptions, and hospitalizations. However, some services, such as dental and mental health treatment may have restrictions that require prior authorization or may not be covered. As of 1/1/14, the ADATSA program became obsolete as all clients in this population are now included in the ABP classification (see above).

Limited Casualty Program – Medically Needy Program (LCP-MNP)

This program covers many medical services. A few of the services are: doctors, dentists, eye exams and glasses, mental health, prescriptions, hospitals, and family planning for men, women, and teens. There are some services that are not covered, such as physical therapy. There are also limited services; Maternity Case Management is one example. Chiropractic care and nutrition therapy are limited to the Healthy Kids program.

Qualified Medicare Beneficiary (QMB) – Medicare Only

This program pays for Medicare premiums and pays for deductibles, coinsurance, and copayments according to Medicaid rules.

Specified Low-Income Medicare Beneficiary (SLMB)

This program only pays for Medicare premiums. Health coverage through Medical Assistance Medicaid is not covered.

Qualified Individual 1 (QI-1)

This program only pays for Medicare premiums. Health coverage through Medical Assistance Medicaid is not covered.

Qualified Disabled Working Individual (QDWI)

This program only pays for Medicare premiums. Health coverage through Medical Assistance Medicaid is not covered.

Detox Program – Limited Care

This program is limited to coverage for services related to detoxification.

Inpatient Psychiatric Care Only (IPCO)

The program covers services given in a psychiatric institution/hospital. Other services are not covered.

For more information, please visit <http://www.hca.wa.gov/medicaid/pages/client.aspx>

ACES Program Codes

Some provider groups rely on the ACES program codes to help them determine if the client is on a state-only program or is on a Medicaid program to identify their funding sources. The following table lists these program codes.

	ACES	DESCRIPTION	SCOPE
SSI and SSI Related SSI and SSI-related; also called Aged/Blind/Disabled (ABD) category Disability is determined by SSA or by NGMA referral to DDDS	S01	SSI Recipients	CNP
	S02	ABD Categorically Needy	CNP
	S03	QMB Medicare Savings Program (MSP) Medicare premium and Medicare copayments	MSP
	S04	QDWI Medicare Savings Program	MSP
	S05	SLMB Medicare Savings Program. Medicare Premium only	MSP
	S06	QI-1 (ESLMB) Medicare Savings Program	MSP
	S07	Undocumented Alien. Emergency Related Service Only	ERSO
	S95	Medically Needy no Spenddown	MNP
	S99	Medically Needy with Spenddown	MNP
SSI Related Living in an alternate living facility (non- medical institution) adult family home, boarding home or DDD group home.	G03	Non Institutional Medical in ALF CN-P Income under the SIL plus under state rate x 31 days + 38.84	CNP
	G95	Medically Needy Non Institutional in ALF no spenddown	MNP
	G99	Medically Needy Non Institutional in ALF with Spenddown	MNP
SSI Related Healthcare for Workers w/disability	S08	Healthcare for Workers with Disability CNP Premium based program. Substantial Gainful Activity (SGA) not a factor in Disability determination.	CNP
INSTITUTIONAL HCBS Waivers (HCS/DDD) and Hospice SSI related	L21	Categorically Needy DDD/HCS Waiver or Hospice on SSI	CNP
	L22	Categorically Needy DDD/HCS Waiver or Hospice – gross income under the SIL	
	L24	Undocumented Alien/Non-Citizen LTC - residential placement. Must be preapproved by ADSA program manager. Emergency Related Service Only (45 slots)	ERSO – CNP scope
	L95	Medically Needy Hospice in Medical Institution. Income over the SIL-no spenddown	MNP
	L99	Medically Needy Hospice in Medical Institution. With Spenddown	MNP
INSTITUTIONAL SSI	L01	SSI recipient in a Medical Institution - Residing in a medical institution 30 days or more	CNP
INSTITUTIONAL SSI Related Residing in a medical institution 30 days or more	L02	SSI related CN-P in a Medical Institution Income under the SIL	CNP
	L04	Undocumented Alien/Non-Citizen LTC must be pre-approved by AL TSA Program Manager. Emergency Related Service Only (45 slots)	ERSO – CNP scope
	L95	SSI related Medically Needy no Spenddown Income over the SIL. Income under the state rate.	MNP
	L99	SSI related Medically Needy with Spenddown Income over the SIL. Income over the state rate but under the private rate. Locks into state NF rate	MNP

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INSTITUTIONAL Family/Children TANF related income/resource rules	K01	Categorically Needy Family in Medical Institution	CNP
	K03	Undocumented Alien Family in Medical institution Emergency Related Service Only	ERSO
	K95	Family LTC Medically Needy no Spenddown in Medical institution	MNP
	K99	Family LTC Medically Needy with Spenddown In Medical institution	MNP
PREGNANCY	P02	Pregnant 185 FPL & Postpartum Extension	CNP
	P04	Undocumented Alien Pregnant Woman	CNP scope
	P05	Family Planning Service Only	FAMILY PLANNING
	P06	Take Charge family Planning only	FAMILY PLANNING
	P99	Medically Needy Pregnant Women & Postpartum Extension	MNP
Refugee MA	R01	Refugee cash and Medical (ENDED 09/30/13)	CNP
	R02	Transitional 4 Month Extension	CNP
	R03	Refugee Categorically Needy	CNP
DCFS/JRA Medical Foster Care	D01	SSI Recipient FC/AS/JRA Categorically Needy	CNP
	D02	FC/AS/JRA Categorically Needy	CNP
	D26	Title IV-E federal foster care – und34 26	CNP
Family Related MA	F01	TANF cash and Medicaid (ENDED 09/30/13)	CNP
	F02	Transitional Medicaid	CNP
	F03	Post TANF Child/Spousal Support (4 months max only) (ENDED 12/31/13)	CNP
	F04	TANF Related	CNP
	F05	Newborn	CNP
	F06	Categorically Needy Medical Children (Effective 1/1/09, this may be CN Medicaid children or CN State funded children)	CNP
	F07	Children's Health Insurance Program	CNP S-CHIP NOT MEDICAID
	F08	Undocumented Alien Children (this coverage group ended 12/31/08 and is merged with the F06 group)	State Funded CNP scope of care
	F09	Undocumented Alien- Emergency Related Service Only	ERSO
	F10	Interim Categorically Needy (2 months max only)	CNP
	F99	Medically Needy no Spenddown	MNP
MAGI Family Related MA	N01	MAGI Parent/Caretaker Medicaid; adult	CNP
	N02	12 month Transitional MAGI Parent/Caretaker Medicaid; adult	CNP
	N03	MAGI Pregnancy	CNP
	N05	MAGI adult medicaid; income =<133% (Medicaid Expansion)	ABP
	N10	MAGI Newborn Medical birth to one year	CNP
	N11	MAGI Children's Medicaid/age under 19,	CNP
	N13	MAGI Children's Health Insurance Program (CHIP) Children under 19; premium payment program	CNP
	N21	MAGI Parents/Caretaker; Emergency only; AEM	ERSO
	N23	MAGI Pregnancy; not lawfully present	CNP
	N25	MAGI adult medicaid; non-citizen- income =<133% (Medicaid	ERSO

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		Expansion) AEM	
	N31	MAGI Children's medical; under 19; non-citizen	State Funded CNP scope of care
	N33	MAGI Children's Health Insurance Program (CHIP); under 19; premium payment program, non-citizen	State Funded CNP scope of care
ADATSA –State Program Drug & Alcohol TX program	W01	ADATSA Medical-State Funded (ENDED 12/31/13)	STATE FUNDED
ADATSA	W02	ADATSA Medical Care-State Funded (ENDED 12/31/13)	STATE FUNDED
ADATSA	W03	Detox Medical-State Funded (ENDED 12/31/13)	STATE FUNDED
Medical Care Services and ABD Cash with CN medicaid	G01	MCS Medical Care Services	STATE FUNDED
	G02	ABD cash plus either: (ENDED 12/31/13) ABD-X Presumptive SSI Federally Funded CNP Medicaid (ENDED 12/31/13) ABD-A Federally Funded CNP -AGED ABD-D Federally Funded CNP- NGMA disability determination	CNP
Mental Health Institutional	I01	Inpatient Psychiatric (Mental Health) (ENDED 12/31/13)	CNP
Breast and Cervical Cancer program	S30	Breast and Cervical Cancer (Health Department approval)	CNP
Take Charge	P06	Family Planning (Take Charge)	FAMILY PLANNING
Psychiatric inpatient	M99	Psychiatric Indigent Inpatient spenddown (MI prior to 7/03) Mental Health ONLY. (ENDED 12/31/13)	STATE FUNDED

CN = Categorically Needy **MN**=Medically Needy **ERSO** =Emergency Related Services Only (AEM)
MSP=Medicare Savings **ABP**=Alternative Benefit Plan

For a high-level scope of care table for services covered by these programs go to the table at
<http://www.hca.wa.gov/medicaid/billing/pages/scopeofhealthcaresvcstable.aspx> .

Providers can also find a version of this table in publication HCA 22-315 and can order copies by visiting the
publications web site <http://www.hca.wa.gov/medicaid/publications/Pages/default.aspx>

Detailed information for clients with the Alien Emergency Medical (AEM) coverage can be found at web page
<http://www.hca.wa.gov/medicaid/aem/Pages/index.aspx>