Pennsylvania PROMIS*e*™ Companion Guide

834
Benefit Enrollment and Maintenance
Version 5010

December 2022, Version 2.2

Copyright Notice and Disclaimer

Revision History

Document Version Number	Revision Date	Reason for Revisions	Revisions Completed By
Version 1.1	06/01/2010	New document	Documentation Team
Version 1.2	07/07/2010	Loop updates	Documentation Team
Version 1.3	08/06/2012	Updates for PH/95	Documentation Team
Version 1.4	09/19/2012	Updated Carrier List in Appendix A	Documentation Team
Version 1.5	10/25/2012	Removed PH/95 from Carrier List in Appendix A	Documentation Team
Version 1.6	12/07/2012	Removed Names	Documentation Team
Version 1.7	01/09/2013	Updated Appendix A	Documentation Team
Version 1.8	12/24/2013	Updated Appendix A	Documentation Team
Version 1.9	09/12/2014	Updated Appendix A and added Copyright Notice and Disclaimer page	Documentation Team
Version 2.0	05/01/2015	Revised document to meet ASC X12 copyright standards and added/updated appendices Removed Appendix A (Language Codes)	BDCM\MMU
Version 2.1	11/16/2015	Updated TR3 unique identifier	Documentation Team
Version 2.2	12/15/2022	Updated the DHS Test IDs in ISA06 and GS02 from '445361456' to '445562154'.	Documentation Team
Version 2.2	12/15/2022	Updated guide with prior changes from October 2021 834 File Enhancements release (wherein additional MA, SNAP, and TANF data elements were mapped to Loops 2000 and 2300), and updated Loop 2320 Element COB02 Member Group or Policy Number for December 2022 834 Transition to PROMISe, to specify leading spaces will be trimmed (change highlighted within this draft).	Documentation Team

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Overview

The Pennsylvania Department of Human Service's HIPAA-compliant Provider Reimbursement and Operations Management Information System (PROMIS*e*™) has adopted the new version 5010 X12 standards. These standards comply with the CMS mandate effective January 1, 2012.

This Companion Guide contains detailed instructions for interpreting the ASC X12 005010X220A1 Benefit Enrollment and Maintenance (834) transaction records that can be received from PROMIS*e*™ in the 834 format. Please disregard any instructions that do not pertain to the services you are receiving.

MCOs must complete a certification process in order to receive the 834 transaction from PROMIS*e*™ for production processing. The certification process consists of the transmittal of the 834 to verify that the format can pass HIPAA compliance checks.

This Companion Guide applies to both the daily and the monthly 834 PROMISe™ files. Each record on the files will contain a series of segments (BGN, REF, etc.) for each recipient. Segments will not be sent when they are not required AND there has been no change to that data. However, each segment that is sent is always a complete segment and is to be considered a full replacement for previously sent segments.

Monthly File – There will be only one record on the file for each recipient (the most recent). Records will be included if the recipient is eligible for both Medical Assistance and managed care at some point in the next month. This file will be generated on the next to the last Saturday of each month. For example, a file generated on the next to the last Saturday in September will contain the most recent record for each of the MCO's recipients where the recipient was both MA and managed care eligible at some point in October (as of the date the file is generated). Third Party Liability information is not included on this file.

Daily File – The daily file will only contain records for each of an MCO's recipients where data for that recipient (contained in the 834 layout) has changed. There may be more than one record on the file for a recipient. This will be determined by the budget and maintenance – a separate record for each type. For example, if an MCO recipient has a Medical Assistance category termination and a new MA category added on the same day, two records will be generated on that evening's daily file – one for the terminated category and one for the new category. However, if a recipient changes their address, phone number and language preference on the same day, only one change record will be sent that includes all of these changes. If a caseworker changes a recipient's address three times in one day, only one record will be sent on that evening's daily file. It will contain only the address in effect at the end of that day.

This file will be sorted. The MCO should process the records in the order in which they appear on the file. Changes that occur for a terminated coverage period will continue to be sent until a term record has been sent. For example, the MCO receives a Managed Care termination (001/024) date of 03/31/15 for one of their recipients on 02/24/15. On 02/28/15, the recipient changes their phone number. This change record will be sent to the MCO because a final term record for both the MA Category and Managed Care (024/024) has not been sent. Once a term record for both category and managed care has been sent, no further 834 records will be generated for that recipient. TPL data will be sent on daily files when it overlaps with managed care coverage.

The files will only contain records for eligible recipients - those with a CIS eligibility status code where the first character is NOT an "N". Eligibility status code is not sent on either the daily or the monthly file.

Companion Guide Instructions

One of the new terms born out of HIPAA is *payer variability*. As each payer works to make its system HIPAA ready, there is a realization and an allowance that payers are going to require information and values/formats specific to their systems. This Companion Guide was developed to communicate the Pennsylvania Benefit Enrollment and Maintenance-specific information required to successfully interpret the 834 transaction.

This Companion Guide is to be used in conjunction with the *ASC X12 Implementation Guide* (found at http://store.x12.org). The *ASC X12 Implementation Guide* takes precedence and is the main source of information about the transaction sets.

The Companion Guide contains:

- DHS interpretation/application of the data elements that support Benefit Enrollment and Maintenance transaction submissions,

- The methods utilized to convey data that are not included in the *ASC X12 Implementation Guide*, but are required for processing Pennsylvania Department of Human Services transactions; and Clarification for certain, less obvious, but still standard, uses of the transaction.

Revisions to the Companion Guide

The initial release of this Companion Guide was June 2010. The first release reflected all the known information as of this date. However, as the implementation phases of PROMISe progress, updates and releases of new information may be forthcoming.

The e-mail information that you provided will be used to notify you when the updates are available. If your email information changes, PH and CHC-MCOs should notify DHS/OMAP at 834DataIssues@pa.gov, and BH-MCOs should notify DHS/OMHSAS at RA-PWOMHSAS834ISSUES@pa.gov. The most current version of the Companion Guide will also be available on the Managed Care Intranet.

Revision Process:

For each new release of this Companion Guide, the information that has been changed since the previous version will be located in that specific section of the guide.

If a revision is made to a data element, it will be detailed in the Revision(s) Description section in the table containing the element. DHS will clearly define the change that was made so it can be integrated into your process.

If there are any updated releases to the Companion Guide, DHS will attempt to notify you of its availability through the email address that was supplied when you registered for PROMISe™ certification. Updates will also be posted to the DHS web site. Please check for these updates regularly.

Pennsylvania-Specific HIPAA Data Elements

Page #	Reference	Field Name	Codes	PROMISe™ Specific Notes/Comments
Control Segment				
C.4	ISA06	Interchange Sender ID	Prod = "345529167" Test = 445562154"	
C.5	ISA08	Interchange Receiver ID	The Receiver ID assigned by DHS	
C.6	ISA14	Acknowledgement Requested	"0" = No Interchange Acknowledgement Requested	
C.7	GS02	Application Sender's Code	Prod = "345529167" Test = "445562154"	
C.7	GS03	Application Receiver's Code	The Receiver ID assigned by DHS	
Beginning Segment				
33	BGN02	Reference Identification (Industry: Transaction Set Reference Number)	"FDXXJJJS01CCYY" F = Fixed D = Daily (or M = Monthly) XX = two-character MCO code JJJ = Julian Date S = Sequence Number from filename 01 = Constant CC = Century YY = Year	
35	BGN08	Action Code	"2" = Change/Update (used to identify a transaction of additions, terminations, and changes to the current system). "4" = Verify (used to identify a full enrollment transaction to verify that the sponsor and payer's system are synchronized.	

Page #	Reference	Field Name	Codes	PROMISe™ Specific Notes/Comments
Loop 1000A Sponsor Name				
39	N102	Name (Industry: Plan Sponsor Name)	"Dept of Human Services"	
40	N103	Identification Code Qualifier	"FI" = Federal Taxpayer's Identification Number	
40	N104	Identification Code (Industry: Sponsor Identifier)	"236003113"	
Loop 1000B Payer				
41	N102	Name (Industry: Insurer Name)	MCO Name	
42	N103	Identification Code Qualifier	"FI" = Federal Taxpayer's Identification Number	
42	N104	Identification Code (Industry: Insurer Identification Code	MCO Federal Tax ID	
Loop 2000 Member Level Detail				
49	INS03	Maintenance Type Code	"001" = Change to an existing record "021" = New subscriber or new MA category "024" = Termination of subscriber or MA category "030" = Used for Monthly Audit Enrollment File	Daily files could contain multiple records for each recipient. The "030" Audit (Monthly File) will only contain one record for each recipient. This will be present if the recipient is eligible at some point in the next month.
51	INS06	Medicare Plan Code	Daily/Monthly: Recipient Medical Resource Code. Valid codes are: "A" = Medicare Part A "B" = Medicare Part B "C" = Medicare Parts A and B "E" = No Medicare	

Page #	Reference	Field Name	Codes	PROMISe™ Specific Notes/Comments
Loop 2000 Subscriber Identifier				
55	REF02	Reference Identification (Industry: Subscriber Identifier)	Concatenated field of: Recipient Number (9 bytes) and Validation Digit (1 byte).	
Loop 2000 Member Policy Number				
56	REF02	Reference Identification (Industry: Member Group or Policy Number)	Concatenated field of: County Code (2 bytes), District Code (1 byte), Record Number (7 bytes), Line Number (2 bytes), Category (3 bytes), Grant Group (1 byte), Program Status Code (2 bytes), Lock-In Status Code (1 byte), MA Budget Termination Reason Code (3 bytes).	If any of these values are not available, spaces will be used. Trailing spaces will be trimmed from this field; spaces occurring between values will be maintained. Zero is a valid value for District, Program Status Code, and Lock-In Status Code. See Appendix C of this guide or http://hsha.dpw.state.pa.us/pages/daps/pa601p.htm for valid Reason Codes (VPN required for link; refer to 'TREA – REASON CODE TABLE'). Note: not all reason codes are applicable to MA.
Loop 2000 Member Supplemental Identifier				
58	REF02	Reference Identification (Industry: Member Supplemental Identifier)	Concatenated field of: Ethnicity Code (1 byte), Facility Placement Code (2 bytes), Waiver Code (2 bytes), Pregnancy Due Date (CCYYMMDD format - 8 bytes), CCYA/JPO (County Children and Youth Agency/Juvenile Probation Office) Case Number (9 bytes).	If any of these values are not available, spaces will be used; except for facility placement/waiver code, where zeros will be used. Facility placement and waiver codes will only be provided when open (active). Trailing spaces will be trimmed from this field; spaces occurring within or between values will be maintained.

Page #	Reference	Field Name	Codes	PROMISe™ Specific Notes/Comments
Loop 2000 Member Level Dates				
59	DTP01	Date/Time Qualifier (Industry: Date Time Qualifier)	Maintenance Code = 021: 473 = Medicaid Begin Date 356 = Eligibility Begin Date 303 = MA Renewal Date (if present) 300 = MA Semiannual Reporting Date (if present) Maintenance Code = 001: 303= MA Renewal Date (if present) 300 = MA Semiannual Reporting Date (if present) Maintenance Code = 024: 473 = Medicaid Begin Date 474 = Medicaid End Date 356 = Eligibility Begin Date 357 = Eligibility End Date Maintenance Code = 030: 473 = Medicaid Begin Date 474 = Medicaid End Date (if present)	
Loop 2100A Member City, State, Zip Code				
70	N406	Location Identifier	Concatenated field of: Facility Placement County Code (2 bytes) and Waiver County Code (2 bytes).	Sent only if open (active). Zeros are a valid value if none.
Loop 2200 Disability Information				
138	DSB08	Medical Code Value (Industry: Diagnosis Code)	Concatenated field of: Benefit Package (2 bytes) and FPL Indicator (1 byte).	
Loop 2300 Health Coverage				
140	HD01	Maintenance Type Code		See Appendix A for further PA-specific data instructions.
141	HD03	Insurance Line Code		See Appendix A for further PA-specific data instructions.
141	HD04	Plan Coverage Description		See Appendix A for further PA-specific data instructions.

Page #	Reference	Field Name	Codes	PROMISe™ Specific Notes/Comments
Loop 2300 Health Coverage Dates				
143	DTP01	Date/Time Qualifier (Industry: Date Time Qualifier)		See Appendix A for further PA-specific data instructions.
144	DTP03	Date Time Period (Industry: Coverage Period)		See Appendix A for further PA-specific data instructions.
Loop 2320 Coordination of Benefits				
164	COB02	Reference Identification (Industry: Member Group or Policy Number)	Concatenated field of: TPL Policy Number (20 bytes), TPL Source ID (4 bytes), TPL Policyholder/ Employer Indicator (1 byte).	On the monthly file, this field is never sent. On the daily file, this field is required when enrolling a new member or when TPL resources have been added, changed, or terminated. A "Y" in Policyholder/Employer will indicate that this data is available on CIS (although it may not be valid). An "N" will indicate that there is no policyholder/employer data available. If any of these values are not available, spaces will be used. Leading spaces will be trimmed from this field; spaces occurring within or between values will be maintained.
Loop 2330 Coordination of Benefits Related Entity				
170	NM103	Name Last or Organization Name (Industry: Coordination of Benefits Insurer Name)	Concatenated field of: TPL Carrier Insurance Code (3 bytes), TPL Type of Insurance (1 byte), TPL Court Order Insurance (1 byte), TPL Carrier Name - only if unlisted (30 bytes).	No delimiters will be used. Zero is a valid value for Court Order Insurance. Trailing spaces will be trimmed from this field; spaces occurring within or between values will be maintained. See Appendix B for a list of TPL Carrier Insurance Codes.

Appendix A – Health Coverage

Page #	Reference	Field Name	Codes	Description
**Loop 2300 Health Coverage**			
140	HD01	Maintenance Type Code	"001" = Change that does not affect PH or BH coverage dates. FAC, EPO, AG, and HLT will always show with this Maintenance code. "021" = New begin date for PH, BH; or new MA begin date for existing plan coverage. "024" = Termination date for PH or BH. "025" = Reinstatement date for PH. "030" = Used for Monthly Audit Enrollment File.	021 addition, 024 termination, and 025 reinstatement codes are used when begin and end dates are affected. The 001 change code is used when begin and end dates are not affected. The 030 audit/compare code is used for the monthly file. The 025 reinstatement code will only be used for PH coverage. It will not be used for either BH or TPL coverage. See Note 1 at the end of Appendix A.
141	HD03	Insurance Line Code	Will be populated with: "HMO" for PH and BH; "FAC" for Facility Codes; "EPO" for Waiver Codes; "AG" for SNAP and TANF; "HLT" for Cost of Care. Other HIPAA values for TPL are indicated below (cross walked to the TPL type of insurance from loop 2330 segment NM103, position 4): "FAC" - A (Medicare Part A) "PRA" - B (Medicare Part B) "DEN" - D (Dental) "FAC" - H (Hospital Plan Only) "LTD" - L (Black Lung Medical Benefits) "MM" - M (Major Medical) "HMO" - O (HMO) "HLT" - P (Patient Pay - Not LTC) "PDG" - R (Drug Plan) "FAC" - S (Medigap Supplemental to Medicare Part A) "PRA" - T (Medigap Supplemental to Medicare Part B) "AK" - U (Act 62 Coverage)	See Note 1 at the end of Appendix A.

Page #	Reference	Field Name	Codes	Description
			"VIS" - V (Vision Benefits) "STD" - W (Worker's Compensation) "HLT" - X (Basic Coverage) "LTC" - Z (Patient Pay - LTC)	
142	HD04	Plan Coverage Description	Will be populated with the following fields concatenated together in the following order: For PH/BH coverage ("HMO"): "PH" or "BH" (hard coded value - 2 bytes), PH or BH Current Plan Code (2 bytes), PH or BH Auto Assign Indicator (1 byte), Exemption Code (2 bytes). When loop is used for Facility Placement ("FAC"): Current Facility Code (2 bytes). When loop is used for Waiver Eligibility ("EPO"): Current Waiver Code (2 bytes) When loop is used for SNAP eligibility ("AG"): "SNAP" (hard coded value - 4 bytes), ABAWD Indicator (1 byte), ABAWD Clock Count (2 bytes). When loop is used for TANF eligibility ("AG"): "TANF" (hard coded value - 4 bytes), ETP Indicator (1 byte). When loop is used for TPL Cost of Care ("HLT"): "COST OF CARE" (hard coded value – 12 bytes). For other TPL coverage: This segment will only be used if the carrier is unlisted (see Section 7 for unlisted carrier codes)	For PH/BH coverage: exemption code will only be sent if active (open); otherwise, 00 will be sent as a valid value indicating no exemption. When loop is used for SNAP: an ABAWD Clock Count should be sent if ABAWD Indicator = Y. If ABAWD Indicator = N, a Clock Count should not be sent. Trailing spaces will be trimmed from this field. When loop is used for TANF: If mandatory Employment and Training Activities Indicator (ETP Indicator) is not sent, the trailing space will be trimmed from this field. SNAP and TANF eligibility will be included on all INS03 "021" add and "001" change records if SNAP or TANF benefits are being received. When loop is used for TPL: leading and trailing spaces will be trimmed; spaces occurring within or between values will be maintained. Facility, Waiver, SNAP, TANF, and TPL loops will not be sent if a recipient is not receiving these benefits. See Note 1 at the end of Appendix A.

Page #	Reference	Field Name	Codes	Description
			• Unlisted Carrier Address Street (26 bytes), • Unlisted Carrier Address City (16 bytes), • Unlisted Carrier Address State (2 bytes), • Unlisted Carrier Address Zip Code (5 bytes)	
		**Loop 2300 Health Coverage Dates**		
143	DTP01	Date/Time Qualifier (Industry: Date Time Qualifier)	The value used will depend on the following algorithm: • When the Daily/Monthly Current Plan Begin Date is being output, then populate the Data Element DTP01 with the value "348". • When the Daily/Monthly Current Plan End Date is being output, then populate the Data Element DTP01 with the value "349". When both the Plan Begin and Plan End Dates are present in the input record, then two DTP Segments will be created, one for each date value. A loop will be created for each set of DTP segments – one loop for PH, one loop for BH, one loop for Facility, one loop for Waiver, one loop for SNAP, one loop for TANF, and a separate loop for each TPL resource. When loop is used for SNAP or TANF: • Begin Date is populated in 348. • End Date is populated in 349 if present. • Renewal Date is populated in 303 if present. • Semiannual Reporting (SAR) Date is populated in 300 if present.	Also used if Facility and Waiver Codes are present. In that case, the begin date is populated in 348 and the end date is populated in 349 whenever present. When Facility end date and Waiver end dates are present in the begin date-end date time period, then DTP01 is 695 and the begin and end dates are concatenated with a "-" in between. SNAP and TANF DTP segments will only contain the current SNAP or TANF eligibility begin and end date (if an end date exists). If SNAP or TANF eligibility is ongoing and a new segment opens in CIS, the new 348 begin date will be sent but a 349 end date for the prior SNAP or TANF segment will not be sent. See Note 1 at the end of Appendix A.
144	DTP02	Date Time Period Format Qualifier	"D8" if DTP01 is 348, 349, 303, or 300. "RD8" if DTP01 is 695.	

Page #	Reference	Field Name	Codes	Description
144	DTP03	Date Time Period (Industry: Coverage Period)	Will be populated with a date value from one of the following input fields: • Daily/Monthly PH Current Plan Begin Date • Daily/Monthly PH Current Plan End Date • Daily/Monthly BH Current Plan Begin Date • Daily/Monthly BH Current Plan End Date • Daily Facility Begin Date • Daily Facility End Date • Daily Facility Time Period • Daily Waiver Begin Date • Daily Waiver End Date • Daily Waiver Time Period • Daily SNAP Begin Date • Daily SNAP End Date • Daily SNAP Renewal Date • Daily SNAP Semiannual Reporting (SAR) Date • Daily TANF Begin Date • Daily TANF End Date • Daily TANF Renewal Date • Daily TANF Semiannual Reporting (SAR) Date • Daily TPL Begin Date • Daily TPL End Date	See Note 2 at the end of Appendix A.

NOTE 1: These fields will always be sent for the Daily file and only for the Monthly file if a recipient is eligible during the following month. Facility, Waiver, SNAP, TANF, and TPL segments will not be part of the Monthly file.

NOTE 2: Only one date will appear in any one DTP Segment, but multiple DTP segments can be used in multiple 2300 Loops.

Each 2300 Loop will either have Physical Health or Behavioral Health dates. The system will not mix the three types of dates in the same 2300 Loop.

The Monthly file is the only file that will have both PH and BH date sets, but it will not have any Facility, Waiver, SNAP, TANF, or TPL date sets.

Up to two DTP Segments will be used within a 2300 Loop to indicate the Begin and End Dates.

Two DTP Segments are not required. If there is no End Date value, then only one DTP Segment for the Begin Date information will be sent

In addition, it is possible that the file will contain voided eligibility and/or enrollment periods (begin date after end date). This will occur only when the begin date was sent on a prior day's file.

Appendix B – Insurance Carriers

Insurance Listings with Addresses:

Carrier Code	Carrier Name	Address
100	Medicare Part B	
103	Medicare Part D	
200	Independence Blue Cross	1901 Market Street Philadelphia, PA 19103
201	Highmark Blue Cross/Blue Shield	Fifth Avenue Place 120 Fifth Avenue Suite P3105 Pittsburgh, PA 15222
202	Capital Blue Cross	2500 Elmerton Avenue Harrisburg, PA 17177
203	Blue Cross of N.E. PA	19 N Main Street Wilkes-Barre, PA 18711
240	Security 65 Independence Plan	1901 Market Street Philadelphia, PA 19103
241	Security 65 Highmark Plan	Fifth Avenue Place 120 Fifth Avenue Pittsburgh, PA 15222
242	Security 65 Capital Plan	Dept 778995 Harrisburg, PA 17177-8995
243	Security 65 Northeast Plan	70 N Main Street Wilkes-Barre, PA 18711
244	Highmark Service Company	Fifth Avenue Place 120 Fifth Avenue Suite P3105 Pittsburgh, PA 15222
249	Blue Cross Medigap (out-of-state)	
299	Blue Cross Out of State	
300	Highmark Blue Shield	PO Box 890062 Camp Hill, PA 17089-0062
340	Blue Shield Medigap - Security 65	PO Box 898845 Camp Hill, PA 17089-8845
349	Blue Shield Medigap (out-of-state)	
399	Blue Shield Out of State	
400	TRICARE/United Concordia	TDP Claims Processing PO Box 69451 Harrisburg, PA 17106
400	TRICARE (formerly CHAMPUS)	Palmetto GBA PO Box 7011 Camden, SC 29020
400	TRICARE/Express Scripts	PO Box 390007 Bloomington, MN 55439
401	ChampVA	PO Box 65023 Denver, CO 80206-9023
500	Personal Choice 65/Keystone 65	1901 Market Street Philadelphia, PA 19103

Carrier Code	Carrier Name	Address
501	Highmark Freedom Blue	Fifth Avenue Place 120 Fifth Avenue Suite P5501 Pittsburgh, PA 15222
502	Capital SeniorBlue	2500 Elmerton Avenue Harrisburg, PA 17177
503	Vibra Health Plan	4000 Crums Mill Road Suite 201 Harrisburg, PA 17112
504	Security Blue	Fifth Avenue Place 120 Fifth Avenue Suite P5501 Pittsburgh, PA 15222
505	Aetna	151 Farmington Avenue Hartford, CT 06156
506	Gateway Health Plan Medicare Assured	600 Grant Street, 41st Floor Pittsburgh, PA 15219
507	Humana	101 East Main Street Louisville, KY 40202
509	Advantra	11 Stanwix Street Suite 2300 Pittsburgh, PA 15222
510	Sterling Option 1 (terminated 11/30/19)	2219 Rimland Dr PO Box 5348 Bellingham, WA 98226
511	Geisinger Health Plan	100 North Academy Avenue Danville, PA 17822
512	AmeriHealth 65	1901 Market Street Philadelphia, PA 19103
513	UnitedHealthCare Community Plan Dual Complete (formerly Unison Advantage)	PO Box 8207 Kingston, NY 12402
514	Keystone 65 Complete	1901 Market Street Philadelphia, PA 19103
515	UPMC For Life	112 Washington Place Pittsburgh, PA 15219
516	CIGNA HealthSpring (formerly Bravo Health)	3601 O'Donnell Street Baltimore, MD 21224
517	Today's Options (terminated 11/30/19)	4888 Loop Central Drive Suite 900 Houston, TX 77081
518	United Healthcare Companies	13621 NW 12th Street Sunrise, FL 33323
519	Keystone SeniorBlue	2500 Elmerton Avenue Harrisburg, PA 17177
520	WellCare	8735 Henderson Road Tampa, FL 33634
521	Horizon Blue Cross Blue Shield of New Jersey	3 Penn Plaza East Newark, NJ 07105
522	Healthfirst Medicare Plan	25 Broadway, 9th Floor New York, NY 10004
523	Allwell	300 Corporate Center Drive Camp Hill, PA 17011

Carrier Code	Carrier Name	Address
524	Provider Partners of PA	901 Elkridge Landing Road Suite 100 Linthicum Heights, MD 21090
525	Clover Health	30 Montgomery Street 15th Floor Jersey City, NJ 07302
526	Sunrise Advantage Plan	3300 Darby Road Haverford, PA 19041
527	Coventry Healthcare	3721 Tecport Drive Harrisburg, PA 17106
528	Universal Health Care (terminated 11/30/19)	100 Central Avenue Suite 200 Saint Petersburg, FL 33701
529	Citrus Health Care (terminated 11/30/19)	5420 Bay Center Drive Suite 250 Tampa, FL 33609
530	GHI Medicare Choice	441 Ninth Avenue New York, NY 10001
531	UniCare (terminated 11/30/19)	PO Box 9154 Oxnard, CA 93031
532	Anthem Blue Cross/Blue Shield	4241 Irwin Simpson Road OHO205-A037 Mason, OH 45040
533	Care Improvement Plus	250 West Pratt Street Suite 230 Baltimore, MD 21201
536	USACare (terminated 11/30/19)	259 Monroe Avenue Rochester, NY 14607
537	HIP Health Plan of Greater New York	55 Water Street New York, NY 10041-8190
538	MD MedicareChoice (terminated 11/30/19)	5501 West Waters Avenue Suite 401 Tampa, FL 33634
539	HealthMarkets Care Assured (terminated 11/30/19)	9151 Blvd 26 North Richland Hills, TX 76180
542	CIGNA Medicare Access (terminated 11/30/19)	900 Cottage Grove Road Hartford, CT 06152
543	Universal American (terminated 11/30/19)	PO Box 742568 Houston, TX 77274
544	Keystone VIP Choice	PO Box 307 Linthicum, MD 21090-0307
545	Health Partners Medicare	901 Market Street Suite 500 Philadelphia, PA 19107
598	Unlisted Medicare Advantage HMO's	
600	Medicare Part A	
700	Delta Dental of PA	One Delta Drive Mechanicsburg, PA 17055
701	Amalgamated Life Insurance Co.	730 Broadway New York, NY 10003-9511
703	Allstate Insurance Co.	60 Allstate Plaza S. Northbrook, IL 60062

Carrier Code	Carrier Name	Address
704	Bankers Life & Casualty Co.	222 Merchandise Mart Plaza Chicago, IL 60654
705	United Concordia	4401 Deer Path Road Harrisburg, PA 17110
706	CONSECO	11825 N Pennsylvania Street Carmel, IN 46032
707	Combined Insurance Co. of America	1000 Milwaukee Avenue Glenview, IL 60025
708	Cigna	PO Box 182223 Chattanooga, TN 37422
709	Argus	PO Box 419019 Kansas City, MO 64141
710	Continental Casualty Insurance Co.	333 South Wabash Chicago, IL 60604
711	American General	70 Pine Street New York, NY 10270
712	Eastern Life & Health Insurance Co.	25 Race Avenue Lancaster, PA 17608
713	AXA Equitable Life Insurance Co.	PO Box 1047 Charlotte, NC 28201
714	Inter-Co. Hospital Plan	720 Blair Mill Road Horsham, PA 19044
715	Inter-Co. Phys. Service Plan	720 Blair Mill Road Horsham, PA 19044
716	John Hancock Mutual Life Insurance Co.	PO Box 111 Boston, MA 02117
718	Life Insurance Co. North America	1601 Chestnut Street Philadelphia, PA 19192
719	Lincoln Financial Group	8801 Indian Hills Drive Omaha, NE 68114
720	Mass Mutual Life Insurance Co.	1295 State Street Springfield, MA 01111
721	United Healthcare	PO Box 740800 Atlanta, GA 30374
722	Mutual of Omaha Insurance Co.	Mutual of Omaha Plaza Omaha, NE 68175
723	People Benefit Life Insurance Co.	Claims Dept. Valley Forge, PA 19493
724	New York Life Insurance Co.	51 Madison Avenue New York, NY 10010
725	Transamerica Occidental Insurance Co.	PO Box 2101 Los Angeles, CA 90051-2101
726	Phoenix Mutual Life Insurance Co.	PO Box 22012 Albany, NY 12201-2012
727	Provident Life/Accident Insurance Co.	Fountain Square Chattanooga, TN 37402
728	Prudential Insurance Co. of America	751 Broad Street Newark, NJ 07102
730	Travelers Insurance	One Town Square MPB Hartford, CT 06183
731	National Association of Letter Carriers	20547 Waverly Court Ashburn, VA 20149

Carrier Code	Carrier Name	Address
732	Washington National Insurance Co.	PO Box 2004 Carmel, IN 46032-3004
733	Express Scripts/Medco	100 Parsons Pond Drive Franklin Lake, NJ 07417
734	American Postal Workers Union	PO Box 967 Silver Spring, MD 20910
735	Accordia National	PO Box 3262 Charleston, WV 25332
736	Employers Health Insurance Co.	PO Box 14610 Lexington, KY 40512-4610
737	Jefferson-Pilot Life Insurance Co.	PO Box 21008 Greensboro, NC 27420
738	Philadelphia American Life Ins. Co.	PO Box 4884 Houston, TX 77210-4884
739	Protective Life Insurance Co.	2801 HWY 280 South Birmingham, AL 35223
740	Commercial Medigap	
741	AARP Medigap	PO Box 740819 Atlanta, GA 30374-0819
742	National Vision Administrators	PO Box 1981 East Hanover, NJ 07936-0981
743	Express Scripts (use carrier 733)	Will be termed in the future: please use carrier 733
744	PEBTF	150 S. 43rd Street Suite 1 Harrisburg, PA 17111-5700
745	National Pharmaceutical Services	PO Box 407 Boys Town, NE 68010
747	PCS	950 E. Shea Boulevard Scottsdale, AZ 85260
749	Caremark	PO Box 686005 San Antonio, TX 78268-6005
750	Aetna	151 Farmington Avenue Hartford, CT 06156
752	Alliance Health Network	1700 Peach Street Erie, PA 16501
753	Advantage Health Plan PA	121 Seventh Street Pittsburgh, PA 15222-3408
755	Geisinger Health Plan	PO Box 8200 Danville, PA 17821-8200
757	HealthAmerica /Health Assurance	PO Box 7088 London, KY 40742
760	First Priority Health	19 N. Main Street Wilkes-Barre, PA 18711
761	Keystone Health Plan Central	PO Box 898812 Camp Hill, PA 17089-8812
762	Keystone Health Plan East	1901 Market Street Philadelphia, PA 19103
763	Keystone Health Plan West	PO Box 898819 Camp Hill, PA 17089
765	Prudential Health Care Plan	PO Box 901 Horsham, PA 19044

Carrier Code	Carrier Name	Address
766	Healthnet of the Northeast	PO Box 14700 Lexington, KY 40512
772	HIP Health Plan of PA	6 Neshaminy Interplex Trevose, PA 19053
774	UPMC Health Plan Inc	PO Box 2999 Pittsburgh, PA 15230
775	Optimum Choice Inc of PA	PO Box 930 Frederick, MD 21705
776	Philcare Health Systems	2005 Market Street Philadelphia, PA 19103
778	AmeriHealth HMO	1901 Market Street Philadelphia, PA 19103
779	Health Plans of PA	100 W Sproul Road, 3rd Floor Springfield, PA 19064
780	Principal HealthCare of PA	2751 Centerville Road Wilmington, DE 19808
781	Avalon Health Ltd.	2500 Elmerton Avenue Harrisburg, PA 17110
783	Qualmed Plans for Health	1835 Market Street Philadelphia, PA 19103
784	Physicians Care HMO	651 East Park Drive Suite 108 Harrisburg, PA 17111
798	Other HMO	
799	Commercial Insurance (Not Otherwise Listed)	
802	Workers' Compensation	
803	Black Lung Medical Benefits	
900	Patient Pay	
902	LTC Patient Pay	
903	Transfer Penalty	

Appendix C – Eligibility Reason Codes

Code	Description
TREA - REASON CODE TABLE (INCOME RELATED PROCESSING)	
001	Full Time Employment
002	Part Time Employment
003	Room/Board or Rent
004	Self-Employment
009	Net Income - Spend Down
010	Unemployment Compensation
011	Worker's Compensation
012	SSA Income
014	Supplemental Security Income
015	VA Income
017	United Mine Workers Benefits
018	Black Lung
019	Railroad Retirement
020	Other Pensions, IRA, KEOGH, Etc.
021	Sick Benefits
022	Union Benefits
023	Dividends/Interest
024	Cash Assistance Court Ordered Support
025	Support from LRR in the Household
026	Support from LRR Outside of the Household
027	Lump Sum-Earned
028	Lump Sum-Unearned
029	Deemed Income of an Alien Sponsor
030	Deemed Income of a Stepparent
031	Scholarships, Loans, and Grants
032	Voluntary Support from Putative Fathers
033	Combined Income
034	Other Income
035	Temporary Increase in Income - Cash Ineligible for One Month
036	Income of a Striker
037	Public Assistance (Pennsylvania)
038	Public Assistance (Other State)

TREA - REASON CODE TABLE (DEFINITIVE CONDITIONS)	
040	Semi-Annual Reporting Requirements
041	Regulations Concerning Support
042	Failure to Furnish Required Information
043	Failure to Sign Required Form
044	Failure to Apply for a Federal Benefit
045	Failure to Reimburse a Federal Benefit
046	Failure to Supply Proof of SSN
047	Failure to Keep Appointment
048	Regulation Concerning Strike
049	Other Regulations
050	Age
051	Returned Benefits
052	Residence
053	Vision (Blind Pension Only)
054	Physical or Mental Condition
055	Temporary Hospitalization
056	Other Institutionalization, Including Imprisonment
057	Nursing Home Care Not Being Provided
058	Application After Death
059	Dom Care Not Being Provided
060	PCBH Not Being Provided
061	Student Status
062	Whereabouts Unknown
063	Voluntary Withdrawal
064	Permanent Move Out of State
065	Expedited Issuance/Substance Abuser Parent
066	Disqualification
067	Treasury Request for Suspension
068	Voluntary Withdrawal/TANF Time Limit Requirement
069	GA Cash - Not/No Longer Meeting Eligibility Requirements
070	Employment Regulations
071	ETP Sanction-JS
072	ETP Sanction-New Directions
073	ETP Sanction-CWEP
074	GA Cash Assistance
075	Expiration of Work Incentive
076	Expiration of Extended Medical/Transitional Child Care
078	Vehicles

TREA - REASON CODE TABLE (DEFINITIVE CONDITIONS)

079	Cash on Hand/Bank Accounts
080	Insurance/Legacies/Claims
081	Real Property
082	Fair Consideration
083	Other Excess Resources
084	Revision of Schedules
085	Special Needs Allowance
086	Other Change in Allowance
087	Category Transfer of Person in Same CAO
088	Expedited ATP Issuance
089	Foster Care
090	Death of Payee
091	Death of Other Household Member
092	Addition of Newborn
093	Other Change in Number of Persons
094	Administrative Error or Delay
095	Retroactive MA Eligibility Only
096	Medical/Dependent Care Expenses
097	Shelter/Utility Expenses
098	Information Change Only, No Change in Benefit
099	Inter-County Transfer

TREA - REASON CODE TABLE (SUPPLEMENTAL BENEFIT)

100	Initial Benefit, Manual Calculation
101	Manual Issuance of SPT by CAO
102	Replacement of County Issued Check for EA (Federal/State)
103	Replacement of County Issued Check for EA (State)
104	Replacement of County Issued Check for Support Pass Through
105	Underpayment/Restored Benefits
106	Retroactive Benefit Due to Administrative Error
107	Retroactive Benefit Due to Hearing Decision
108	Addition of Person(s)
109	Initial Benefit/System Calculation
110	NCE Benefit, Cash/MA
111	Final Proration
112	Issuance of Suspended Benefits
113	Replace Held Check
114	Replacement of County Check
115	Replacement of Lost Check

TREA - REASON CODE TABLE (SUPPLEMENTAL BENEFIT)

116	Replacement of Forged Check
117	Replacement of Mutilated Check
118	Replacement of Stale Dated Check
119	Emergency Shelter Grant (Federal/State)
120	Emergency Shelter Grant (State)
121	Emergency Assistance Prevent Eviction (Federal/State)
122	Emergency Assistance Prevent Eviction (State)
123	Emergency Assistance Temporary Shelter Disaster (Federal/State)
124	Emergency Assistance Temporary Shelter Disaster (State)
125	Replacement of EBT Partial Benefit Return
126	Replacement of EBT Full Benefit Return
128	Citizenship - Act 35 Cash OTI
129	Residency - Act 35 Cash OTI
130	Replacement of Lost, Stolen, Delayed Benefit
131	Underpayment of SSI-Loss in Income
132	Underpayment of SSI-Change in Living Arrangements
133	Duplicate Issuance of Cashed SSP Check
134	Birth Certificate OTI (Cash)
135	Replacement Birth Certificate OTI (Cash)
136	Notary Fee for Statement of Benefits Claimed Not Received
150	Food Stamp Cash Out
151	Converted Reading EBT Benefits
152	Replace ATP in Different Amount/Not Returned
153	NCE Benefit-FS
155	Replacement of APT in Different Amount/Returned
157	Change in Circumstances/Supplemental Benefits FSH 568.51
158	Restore Lost FS Benefit-FSH 581
159	Replacement of Mutilated Food Coupons
162	Replacement of ATP Stolen After Receipt
163	Replacement of ATP Not Received-DD system
164	Replacement of ATP Lost or Stolen in the Mail
165	Replacement of ATP Issued to the Wrong DD Site
166	Replacement of ATP Destroyed in Household Disaster
167	Replacement of FS Coupons Destroyed in Household Disaster
168	Replacement/Food Destroyed in Household Disaster
169	"Mendez Refund"

TREA - REASON CODE TABLE (SPECIAL ALLOWANCE)

170	Reissue EBT-FS, Leaving Project Area

TREA - REASON CODE TABLE (SPECIAL ALLOWANCE)	
171	Trans for Dep Child to Apply for School
179	SSI Ineligible, Non-Citizen Domiciliary Care Supplement Grant
180	SSI Ineligible, Non-Citizen PCH Supplement Grant
181	Non-Citizen Ineligible for SSI/Federal Benefits
183	Refund of Access Card Replacement Fee
188	Expedited Issuance of ATP
199	Retroactive Benefit Due to Court Decision
200	MA Transportation
206	Retroactive SPAL Due to Administrative Error or Delay
224	EBT Training Transportation
225	Pickle Benefit-Enrolled Provider
226	Pickle Benefit-Unenrolled Provider
227	Exp3edited Issuance/Substance Abuser-Child
228	Due Process/Expedited Issuance/Substance Abuser
229	TA/TJ/68 Medicare Part B Premium Reimbursement
230	Hearing Aid Batteries-Maintenance
231	Clothing/Personal Care Items for Institution
232	Transportation/Meals/Lodging Required to Decrease Need
238	ChildCare-Unpaid Work Activities/TANF (Invalid eff. 01/01/08)
239	ChildCare-Paid Work Activities/TANF (Invalid eff. 01/01/08)
242	Moving Allowance Trans for Licensed Carrier/Rental/Labor/Other
244	Private Transport - Moving/Relocation
250	Private Transport - Mileage
254	Labor/Lodge Appl/Accpt Empl/Training, Citz Action,Teen Relocate
256	Employment/Training - Clothing
257	Employment/Training - Tools/Equipment
258	Employment/Training - Union Dues/Professional Fees
260	Motor Vehicle Expenses
261	Vehicle Purchase
262	Motor Vehicle Repair
263	Vehicle Insurance
264	Employment/Training - Course/Registration Fees
265	Medical Transportation Vendor Payment
266	Medical Transportation Vendor Replacement
267	Private Transport - Car/Van Pool
268	Public Transport - Bus
269	Public Transport - Subway
271	Public Transport - Commuter Rail
272	Public Transport - Taxi

TREA - REASON CODE TABLE (SPECIAL ALLOWANCE)

273	Public Transport - Paratransit
275	Child Care for ETP Participation (Invalid eff. 01/01/08)
278	Education/Training - Books/Supplies
279	ChildCare Corrective Payment (Invalid eff. 01/01/08)
284	Child Care to Apply at Vocational School
289	Child Care to Attend School or College
296	Citizen Advocacy Committee-Child Care
297	Citizen Advocacy Committee-Incapacitated Adult Care
298	Reserved for AIMS Use
299	Reserved for AIMS Use

TREA - REASON CODE TABLE (SPECIAL REPORTING)

300	Healthy Beginnings
301	185% of Gross Test
302	Expiration of 30 and 1/3
303	Expiration of $30 Incentive
304	Earned Income Tax Credit
305	$90 Work Expense Deduction
306	Recalculation of Lump Sum Income
307	Protective Payments
308	Income/Resources of Organizations Sponsoring Aliens
309	$50 Support Exemption
310	Earned Income of Full Time Student
311	Income of NA Parent of Minor Child
312	Income of Sibling of Dependent Child in Unit
313	Income of Parent of Dependent Child in Unit
314	Reason Codes #312 and #313
315	IEVS-Wage Match
316	IEVS-UC Match
317	IEVS-Bendex MBR Match
318	IEVS-Bendex ERF Match
319	IEVS-Unearned Income Match
322	FS Categorical Eligibility
323	PA CAP
324	Food Stamp Transitional Benefits Alternative Program (TBA)
325	Application Entered in Error
326	Duplicate Application Rejection
330	COLA Nursing Home Care Payment
331	RESERVED

TREA - REASON CODE TABLE (SPECIAL REPORTING)

332	Attendant Care Waiver Program
333	PA Dept. of Aging Waiver Program
334	Community Choice
335	Nursing Care Facility
336	LTCCAP Waiver Program
349	Excessive Out-Of-State Transactions
350	Failure to Serve Sentence
351	Failure to Pay Fines, Costs and Restitution
352	Failure to Appear at Court
353	Failure to Verify Satisfaction of Penalty
354	Failure to Verify Compliance with Summons/Warrant
370	Dependency Prevention Grant
371	MPP Vendor Payments/GA Psych Assmts
372	MPP Vendor Payments/GA Psych Vendor Replacement
373	Recurring Authorization for HCSIS Categories
374	Authorization of Current NCE for HCSIS Categories
375	Authorization for Prior NCE for HCSIS Categories
376	Closure of HCSIS Categories
377	Rejection of HCSIS Categories
390	Mandatory budget group member not requesting

TREA - REASON CODE TABLE (AUTOMATIC ACTION)

400	Mass Grant Change
401	Future Close Completed by Batch
408	Buy-In
412	FS COLA Change
413	RESERVED
414	Supplemental Security Income
415	Auto Close SSI for Disabled Adult Child (DAC) Eligibility
416	Auto Disabled Adult Child (DAC) Opening
417	Auto SSI Pgm Status Change to 44
423	PA Cap
424	Automated Support Pass Thru
432	Automated Sanction Escalation
440	Semi-Annual Reporting Requirements Not Met
441	SAR requirements not met (Cash, MA, SNAP)
442	Renewal requirements not met (MA)
447	Renewal requirements not met (Cash)
450	Auto Suspend - Renewal Requirements not met Exception (Cash)

TREA - REASON CODE TABLE (AUTOMATIC ACTION)

451	Auto Suspend Returned Cash
452	Auto Suspend Returned FS
456	Blue Letter MA Reopening 7-1-11 thru 12-31-12
457	Auto MA Opening
458	MIPPA
459	Auto MA Opening
460	Batch PC75 Closing
461	Batch PC73 Auto Close Reopen in PC71
462	Batch PC77 Auto Close Reopen in PC00
463	Auto Close - Voluntary Withdraw
464	Auto Close SSI for Permanent Move Out of State
468	OTI issuance for SAR suspended Cash SNAP SANDY benefit.
470	TANF Work Support Non-Compliance
471	TANF Work Support Phase II
474	End of Certification Period
475	OTI issuance for closed renewal SNAP SANDY.
477	GA Cash Discontinuance
478	Pre-Transition
479	Healthy PA Transition
480	Health Care Handshake - CHIP/Adult Basic Care Referrals
485	(Batch Notice to close - end of TCA Time Period)
486	Batch Update of Recoupment Information
490	Death of Payee
497	LTC COLA
499	Medicare D Mailers

TREA - REASON CODE TABLE (CENTRAL OFFICE)

500	Case Under Investigation
501	Heat & Eat Batch Issuance
502	Heat & Eat Online Issuance
510	Support Pass Through (Income)
511	Support Pass Through (Resources)
515	Excess Over Grant - Original Issuance Income
516	Excess Over Grant - Replacement
518	Excess Over Grant - Manual Issuance
519	Support Refunds - Other
520	Excess Over URA - Original Issuance
521	Excess Over URA - Replacement Check Issuance
522	Excess Over URA - Original Issuance (Phase II)

TREA - REASON CODE TABLE (CENTRAL OFFICE)	
523	Excess Over URA - Replacement (Phase II)
524	Excess Over URA, Manual Issuance (Central Office)
525	Excess Over URA, Replacement, Manual Issuance (Central Office)
526	Excess Over URA, Deferred Original Issuance
527	Excess Over URA, Deferred Original Issuance, Replacement
528	Excess Over URA, Deferred Monthly Issuance
529	Excess Over URA, Deferred Monthly Issuance, Replacement
531	EOURA Headquarters Replacement for Case Not in Active CIS
532	Delete Refund Record-No notice generated
533	You failed to sign and date a valid LIHEAP application
534	You did not provide proof of household unearned income
535	Other (CAO issued)-Manual notice sent by CAO
536	All household members are ineligible aliens
537	All household members already received LIHEAP cash benefit
538	All household members received LIHEAP crisis in other household
539	The sum of cash and crisis payments cannot resolve emergency
540	The crisis amount needed is less than $25.
541	Household does not meet the definition of crisis.
559	Notification of Death
563	Written Request for Withdrawal
566	Treasury Request
567	Household did not send signed application
568	Household is not responsible for paying for heat
569	Household income exceeds program limit
570	Household did not send proof of income
571	Household already received LIHEAP cash benefit
572	Household rent based on percentage of income and includes heat
573	Household did not send proof of Pennsylvania residency
574	Application received after close of program
576	Amount of crisis payment will not resolve heating emergency.
577	Household already received maximum crisis payment.
578	Requested fuel will not resolve emergency.
579	Already received maximum crisis benefit for requested fuel.
580	Household did not provide proof of household composition
581	Household did not send proof of heating responsibility
582	Selected utility does not provide heat
583	Household did not prove how it is living on zero/minimal income
584	Household did not provide name of fuel company or utility
585	Household did not send proof of utility termination

TREA - REASON CODE TABLE (CENTRAL OFFICE)

586	Household did not provide birth dates for all members
587	Household did not apply in county of residence
588	Household withdrew application
589	Household did not send proof of home-heating crisis
594	There is no eligible member in the household
596	Season end purge failure
597	Applicant died prior to date application received by LIHEAP
598	Household already received maximum no of crisis payments.
599	Household did not send Social Security number/PWEA 4

TREA - REASON CODE TABLE (MISCELLANEOUS)

600	Gross Income Test
601	Applicant Earned Income Test
602	Profit from Self Employment
603	Failure to Comply with TANF Sampling for Federal Data Reporting
604	Failure to Cooperate with Quality Control Review
605	Excess Resources Due to Unrestricted Burial Reserve
606	Voluntary Vendor Payment Enrollment
607	Voluntary Vendor Payment Withdrawal
611	Identification Not Verified
612	Net Income Test
613	Boarder
614	Food Stamp Resource Transfer
615	FS Household Composition
616	Missed Interview
617	Failed to Provide Proof at Application
618	Failed to Provide Proof at Renewal or During Renewal Period
620	Citizenship
621	Repatriated National Cash Assistance
623	Unearned Income - General
624	EMC Expiration of 12 Month Eligibility
625	EMC Failure to Provide Information
626	EMC Excess Income
627	EMC Failure to Maintain Employment
628	EMC No Dependent Child
629	EMC Other Regulations
630	EMC Reserved
631	RESET - Failure to Participate (Individual)
632	RESET - Failure to Participate (Budget Group)

TREA - REASON CODE TABLE (MISCELLANEOUS)	
633	RESET - Voluntary Reducing Hours of Employment
640	Conversion
650	Minor Parent Ineligible - Policy Regulations
651	Cash Residency Requirement Equals 60 Days
652	NMP/MNO Residency Requirement Equals 90 Days Continuous
653	GA/TD Medical Assessment
654	MNO Requirements
655	Ineligible Alien GA/D/PD/TD
656	Citizenship - Act 35 Restored Benefits
657	Residency - Act 35 Restored Benefits
658	Ineligible Alien - FS
659	Alien Certification Pending Verification - FS
660	Able Bodied EB Eligibility Status Code - FS
661	End of Child Care Deduction
670	TO - Eligible for Time Out
671	TO - Time Out Ineligible/Discontinue
672	TO - Change in Time Out Eligibility Requirements
673	Extended TANF-Contingency
674	Extended TANF Eligible
675	Extended TANF Ineligible
676	Eligible for Prison Release/YDC Release
677	Batch Closure of TA/TJ - 67/68, End of Funding
678	TANF Diversion - Eligible
679	TANF Diversion - Ineligible
680	TANF Diversion OTI - Relocation
681	TANF Diversion OTI - Work Related Expenses
682	TANF Diversion OTI - Transportation
683	TANF Diversion OTI - Child Care Issues
684	TANF Diversion OTI - Housing Issues
685	Transitional Cash Assistance
686	Cash no change with MA package change
690	WER - Work Expenditure Reimbursement
700	CC - Eligible for Child Care
712	CC - Failed CareCheck - Need New Provider
713	CC - Batch Issued Ineligible for OCYF Transfer Notice
714	CC - Letter Potential Elig at TANF Clients Closing
715	CC - Letter of Potential Elig; TANF, GA, FS Budget Open
716	CC - Ineligibility for CC Under TANF, GA, FS
717	CC - Stop/Disc CC for TANF, GA, FS

	TREA - REASON CODE TABLE (MISCELLANEOUS)
725	FWP Eligible
726	FWP Temporarily Accepted by Contractor
727	FWP Discontinue Participation
728	FWP Income Exceeds 235% Limit
729	FWP Failure to Provide Proof
730	FWP Failure to Meet Needy Family/Custodial Parent Req
731	FWP 12 Months Eligibility Exhausted
732	FWP Receiving TANF Benefits
744	Expedited FS PA163 - PA1599
745	Auto Reapplication Pkg
746	Semi-Annual Late Incomplete Form
770	Batch Issued Child Care Transfer Notice
797	RESERVED FOR DATA WAREHOUSE - DO NOT USE CODE
798	RESERVED FOR DATA WAREHOUSE - DO NOT USE CODE
799	RESERVED FOR DATA WAREHOUSE - DO NOT USE CODE
800	GA Time Limit for D & A Treatment
801	GA Time Limit for Disability
802	GA Time Limit for Domestic Violence
806	Retroactive SPAL Due to Administrative Error or Delay
810	CACLET/CAALET - FS NOMI (Notice of missed interview)
815	CACLET/CAALET - Automated Contact Letters
830	SPAL - Central Issuance: EBT
831	SPAL - Local Issuance: USM
832	SPAL - Local Issuance - Restricted Endorsement
833	Cash SPAL Ineligible
834	FS SPAL Ineligible
835	MA SPAL Ineligible
836	SPAL Elig - P Card Issuance
837	PA Workware
839	ESA Ineligible
840	RESERVED
841	RESERVED
842	Moving Allowance Trans for Licensed Carrier/Rental/Labor/Other
844	Private Transport - Moving/Relocation
850	Private Transport - Mileage
854	Lodging to Apply/Accept Employment/Training
856	Clothing for Employment/Training
857	Employment - Tools/Equipment
858	Edu/Training - Union Dues/Professional Fees

TREA - REASON CODE TABLE (MISCELLANEOUS)

860	Motor Vehicle Expenses
861	Vehicle Purchase
862	Motor Vehicle Repair
863	Vehicle Insurance
864	Education - Course/Registration Fees
867	Private Transport - Car/Van Pool
868	Public Transport - Bus
869	Public Transport - Subway
871	Public Transport - Commuter Rail
872	Public Transport - Taxi
873	Public Transport - Paratransit
878	Employment - Books/Supplies
888	Cash FS Eligible (Not for CAO Use)
898	Child Care for Diversion
899	Reserved for AIMS Use
900	Fail to Pass - System Logic Deficiency
901	Pass to Fail - System Logic Deficiency
902	No Status Change - Change Recurring Amount
903	Fail to Pass - Administrative Override
904	Pass to Fail - Administrative Override
905	No Status Change - Change Initial Benefit Amount
906	Fail to Pass - Appeal/Fair Hearing
907	Pass to Fail - Appeal/Fair Hearing
908	No Status Chg - Chg Recurring and Initial Amounts/Admin Override
909	Change Recurring and Initial Amounts - System Logic Deficiency
910	Change Recurring or Initial Amount - Appeal/Fair Hearing
930	No Eligible Individuals Passed the Non-Financial Eligibility
931	Individual Has Not Been Referred to CHIP
932	Resources Not Within the Limit
934	Inappropriate Transfer of Resources
935	Net Income Over the Limit
936	First Month Net Income Greater Than 100% FPIG
937	First Month Net Income Greater Than 120% FPIG
938	RSDI Income Before the Client Lost SSI Elig Is Not Entered
939	Undocumented Alien Not Eligible for LTC & Waivers
940	Undocumented/Temporary Alien Not Elig After Med Emerg End Date
941	Undocumented/Temporary Alien No Medical Emergency
942	Does Not Intend to Remain in PA
943	Not Co-operating to Provide TPL Information

	TREA - REASON CODE TABLE (MISCELLANEOUS)
944	30-day Residency Not Verified
951	Individual Is A Recipient of TANF,GA,SSI or SBP Cash
952	Individual's Waiver Code Is Not Valid for This Category
953	Individual's SSI Lost Reason Is Not Valid for This Category
954	Individual Is Not Receiving Part-B Medicare Benefits
955	Individual Is Not Recipient of RSDI Benefits
956	Removed Through Exclude Mandatory/Exclude Optional Indiv Process
957	Emancipated
958	Individual Is Not Pregnant
959	Indiv Is Not Meeting the Dep. Criteria for This Cat of Asst
960	Individual's Citizenship Is Not Valid for This Cat of Asst
961	Foster/Adoption Failure Reasons
962	Not a Valid Relationship for TANF Medicaid Category
963	Individual Is Not Entitled to Part-A Medicare Benefits
964	Indiv Not W/In 8 Months Limit of Grant Asylum or US Entry Date
965	Individual Is Not Eligible for Waiver Services
966	MAGI MA
967	PCO
968	Family Planning Service Program
969	MA Individual Is Not Employed
970	Buy-In Only Medicaid
974	Work Participation Non-compliance
975	Alien 5 Year Bar
976	Refugee/Alien Citizenship
977	Extended Medical Assistance
978	Foster Care - Adoption Assistance
979	MAGI MA Determination
980	Healthy Horizons Medical Assistance
981	Healthy Beginnings MA
982	GA MA - Ongoing: Patient Pay & Spend Down
983	TANF Medical Assistance
984	SSI Medical Assistance
985	Long Term Care MA
986	Waiver Medical Assistance
987	MAWD
988	BCCPT
989	Eligible MA - MNO Ongoing Spend Down
990	SSI NMP Medical Assistance
991	SSI Medicare Part A Premium Medical Assistance

TREA - REASON CODE TABLE (MISCELLANEOUS)	
992	Special Needs Child Medical Assistance
993	GA MA - Time Limited
994	Eligible MA - LTC/HCBS Hardship Waiver
995	Select Plan for Women
996	Change - Other Medicaid - Low to High
997	Change - LTC MA- No Change in Benefit Package but Other Changes
998	Change - Other Medicaid - High to Low
999	HEALTH SCREEN FLYER