

Oregon Medicaid Management Information System (OR-MMIS)

271 EB05

**Note:** Only codes BMD, BMH, BMM, BMP, CWM, CWX, KIT and MED represent DMAP health care coverage. All other codes are for non-DMAP 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 DMAP Web site at [www.oregon.gov/OHA/healthplan/index.shtml](http://www.oregon.gov/OHA/healthplan/index.shtml).

DMAP Benefit Codes	<b>BMD</b>	<b>OHP with Limited Drug</b>		
	<b>BMH</b>	<b>OHP Plus</b>		
	<b>BMM</b>	<b>QMB + OHP with Limited Drug</b>		
	<b>BMP</b>	<b>OHP Plus Supplemental</b>		
	<b>CWM</b>	<b>Citizen/Alien-Waived Emergency Medical</b>		
	<b>CWX</b>	<b>CAWEM Plus</b>		
	<b>KIT</b>	<b>OHP Standard</b>		
	<b>MED</b>	<b>Qualified Medicare Beneficiary</b>		
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