

DI

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

DI1A

No Schooling Completed

Nursery School to 8<sup>TH</sup> Grade

9<sup>TH</sup>-12<sup>TH</sup> Grade, No Diploma

High School Graduate (High School Diploma or the Equivalent)

Vocational/Technical/Business/Trade School Certificate or Diploma (Beyond the High School Level)

Some College, But No Degree

Associate Degree

Bachelor's Degree

Master's, Professional, or Doctorate Degree

DI2

Annual Income

Monthly Breakdown

F. \$25,000 - 29,999

F. \$2,084 - 2,499

G. \$30,000 - 39,999

G. \$2,500 - 3,333

H. \$40,000 - 49,999

H. \$3,334 - 4,166

I. \$50,000 +

I. \$4,167 +

**DI3**

**Annual Income**

- A. Less than \$5,000
- B. \$5,000 - 9,999
- C. \$10,000 - 14,999
- D. \$15,000 - 19,999
- E. \$20,000 - 24,999

**Monthly Breakdown**

- A. Less than \$417
- B. \$417 - 833
- C. \$834 - 1,249
- D. \$1,250 - 1,666
- E. \$1,667 - 2,083

DM1

## Health Services Covered by Discount or Savings Membership

Prescription Drugs

Optical or Eye Care or Vision

Dental or Periodontal or Dentures or Orthodontia

Hearing Aids

Home Health Equipment or Supplies

Nutritional Supplements or Vitamins

Alternative Medical Care

Hospital Expenses

DU

## Dental Providers

Dentists

Dental Surgeons

Endodontists

Periodontists

Dental Hygienists

ENS

Iraq or Afghanistan Conflict (2001 – Present)

Persian Gulf War (Aug 1990 - March 1991)

Vietnam Era (Aug 1964 - May 1975)

Korean Conflict (June 1950 - Jan 1955)

World War II (Sept 1940 - July 1947)

World War I (1917 - 1918)

Peace Time (All Other Times)

# HA1

One-Family, Detached

Two-Family or Duplex

Apartment or Condominium Building

Mobile Home, Trailer

Rowhouse, Townhouse

“Mother-in-law” Apartment



## HA2

Retirement Community

Senior Citizens Housing

Assisted Living Facility

Continuing Care Community

Staged Living Community

Retirement Apartments

Church-Provided Housing

Personal or Residential Care Home

## HA3

Prepared Meals

Housekeeping, Maid, or Cleaning Services

Laundry Services

Help with Medications

Transportation

Recreational Services

HF1

No Difficulty At All

A Little Difficulty

Some Difficulty

A Lot of Difficulty

Not Able To Do It

HF2

More Than Once a Week

About Once a Week

2-3 Times a Month

About Once a Month

Every 2-3 Months

Once or Twice a Year

Not At All

## HF3

### What You Know about Managing Your Diabetes

Just about everything you need to know

Most of what you need to know

Some of what you need to know

A little of what you need to know

Almost none of what you need to know

HF4

All of the Time

Most of the Time

Some of the Time

A Little of the Time

None of the Time

HF5

Every Day or More

Once Every Other Day

Once Every 3-4 Days

Once Every 5-6 Days or Less

Never

## HF6

Type 1 ("Insulin-dependent", "Juvenile-onset")

Type 2 ("Non-insulin-dependent", "Adult-onset")

Borderline

Pre-diabetes

Gestational (Pregnancy-related)



HF7

(A) Notifier(s):

(B) Patient Name:

(C) Identification Number:

**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

**NOTE:** If Medicare doesn't pay for (D) \_\_\_\_\_ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the (D) \_\_\_\_\_ below.

(D) _____	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the (D) \_\_\_\_\_ listed above.  
 Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**(G) OPTIONS:**

**Check only one box. We cannot choose a box for you.**

- OPTION 1.** I want the (D) \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the (D) \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- OPTION 3.** I don't want the (D) \_\_\_\_\_ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

**(H) Additional Information:**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

(I) Signature:

(J) Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

HH1

## In-Home Help by Health Or Medical Professionals

Nurse (Visiting nurse, Private duty nurse, etc.)

Doctor

Social Worker

Therapist

Hospice Worker

HH2

## Medical or Nursing Treatment

Applying Sterile Bandages or Dressings

Giving Medications

Taking Blood Pressure

Giving Shots or Injections

HH3

## Help With Daily Needs

Using The Telephone

Doing Housework

Preparing Meals

HH4

## Help With Personal Care

Bathing

Showering

Dressing

Eating

Walking

Using the Toilet

HH5

# Personal Care or Help With Daily Needs From Persons Who Do Not Live With You

Home Health Aides

Homemakers

Friends

Neighbors

Relatives

# HIMC

## Health Insurance

<b>1. Original Medicare (Fee for service)</b>	<b>All part of the Medicare Program</b>
<b>2. Medicare Advantage (Managed Care Plans)</b>	
<b>3. Medicare Prescription Drug Plans (Part D)</b>	
<b>4. Medicaid</b>	<b>State program for medical care</b>
<b>5. TRICARE</b>	<b>Sponsored by the Department of Defense</b>
<b>6. Other State Public Plans</b>	<b>State-sponsored program for Rx and other care</b>
<b>7. Medigap or Supplemental Private Plans</b>	<b>Covers expenses not covered by Medicare</b>

## HIMC (Back)

- Medicare-sponsored health insurance:
  - **Original Medicare** fee-for-service, where you go to any doctor you choose
  - **Medicare Advantage**, or Medicare managed care, such as an HMOs (health maintenance organizations), PPOs (Preferred Provider Organizations), or PFFS (Private Fee For Service), where you go to a doctor that is part of the insurance company's network of participating doctors) – Medicare Advantage plans cover doctor visits and often cover prescribed medicines
  - Medicare Prescription Drug Coverage plans, or Medicare Part D plans – these plans cover only prescribed medicines
- **Medicaid** – a major public health insurance plan for limited income persons. The Medicaid program is a federally assisted, state-run program.
- **TRICARE** – a regionally managed health care program provided by the Department of Defense for active duty and retired members of the uniformed services, their families, and survivors.
- **Public plans** other than Medicaid – these plans might include state, county, or city-based programs such as a pharmacy program, where the local government provides discounts for the cost of prescribed medicines. Eligibility for these plans varies across states and across plans.
- **Medigap or Supplemental plans** – these plans can be purchased directly from an insurance company itself or through an employer, union, or other group such as AARP. They generally cover whatever health care costs are not covered by Medicare. They do not cover prescribed medicines.



# HIMC1

## Medicare Advantage Plans - Alabama (AL) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Blue Advantage (Blue Cross Blue Shield of Alabama)
- C. CIGNA Medicare Access (CIGNA Health Care)
- D. HealthSpring (HealthSpring of Alabama, Inc.)
- E. Humana Gold/HumanaChoicePPO (Humana Insurance Company)
- F. SecurityChoice (Unicare Life & Health Ins. Company)
- G. Sterling (Sterling Life Insurance Company)
- H. Today's Options (Universal American)
- I. VIVA Medicare Plus (VIVA Health)
- J. Windsor Medicare Extra (Windsor Health Plan, Inc.)

# HIMC1

## Medicare Advantage Plans - Alaska (AK) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

### A. SecurityChoice (Unicare Life & Health Ins. Company)

# HIMC1

## Medicare Advantage Plans - Arizona (AZ)

(Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Abrazo Advantage (Abrazo Advantage Health Plan)
- C. Aetna Golden/Medicare Open Plan (Aetna)
- D. ANY, ANY, ANY Plan (Universal Health Care Insurance Company)
- E. CareMore Health Plan (CareMore Health Plan of Arizona)
- F. CIGNA Medicare Access (CIGNA Health Care)
- G. Desert Canyon Community Care (Arcadian Health Plan, Inc.)
- H. Health Net (Health Net of Arizona Inc.)
- I. Humana Gold/HumanaChoicePPO (Humana Insurance Company)
- J. MediSunONE (Banner Health)
- K. SCAN Health Plan Arizona (SCAN – Senior Care Action Network)

# HIMC1

## Medicare Advantage Plans - Arizona (AZ)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)  
(continued)

- L. SecurityChoice (Unicare Life & Health Ins. Company)
- M. Today's Options (Universal American)
- N. University Physicians/Maricopa Care (UPH/MIHS)

# HIMC1

## Medicare Advantage Plans - Arkansas (AR) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. AR BlueCross – Medi-Pak Advantage (Arkansas Blue Cross)
- C. Care Improvement PPO (XL Health Corporation)
- D. CIGNA Medicare Access (CIGNA Health Care)
- E. Humana Gold/HumanaChoicePPO (Humana Insurance Company)
- F. Mercy Medicare ADVANTAGE (Mercy Health System)
- G. Physicians Health Choice (Physicians Health Choice)
- H. SecureHorizons MedicareDirect (United Healthcare)
- I. SecurityChoice (Unicare Life & Health Ins. Company)
- J. Sterling (Sterling Life Insurance Company)
- K. Texarkana/Arkansas Community Care (Arcadian Health Plans, Inc.)
- L. Today's Options (Universal American)
- M. Windsor Medicare Extra (Windsor Health Group, Inc.)

# HIMC1

## Medicare Advantage Plans - California (CA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantage 1 (MD Care Health Plan)
- C. Aetna Golden/Medicare Open Plan (Aetna)
- D. Arcadian Community Care (Arcadian Health Plan)
- E. Arta Gold (Arta Medicare Health Plan)
- F. Blue Cross Senior Secure (Anthem Blue Cross)
- G. Blue Shield 65 Plus (Blue Shield of California)
- H. Care1st Medicare Advantage Plan/Dual Plus (Care 1st Health Plan)
- I. CareMore (CareMore Health Plan)
- J. CCHP Senior Program (Chinese Community Health Plan)
- K. Central Health Medicare Plan (Central Health Plan of California)
- L. CIGNA Medicare Access (CIGNA Health Care)

# HIMC1

## Medicare Advantage Plans - California (CA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- M. Citizens Choice Healthplan (Citizens Choice Healthplan)
- N. Easy Choice (Easy Choice Health Plans)
- O. Freedom Blue (Anthem Blue Cross Life & Health Insurance Company)
- P. GEMCare Medicare Plus (Golden Empire Managed Care)
- Q. Golden Plan (Golden State Medicare Health Plan)
- R. Health Net (Health Net)
- S. Humana Gold (Humana Insurance Company)
- T. Inter Valley Health Plan (Inter Valley Health Plan)
- U. Molina Medicare Options (Molina Healthcare of California)
- V. My Choice (SCAN Health Plan)

# HIMC1

## Medicare Advantage Plans - California (CA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- W. Partnership (Partnership Health Plan)
- X. Salud con Health Net (Health Net of California)
- Y. SCAN Health Plan (SCAN – Senior Care Action Network)
- Z. SecureHorizons MedicareDirect (United Healthcare)
- AA. Senior Advantage (Kaiser Permanente)
- BB. SmartValue (AnthemBlue Cross)
- CC. StartSmart (CareMore Health Plan)
- DD. Sterling (Sterling Life Insurance Company)
- EE. Today's Options (Universal American)
- FF. WHA Care + Plan (Western Health Advantage)



# HIMC1

## Medicare Advantage Plans - Colorado (CO)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Aetna Golden/Medicare Open Plan (Aetna Medicare)
- C. CIGNA Medicare Access Plus (CIGNA Health Care)
- D. Colorado Access Advantage (Colorado Access)
- E. Denver Health Medicare (Denver Health Medical Plan)
- F. Evercare (Unitedhealthcare)
- G. Gold Plan/Green Plan/Plus Plan (Rocky Mountain Health Plans)
- H. HumanaGold/HumanaChoicePPO (Humana Insurance)
- I. RMHP/AB Basic Plan (Rocky Mountain Health Plans)
- J. SecureHorizons Medicare Direct (United Healthcare)
- K. Senior Advantage (Kaiser Permanente)
- L. SmartValue/SureValue (Anthem Blue Cross and Blue Shield)
- M. Sterling (Sterling Life Insurance Company)
- N. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Connecticut (CT) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Aetna Golden/ Medicare Open Plan (Aetna Medicare)
- C. ConnectiCare (Health Plan of Greater New York)
- D. Health Net (Health Net of Connecticut)
- E. MediBlue HMO (Anthem Blue Cross and Blue Shield)
- F. SecurityChoice (Unicare Life & Health Ins. Company)
- G. SmartValue (Anthem Blue Cross and Blue Shield)
- H. Today's Options (Universal American)
- I. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - District of Columbia (DC) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. Aetna Golden/Aetna Medicare Plan (Aetna)
- B. Bravo (Bravo Health)
- C. Kaiser Permanente Medicare Plus (Kaiser Permanente)
- D. SecurityChoice (Unicare Life & Health Ins. Company)

# HIMC1

## Medicare Advantage Plans - Delaware (DE)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. Aetna Medicare Plan (Aetna)
- B. Bravo Liberty (Bravo Health)
- C. SecurityChoice (Unicare Life & Health Ins. Company)
- D. Sterling (Sterling Life Insurance Company)

# HIMC1

## Medicare Advantage Plans - Florida (FL) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantage (Quality Health Plans)
- C. Advantra Plan (Summit Health Plan, Inc.)
- D. Aetna Medicare (Aetna)
- E. Amerivantage (AMERIGROUP Community Care)
- F. ANY, ANY, ANY Plan (Universal Health Care)
- G. AvMed Medicare Preferred (SantaFe HealthCare)
- H. BlueMedicare (Health Options, Inc./Blue Cross and Blue Shield of Florida)
- I. Capital Health Plan (Capital Health Plan)
- J. Care Centers/CareComplete/Direct/Free/Needs/One (CarePlus Health Plans)
- K. CIGNA Medicare Access (CIGNA Health Care)
- L. Citrus Care/Saver (Citrus Health Care, Inc.)
- M. FHCP Medvantage (Florida Health Care Plan, Inc.)

# HIMC1

## Medicare Advantage Plans - Florida (FL) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- N. Freedom (Freedom Health, Inc.)
- O. Health First (Health First Medicare Plans)
- P. HealthSpring HealthyAdvantage/HealthyLiving (HealthSpring of Florida)
- Q. Healthy Advantage (HealthSun Health Plans, Inc.)
- R. HumanaChoice/Humana Gold (Humana Medical Plan, Inc.)
- S. JacksonHealth for Life (JMH Health Plan)
- T. Leon Cares (Leon Medical Centers Health Plans)
- U. Medica HealthCare Plans MedicareMax (Medica HealthCare Plans)
- V. Medicare Masterpiece (Universal Health Care, Inc.)
- W. MediMax (HealthSun Health Plans, Inc.)
- X. Molina Medicare Options (Molina Healthcare of Florida)
- Y. Optimum (Optimum Healthcare, Inc.)

# HIMC1

## Medicare Advantage Plans - Florida (FL) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- Z. Physicians Health Choice (Physicians Health Choice)
- AA. Preferred Care Partners (Preferred Care Partners, Inc.)
- BB. PUP (Physicians United Plan)
- CC. SecurityChoice (Unicare Life & Health Ins. Company)
- DD. Sterling (Sterling Life Insurance Company)
- EE. Summit Ideal/Plus/Value (Summit Health Plans, Inc.)
- FF. SunPlus Advantage Plan (HealthSun Health Plans, Inc.)
- GG. Today's Options (Universal American)
- HH. VISTA Platinum (VISTA Healthplan of South Florida)
- II. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Georgia (GA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra Silver/Gold/Freedom (Coventry Health Plan)
- C. Aetna Golden/Aetna Medicare Plan (Aetna)
- D. ANY, ANY, ANY Plan (Universal Health Care)
- E. Blue Value (Blue Cross Blue Shield Healthcare Plan of Georgia)
- F. Care Improvement Plus (Care Improvement Plus)
- G. CIGNA Medicare Access (CIGNA Health Care)
- H. HealthSpring HealthyAdvantage/Healthy Living (HealthSpring Life & Health)
- I. Humana Gold/HumanaChoicePPO (Humana Insurance Company)



# HIMC1

## Medicare Advantage Plans - Georgia (GA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- J. Kaiser Permanente Senior Advantage (Kaiser Foundation Health Plan, Inc.)
- K. Patriot Plus (AMERICA'S 1ST CHOICE HEALTH PLANS, INC.)
- L. Secure Horizons Medicare Direct (United Healthcare)
- M. SmartValue (Blue Cross Blue Shield of Georgia)
- N. Southeast Community Care (Southeast Community Care)
- O. Sterling (Sterling Life Insurance Company)
- P. Today's Options (Universal American)
- Q. WellCare (Wellcare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Hawaii (HI) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. 65C Plus (HMSA's 65C Plus)
- B. AARP MedicareComplete (United Healthcare)
- C. AlohaCare (AlohaCare)
- D. CIGNA Medicare Access (CIGNA Health Care)
- E. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- F. Kaiser Permanente Senior Advantage (Kaiser Permanente Senior Advantage)
- G. Ohana (WellCare)
- H. SecureHorizons MedicareComplete (United Healthcare)
- I. SecurityChoice (Unicare Life & Health Ins. Company)
- J. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Idaho (ID) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete Choice (United Healthcare)
- B. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- C. Regence MedAdvantage (Regence BlueShield of Idaho)
- D. Secure Blue/Flexi Blue/True Blue (Blue Cross of Idaho Hlth Services Inc.)
- E. Secure Horizons Medicare Direct (United Healthcare)
- F. SecurityChoice (Unicare Life & Health Ins. Company)
- G. Sierra Optima Select (Sierra Health and Life Insurance Co.)
- H. Sterling (Sterling Life Insurance Company)
- I. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Illinois (IL) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra (Group Health Plan, Inc.)
- C. Aetna Medicare (Aetna)
- D. CIGNA Medicare Access (CIGNA Health Care)
- E. Essence Advantage (Essence Healthcare)
- F. GoldAdvantage (Group Health Plan)
- G. Health Alliance Medicare (Health Alliance Medical Plans)
- H. HealthSpring Healthy Advantage/Healthy Living (Healthspring, Inc.)
- I. Humana Gold/HumanaChoicePPO (Humana Insurance Company)
- J. PersonalCare Advantra Gold/Silver (PersonalCare Advantra)
- K. SecureHorizons Medicare Direct (United Healthcare)

# HIMC1

## Medicare Advantage Plans - Illinois (IL) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- L. SecurityChoice (Unicare Life & Health Ins. Company)
- M. Sterling (Sterling Life Insurance Company)
- N. Today's Options (Universal American)
- O. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Indiana (IN) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete Choice (United Healthcare)
- B. ADVANTAGE (ADVANTAGE Health Solutions, Inc.)
- C. Blue Medicare Access/Anthem Senior Advantage/Medicare Preferred/SmartValue (Anthem Blue Cross and Blue Shield)
- D. CIGNA Medicare Access (CIGNA Health Care)
- E. Clarian Medicare (Clarian Health Plans, Inc.)
- F. Essence Advantage (Essence Healthcare)
- G. Humana Gold/HumanaChoice (Humana Insurance Company)
- H. Platinum Select (Welborn Health Plans)
- I. Secure Horizons Medicare Direct (United Healthcare)
- J. SecurityChoice (Unicare Life and Health Ins. Company)
- K. Sterling (Sterling Life Insurance Company)

# HIMC1

## Medicare Advantage Plans - Indiana (IN) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- L. Today's Options (Universal American)
- M. WellCare (WellCare Health Plans, Inc.)
- N. Wishard Complete Care (ADVANTAGE Health Solutions, Inc.)

# HIMC1

## Medicare Advantage Plans - Iowa (IA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra/Advantra Freedom (Coventry Health Care)
- C. Avera Advantage (Universal American)
- D. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- E. MedicareBlue PPO (Wellmark Blue Cross and Blue Shield)
- F. SecureHorizons MedicareDirect (United Healthcare)
- G. SecurityChoice (Unicare Life & Health Ins. Company)
- H. Sterling (Sterling Life Insurance Company)
- I. Today's Options (Universal American)



# HIMC1

## Medicare Advantage Plans - Kansas (KS) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra (Coventry Health Care)
- C. Humana Gold/HumanaChoicePPO/MyCare  
(Humana Insurance Company)
- D. SecurityChoice (Unicare Life & Health Ins.  
Company)
- E. Sterling (Sterling Life Insurance Company)
- F. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Kentucky (KY) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Blue Medicare Access/Anthem Senior Advantage/Medicare Preferred/SmartValue (Anthem Blue Cross and Blue Shield)
- C. Essence Advantage (Essence Healthcare)
- D. HumanaChoice/Humana Gold (Humana Insurance Company)
- E. SecureHorizons MedicareDirect (United Healthcare)
- F. SecurityChoice (Unicare Life & Health Ins. Company)
- G. Sterling (Sterling Life Insurance Company)
- H. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Louisiana (LA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AAA Vantage (Vantage Health Plan, Inc.)
- B. ANY, ANY, ANY Plan (Universal Health Care)
- C. Arcadian Community Care (Arcadian Health Plan)
- D. Choices/HealthCare Select (Peoples Health)
- E. CIGNA Medicare Access (CIGNA Health Care)
- F. Humana Gold/HumanChoicePPO/MyCare (Humana Health Benefit Plan of LA, Inc.)
- G. SecureHorizons MedicareDirect MEDICARE COMPLETE (United Healthcare)
- H. SecurityChoice (Unicare Life & Health Ins. Company)
- I. Sterling (Sterling Life Insurance Company)
- J. Today's Options (Universal American)
- K. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Maine (ME) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP/MedicareComplete Choice (United Healthcare)
- B. Aetna Medicare Open Plan/Aetna Golden (Aetna)
- C. CIGNA Medicare Access (CIGNA Health Care)
- D. First Seniority Freedom (HARVARD PILGRIM HEALTH CARE INC.)
- E. Martin's Point Generations Advantage (Martin's Point Health Care)
- F. Northeast Community Care (Arcadian Health Plan)
- G. SecureHorizons Medicare Direct (United Healthcare)
- H. SmartValue (Anthem Blue Cross and Blue Shield)
- I. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Maryland (MD)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. Aetna Medicare (Aetna)
- B. Amerivantage (AMERIGROUP Community Care)
- C. ANY, ANY, ANY Plan (Universal Health Care)
- D. Bravo (Bravo Health)
- E. Kaiser Permanente Medicare Plus (Kaiser Foundation Health Plan, Inc.)
- F. SecurityChoice (Unicare Life & Health Ins. Company)
- G. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Massachusetts (MA)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Blue Medicare/Medicare Blue (Blue Cross Blue Shield of Massachusetts)
- C. CIGNA Medicare Access (CIGNA Health Care)
- D. Fallon Senior Plan (Fallon Community Health Plan)
- E. First Seniority Freedom (HARVARD PILGRIM HEALTH CARE, INC.)
- F. HNE Medicare (Health New England, Inc.)
- G. Humana Gold Choice (Humana Insurance Company)
- H. SecurityChoice (Unicare Life & Health Ins. Company)

# HIMC1

## Medicare Advantage Plans - Massachusetts (MA)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)  
(continued)

- I. Senior Whole Health (Senior Whole Health)
- J. Today's Options (Universal American)
- K. Tufts Medicare Preferred (Tufts Health Plan)

# HIMC1

## Medicare Advantage Plans - Michigan (MI)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. Alliance Medicare/HAP Senior Plus (Health Alliance Plan of Michigan)
- B. BCN Advantage (Blue Care Network)
- C. Great Lakes Personal Care (Great Lakes Health Plan)
- D. HealthPlus (HealthPlus of Michigan)
- E. Healthy Advantage (Molina Healthcare of Michigan)
- F. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- G. Medicare Plus Blue (Blue Cross Blue Shield of Michigan)
- H. Molina Medicare Options (Molina Healthcare of Michigan)
- I. Paramount Elite (ProMedica Health System)
- J. PriorityMedicare (PriorityHealth)



# HIMC1

## Medicare Advantage Plans - Michigan (MI)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)  
(continued)

- K. SecureHorizons MedicareDirect (United Healthcare)
- L. SecurityChoice (Unicare Life & Health Ins. Company)
- M. Sterling (Sterling Life Insurance Company)
- N. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Minnesota (MN) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. Avera Advantage (Universal American)
- B. HealthPartners Freedom/Liberty/Classic (HealthPartners)
- C. Humana Gold/HumanaChoice (Humana Insurance Company)
- D. Medica (Medica Health Plans)
- E. MedicareBlue PPO/VantageBlue (Blue Cross and Blue Shield of Minnesota)
- F. MHP North Star/North Star Advantage (Metropolitan Health Plan)
- G. Secure Horizons/SecureHorizons MedicareDirect (United Healthcare)
- H. SecurityChoice (Unicare Life and Health Ins. Company)
- I. Sterling (Sterling Life Insurance Company)
- J. Today's Options (Universal American)
- K. UCare (UCare Minnesota)

# HIMC1

## Medicare Advantage Plans - Mississippi (MS)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. ANY, ANY, ANY Plan (Universal Health Care)
- B. HealthSpring (HealthSpring, Inc.)
- C. Humana Gold/HumanaChoicePPO (Humana Insurance Company)
- D. SecurityChoice (Unicare Life & Health Ins. Company)
- E. Today's Options (Universal American)
- F. Windsor Medicare Extra (Windsor Health Group Inc.)

# HIMC1

## Medicare Advantage Plans - Missouri (MO) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra/Advantra Freedom (Coventry Health Care)
- C. Anthem Senior Advantage/Medicare Preferred (Anthem Blue Cross and Blue Shield)
- D. Care Improvement Plus (Care Improvement Plus)
- E. CIGNA Medicare Access (CIGNA Health Care)
- F. Essence Advantage (Essence Healthcare)
- G. Gold Advantage/Advantra (Group Health Plan, Inc.)
- H. Humana Gold/HumanaChoicePPO/MyCare (Humana Insurance Company)
- I. Mercy MedicareADVANTAGE (Mercy Health Plans of Missouri, Inc.)
- J. Ozark Health Plan (Ozark Health Plan)
- K. SecureHorizons MedicareDirect (United Healthcare)
- L. SmartValue (Blue Cross Blue Shield of Missouri)
- M. Sterling (Sterling Life Insurance Company)

# HIMC1

## Medicare Advantage Plans - Missouri (MO) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

N. Today's Options (Universal American)

O. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Montana (MT)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. Humana Gold Choice (Humana Insurance Company)
- B. MedicareBlue PPO (Blue Cross and Blue Shield of Montana)
- C. New West Medicare (New West Health Services)
- D. SecureHorizons MedicareDirect (United Healthcare)
- E. SecurityChoice (Unicare Life & Health Ins. Company)
- F. Sterling (Sterling Life Insurance Company)
- G. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - North Carolina (NC)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra (Coventry Health Care)
- C. Ambassador/Patriot/Presidential (AMERICA'S 1ST CHOICE INSURANCE COMPANY OF NC, INC.)
- D. Blue Medicare HMO/PPO (PARTNERS National Health Plans, a BCBSNC Company)
- E. CIGNA Medicare Access (CIGNA Health Care)
- F. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- G. SecurityChoice (Unicare Life & Health Ins. Company)
- H. Southeast Community Care (Southeast Community Care)
- I. Sterling (Sterling Life Insurance Company)
- J. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - North Dakota (ND)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. Avera Advantage (Universal American)
- B. Humana Gold Choice (Humana Insurance Company)
- C. Medica Advantage/Prime (Medica Health Plans)
- D. MedicareBlue (Blue Cross Blue Shield of North Dakota)
- E. SecureHorizons Medicare Direct (United Healthcare)
- F. SecurityChoice (Unicare Life & Health Ins. Company)
- G. Sterling (Sterling Life Insurance Company)
- H. Today's Options (Universal American)



# HIMC1

## Medicare Advantage Plans - Nebraska (NE) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra/Advantra Freedom (Coventry Health Care)
- C. Avera Advantage (Universal American)
- D. Humana GoldHumanaChoice (Humana Insurance Company)
- E. MedicareBlue PPO (Blue Cross and Blue Shield of Nebraska)
- F. SecureHorizons MedicareDirect (United Healthcare)
- G. SecurityChoice (Unicare Life and Health Ins. Company)
- H. Sterling (Sterling Life Insurance Company)
- I. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Nevada (NV) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. Aetna Medicare Open Plan/Aetna Golden (Aetna)
- B. Anthem Medicare Preferred (Anthem Blue Cross and Blue Shield)
- C. ANY, ANY, ANY Plan (Universal Health Care)
- D. Caremore (CareMore Health Plan of Nevada)
- E. Humana Gold Choice (Humana Insurance Company)
- F. Pacificare (UnitedHealthcare)
- G. SecureHorizons MedicareDirect (United Healthcare)
- H. SecurityChoice (Unicare Life & Health Ins. Company)
- I. Senior Care Plus (Hometown Health Plan, Inc.)
- J. Senior Dimensions/Sierra VillageHealth (Health Plan of Nevada, Inc.)
- K. Sierra Nevada Spectrum/Sierra Spectrum/Sierra Optima (Sierra Health & Life Ins., Inc.)
- L. SmartValue (Anthem Blue Cross and Blue Shield)
- M. Sterling (Sterling Life Insurance Company)
- N. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - New Hampshire (NH) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. CIGNA Medicare Access (CIGNA Health Care)
- B. First Seniority Freedom (HARVARD PILGRIM HEALTH CARE INC.)
- C. Humana Gold Choice (Humana Insurance Company)
- D. Northeast Community Care (Northeast Community Care)
- E. SecureHorizons MedicareDirect (United Healthcare)
- F. SecurityChoice (Unicare Life & Health Ins. Company)
- G. SmartValue (Anthem Blue Cross and Blue Shield)
- H. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans – New Jersey (NJ)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Aetna Golden/Aetna Medicare Open Plan (Aetna)
- C. AmeriHealth 65 (AmeriHealth)
- D. Amerivantage (AMERIGROUP Community Care)
- E. Bravo (Bravo Health)
- F. HealthFirst NJ (HealthFirst NJ)
- G. Horizon Medicare Blue (Horizon Blue Cross Blue Shield of New Jersey, Inc.)
- H. SecurityChoice (Unicare Life & Health Ins. Company)
- I. Sterling (Sterling Life Insurance Company)
- J. Today's Options (Universal American)
- K. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - New Mexico (NM)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Amerivantage (AMERIGROUP Community Care of New Mexico)
- C. CIGNA Medicare Access (CIGNA Health Care)
- D. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- E. Lovelace Senior Plan (Lovelace Health Plan)
- F. Molina Medicare Options (Molina Healthcare of New Mexico, Inc.)
- G. Physicians Health Choice (PHYSICIANS HEALTH CHOICE OF NEW MEXICO)
- H. Presbyterian MediCare PPO/Presbyterian Senior Care Plan (Presbyterian Medi-Care Health Plan)
- I. SecureHorizons MedicareDirect (United Healthcare)

# HIMC1

## Medicare Advantage Plans - New Mexico (NM)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)  
(continued)

- J. SecurityChoice (Unicare Life & Health Ins. Company)
- K. Sterling (Sterling Life Insurance Company)

# HIMC1

## Medicare Advantage Plans - New York (NY) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantage NY (QUALITY HEALTH PLANS)
- C. Aetna Golden/Aetna Medicare Plan (Aetna)
- D. Amerivantage (AMERIGROUP Community Care)
- E. Blue Choice Senior/Medicare Blue/Senior Choice (Excellus Health Plan, Inc.)
- F. BlueCross BlueShield Forever Blue/Senior Blue (Blue Cross Blue Shield)
- G. CCM Direct (Comprehensive Care Management)
- H. CDPHP (Capital District Physician's Health Plan)
- I. CIGNA Medicare Access (CIGNA Health Care)
- J. Elderplan (Elderplan, Inc.)
- K. Empire BlueCross BlueShield (Empire Healthchoice Assurance)
- L. Essence Advantage (Essence Healthcare)
- M. Fidelis Medicare Advantage (New York State Catholic Hlth. Plan Inc.)

# HIMC1

## Medicare Advantage Plans – New York (NY) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- N. GHI Medicare PPO (EmblemHealth)
- O. GoldAnywhere/GoldValue (MVP HEALTH CARE)
- P. Health Plus Elite (Health Plus Elite)
- Q. HealthFirst (Healthfirst Medicare Plan)
- R. HIP VIP (EmblemHealth)
- S. Humana Gold/HumanaChoice (Humana Insurance Company of New York)
- T. Independent Health (Independent Health)
- U. Liberty Health Advantage (Liberty Health System)
- V. MediBlue (Empire BlueCross BlueShield)
- W. MetroPlus (MetroPlus Health Plan)
- X. MVP Health Care (MVP Health Plan)
- Y. Northeast Community Care (Northeast Community Care)
- Z. Preferred Care Gold (MVP Health Care)
- AA. SecureHorizons MedicareDirect (United Healthcare)



# HIMC1

## Medicare Advantage Plans – New York (NY) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

BB. SecurityChoice (Unicare Life & Health Ins. Company)

CC. Sterling (Sterling Life Insurance Company)

DD. Today's Options (Universal American)

EE. Touchstone Health Medicare (Touchstone Health)

FF. Univera Medicare (Excellus Health Plan, Inc.)

GG. VNS CHOICE Medicare (VNS CHOICE Medicare)

HH. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Ohio (OH) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantage Plan (Advantage Plans from Medical Mutual of Ohio)
- C. Advantra (Coventry Health Care)
- D. Aetna Medicare Plan (Aetna Medicare)
- E. Anthem Senior Advantage/Medicare Preferred/Blue Medicare Access (Anthem Blue Cross and Blue Shield)
- F. CareSource (CareSource)
- G. CIGNA Medicare Access (CIGNA Health Care)
- H. Health Plan SecureCare (The Health Plan)
- I. HumanaChoicePPO/Humana Gold (Humana Insurance Company)
- J. Kaiser Permanente Medicare Plus (Kaiser Foundation Health Plan of Ohio)
- K. MediGold (MediGold)
- L. Molina Medicare Options (Molina Healthcare of Ohio)
- M. Paramount Elite (Pro Media Health System)
- N. PrimeTime Health Plan (PrimeTime Health Plan)

# HIMC1

## Medicare Advantage Plans – Ohio (OH) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- O. SecureChoice/SecureFreedom (Union Security Insurance Company)
- P. Sterling (Sterling Life Insurance Company)
- Q. SummaCare Secure (Summa Health System)
- R. Today's Options (Universal American)
- S. Trihealth Seniorlink (Trihealth)
- T. UPMC For Life (UPMC Health Plan)
- U. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Oklahoma (OK)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Aetna Medicare (Aetna)
- C. Arcadian Health Plan (Arcadian Health Plan, Inc.)
- D. Generations Healthcare (Martins Point Health Care)
- E. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- F. Medicare Blue PPO (Blue Cross and Blue Shield of Oklahoma)
- G. SecureHorizons Medicare Direct (United Healthcare)
- H. SecurityChoice (Unicare Life & Health Ins. Company)
- I. Senior Health Plan (CommunityCare Senior Health Plan)
- J. Sterling (Sterling Life Insurance Company)
- K. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Oregon (OR) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP Medicare Complete (United Healthcare Open Plan)
- B. ATRIO MyAdvantage/ATRIO Tuality (ATRIO Health Plans)
- C. CareOregon Advantage (CareOregon, Inc.)
- D. CareSource (CareSource)
- E. CIGNA Medicare Access (CIGNA Health Care)
- F. Clear Choice (Clear One Health Plans)
- G. Explorer (Clear One Health Plans)
- H. Health Net (Health Net)
- I. Health Net Healthy Heart (Health Net)
- J. Humana Gold Choice (Humana Insurance Company)
- K. Kaiser Permanente Senior Advantage (Kaiser Permanente)

# HIMC1

## Medicare Advantage Plans - Oregon (OR) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- L. Marion Polk Community Health Plan  
Advantage/Physicians Choice (Marion Polk  
Community Health Plan Advantage)
- M. ODS Advantage PPO (ODS Health Plan, Inc.)
- N. PremierCare (FamilyCare Health Plans, Inc.)
- O. Providence Medicare (Providence Health Plan)
- P. Regence MedAdvantage (Regence BlueCross  
BlueShield of Oregon)
- Q. Samaritan Advantage (Samaritan Advantage Health  
Plan)
- R. SecureHorizons MedicareDirect (United Healthcare)
- S. SecurityChoice (Unicare Life & Health Ins. Company)
- T. Sterling (Sterling Life Insurance Company)
- U. Today's Options (Universal American)
- V. Trillium Advantage (Trillium Community Health Plan)

# HIMC1

## Medicare Advantage Plans - Pennsylvania (PA)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra (Coventry Health Care)
- C. Aetna Medicare (Aetna)
- D. ANY, ANY, ANY Plan (Universal Health Care)
- E. Bravo (Bravo Health)
- F. CIGNA Medicare Access (CIGNA Health Care)
- G. FreedomBlue (Highmark Inc.)
- H. Geisinger Gold (Geisinger Gold)
- I. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- J. Keystone 65/Personal Choice 65 (Independence Blue Cross)
- K. SecureHorizons MedicareComplete/MedicareDirect (United Healthcare)
- L. SecurityBlue (Keystone Health Plan West, Inc.)

# HIMC1

## Medicare Advantage Plans – Pennsylvania (PA)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)  
(continued)

- M. SecurityChoice (Unicare Life & Health Ins. Company)
- N. Senior Partners (Health Partners, Inc.)
- O. SeniorBlue (Keystone Health Plan Central, Inc.  
/Capital Advantage Insurance Company)
- P. Sterling (Sterling Life Insurance Company)
- Q. Today's Options (Universal American)
- R. Unison Advantage (Unison Health Plan)
- S. UPMC for Life (UPMC Health Plan)



# HIMC1

## Medicare Advantage Plans - Puerto Rico (PR)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AHM/American Health (American Health Medicare)
- B. Auxilio Platino (Triple-S, Inc.)
- C. Dorado/Elite Dorado (Preferred Medicare Choice, Inc.)
- D. First Care+Plus/First+Plus (First Medical Health Plan, Inc.)
- E. Humana Gold/HumanaChoicePPO (Humana Health Plans/Humana Insurance of Puerto Rico, Inc.)
- F. MAPFRE Medicare Excel (MAPFRE LIFE INSURANCE COMPANY)
- G. MCS Classicare (MCS Life Insurance Company)
- H. Medicare y Mucho Más (Medicare y Mucho Más)
- I. PMC Max (Preferred Medicare Choice, Inc.)
- J. Triple-S Medicare (Triple-S Salud)

# HIMC1

## Medicare Advantage Plans - Rhode Island (RI)

(Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (SecureHorizons/United Healthcare)
- B. BlueCHiP for Medicare (Blue Cross and Blue Shield of Rhode Island)
- C. SecurityChoice (Unicare Life & Health Ins. Company)

# HIMC1

## Medicare Advantage Plans - South Carolina (SC)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Ambassador/Patriot Plus/Presidential (AMERICA'S 1ST CHOICE HEALTH PLANS)
- C. ANY, ANY, ANY Plan (Universal Health Care)
- D. Care Improvement Plus (Care Improvement Plus)
- E. CIGNA Medicare Access (CIGNA Health Care)
- F. Guardian Tribute (Guardian Healthcare, Inc.)
- G. Humana Gold/HumanaChoicePPO (Humana Insurance Company)
- H. Medicare Blue (Blue Cross Blue Shield of South Carolina)
- I. SecureHorizons MedicareDirect (United Healthcare)
- J. SecurityChoice (Unicare Life & Health Ins. Company)
- K. Southeast Community Care (Arcadian Health Plan)
- L. Sterling (Sterling Life Insurance Company)
- M. Today's Options (Universal American)
- N. Windsor Medicare Extra (Windsor Health Group, Inc.)

# HIMC1

## Medicare Advantage Plans - South Dakota (SD)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. Advantra Freedom/Platinum (Coventry Health Care)
- B. Avera Advantage (Universal American)
- C. Humana Gold/Humana Choice (Humana Insurance Company)
- D. Medica Prime (Medica Insurance Company)
- E. MedicareBlue PPO (Wellmark Blue Cross Blue Shield of South Dakota)
- F. SecureHorizons MedicareDirect (United Healthcare)
- G. SecurityChoice (Unicare Life & Health Ins. Company)
- H. Sterling (Sterling Life Insurance Company)

# HIMC1

## Medicare Advantage Plans - Tennessee (TN)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Aetna Medicare (Aetna)
- C. Amerivantage (AMERIGROUP Community Care)
- D. BlueAdvantage (BlueCross BlueShield of Tennessee)
- E. CIGNA Medicare Access (CIGNA Health Care)
- F. Healthspring (Healthspring of Tennessee)
- G. HumanaChoicePPO/Humana Gold (Humana Insurance Company)
- H. SecureHorizons MedicareDirect (United Healthcare)
- I. SecurityChoice (Unicare Life & Health Ins. Company)
- J. Sterling (Sterling Life Insurance Company)
- K. Today's Options (Universal American)
- L. Windsor Medicare Extra (Windsor Health Group, Inc.)

# HIMC1

## Medicare Advantage Plans - Texas (TX) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advantra/Advantra Freedom (Coventry Health Care)
- C. Aetna Medicare (Aetna)
- D. Amerivantage (AMERIGROUP Community Care)
- E. ANY, ANY, ANY Plan (Universal Health Care Insurance Company, Inc.)
- F. Arkansas Community Care (Texarkana Community Care)
- G. Bravo (Bravo Health)
- H. Care Improvement Plus (Care Improvement)
- I. Care N'Care (Care N'Care Health Plan)
- J. CIGNA Medicare Access (CIGNA Health Care)
- K. Fidelis Secure (Fidelis SecureCare of Texas)
- L. FirstCare Advantage (FirstCare Health Plans)
- M. HealthSpring HealthyAdvantage (HealthSpring Medicare Advantage PPO)
- N. HumanaChoicePPO/Humana Gold (Humana Insurance Company)
- O. KelseyCare Advantage (KelseyCare-Seybold)

# HIMC1

## Medicare Advantage Plans - Texas (TX) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- P. Medicare Masterpiece (Universal HMO of Texas, Inc.)
- Q. Molina Medicare Options (Molina Healthcare of Texas, Inc.)
- R. Physicians Health Choice (PHYSICIANS HEALTH CHOICE)
- S. SecureHorizons MedicareDirect (United Healthcare)
- T. SecurityChoice (Unicare Life & Health Ins. Company)
- U. SeniorCare Sr (Scott and White Health Plan SeniorCare)
- V. Sterling (Sterling Life Insurance Company)
- W. Texan Plus (Texas First Health Plans SelectCare of Texas, LLC)
- X. Texarkana Community Care (Texarkana Community Care, Inc.)
- Y. Texas Community Care (Arcadian Health Plan)
- Z. Today's Options (Universal American)
- AA. WellCare (WellCare Health Plans, Inc.)

# HIMC1

## Medicare Advantage Plans - Utah (UT) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Altius Advantra (Coventry Health Care)
- C. ANY, ANY, ANY Plan (Universal Health Care)
- D. Healthy Advantage/Molina Medicare Options (Molina Healthcare of Utah)
- E. HumanaChoicePPO/Humana Gold (Humana Insurance Company)
- F. MedAdvantage (Regence BlueCross BlueShield of Utah)
- G. SecureHorizons MedicareDirect (United Healthcare)
- H. SecurityChoice (Unicare Life & Health Ins. Company)
- I. Sierra Spectrum/Sierra Optima (Sierra Health & Life Ins., Inc.)
- J. Sterling (Sterling Life Insurance Company)
- K. Today's Options (Universal American)



# HIMC1

## Medicare Advantage Plans - Vermont (VT)

(Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. CIGNA Medicare Access (CIGNA Health Care)
- C. Humana Gold Choice (Humana Insurance Company)
- D. SecureHorizons MedicareDirect (United Healthcare)
- E. SecurityChoice (Unicare Life & Health Ins. Company)
- F. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Virginia (VA) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Aetna Medicare (Aetna)
- C. Anthem Medicare Preferred/SmartValue (Anthem Blue Cross and Blue Shield)
- D. Carilion Clinic (Carilion Clinic Medicare Health Plan)
- E. CIGNA Medicare Access (CIGNA Health Care)
- F. Humana Gold/HumanaChoicePPO (Humana Insurance Company)
- G. Kaiser Permanente Medicare Plus (Kaiser Foundation Health Plan, Inc.)
- H. Optima Medicare (Optima Health)
- I. SecureHorizons MedicareDirect (United Healthcare)
- J. SecurityChoice (Unicare Life and Health Ins. Company)
- K. Southeast Community Care (Arcadian Health Plan)
- L. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - Washington (WA)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Asuris TruAdvantage (Asuris Northwest Health)
- C. ChoicePartners Medicare (Molina Healthcare of Washington, Inc.)
- D. CIGNA Medicare Access (CIGNA Health Care)
- E. Columbia/Spokane Community Care (Arcadian Health Plan)
- F. Community HealthFirst (Community HealthFirst Medicare Advantage Plan)
- G. Essence Advantage (Essence HealthCare)
- H. Evercare (Unitedhealthcare)
- I. Group Health Cooperative/Options Clear Care (Group Health Cooperative)
- J. Health Net (Health Net, Inc.)
- K. Health Net Healthy Heart (Health Net, Inc.)

# HIMC1

## Medicare Advantage Plans - Washington (WA)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)  
(continued)

- L. Humana Gold/HumanaChoice (Humana Insurance Company)
- M. Kaiser Permanente Senior Advantage (Kaiser Permanente)
- N. Molina Medicare Options (Molina Healthcare of Washington, Inc.)
- O. Partners (Puget Sound Health Partners)
- P. Providence Medicare (Providence Health Plan)
- Q. Regence MedAdvantage (Regence BlueCross BlueShield/Regence BlueShield)
- R. SecureHorizons MedicareDirect (United Healthcare)
- S. SecurityChoice (Unicare Life & Health Ins. Company)
- T. Sterling (Sterling Life Insurance Company)
- U. Today's Options (Universal American)

# HIMC1

## Medicare Advantage Plans - West Virginia (WV)

(Medicare Managed Care, such as Medicare HMO,  
Medicare PPO, or Medicare PFFS Plan)

- A. CIGNA Medicare Access (CIGNA Health Care)
- B. FreedomBlue (Highmark Health Insurance Company)
- C. Health Plan SecureCare/SecureChoice/Freedom (The Health Plan)
- D. Humana Gold Choice/HumanaChoicePPO (Humana Insurance Company)
- E. SecurityChoice (Unicare Life & Health Ins. Company)
- F. Sterling (Sterling Life Insurance Company)
- G. Today's Options (Universal American)
- H. UPMC For Life (UPMC Health Plan)

# HIMC1

## Medicare Advantage Plans - Wisconsin (WI) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. AARP MedicareComplete (United Healthcare)
- B. Advocare (Security Health Plan of Wisconsin, Inc.)
- C. Anthem Medicare (Anthem Blue Cross and Blue Shield)
- D. Gundersen Lutheran Senior (Gundersen Lutheran Health Plan, Inc.)
- E. HealthPartners Wisconsin Freedom Plan (HealthPartners Freedom Plan)
- F. HumanaChoicePPO/Humana Gold Choice (Humana Insurance Company)
- G. iCare (Independent Care Health Plan)
- H. Medica Advantage Solution/Prime Solution (Medica Insurance Company)
- I. Network/Network Platinum (NHIC-Network Health Insurance Corp.)
- J. SecureHorizons MedicareDirect (United Healthcare)
- K. SmartValue/SecurityChoice/Medicare Preferred (Blue Cross Blue Shield of Wisconsin)
- L. Sterling (Sterling Life Insurance Company)

# HIMC1

## Medicare Advantage Plans - Wisconsin (WI) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan) (continued)

- M. Today's Health (Today's Health)
- N. Today's Options (Universal American)
- O. UCare for Seniors (UCare)

# HIMC1

## Medicare Advantage Plans - Wyoming (WY) (Medicare Managed Care, such as Medicare HMO, Medicare PPO, or Medicare PFFS Plan)

- A. Altius Advantra (Coventry Health Care)
- B. Humana Gold Choice (Humana Insurance Company)
- C. MedicareBlue PPO (Blue Cross Blue Shield of Wyoming)
- D. SecureHorizons MedicareDirect (United Healthcare)
- E. SecurityChoice (Unicare Life & Health Ins. Company)
- F. Sterling (Sterling Life Insurance Company)
- G. WINhealth Standard/Green Plan (WINhealth Partners)



# HIMC2A

**Lower Cost**

**To Get Rx Coverage**

**To Get Benefit Coverage Other Than RX**

**Your Doctor is a Member of This Plan**

**Your Current/Former Employer Pays Premium**

**Spouse's Current/Former Employer Pays Premium**

**Previous Plan Was Bought By Or Merged With Current Plan**

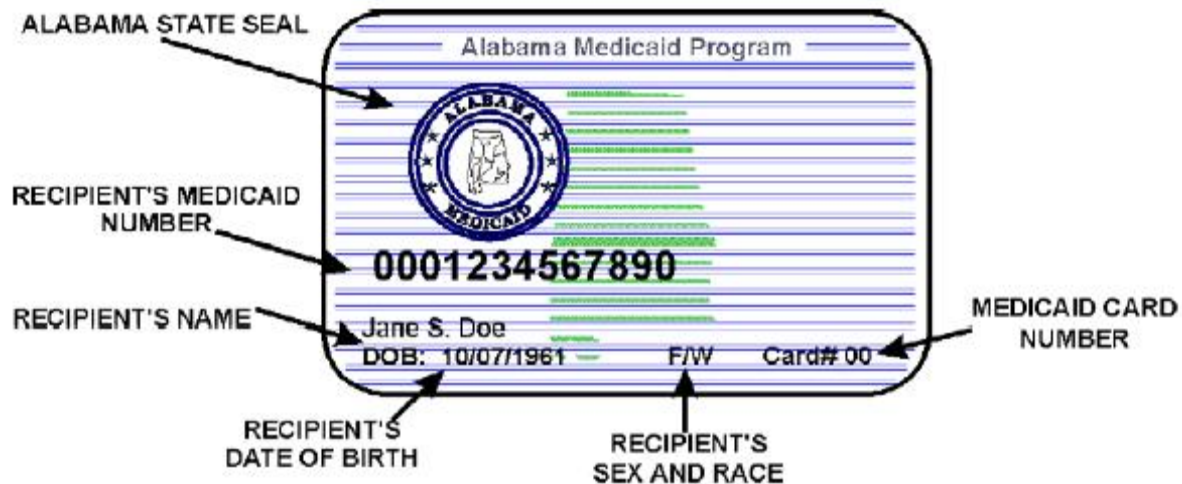
**Better Selection Of Providers or Quality of Care**

**Recommendation or Reputation**

**You Wanted a Choice of Doctors**

# HI3

## Sample Medicaid Card - Alabama (AL)



# HI3

## Sample Medicaid Card - Alaska (AK)

RECIPIENT IDENTIFICATION CARD		STATE OF ALASKA			MEDICAL ASSISTANCE PROGRAM			
NAME OF ELIGIBLE PERSON(S)		CLIENT I.D. NO.	ELIG. MONTH	D.O.B.	E.C.	RESOURCES		MEDICARE
XXXXXXXXXXXXXXXXXX	XXXXX X	0000000000	****	****	00	X	** **	*****
XXXXXXXXXXXXXXXXXX	XXXXX X	0000000000	****	****	00	X	** **	*****
X		*****	****	****	**	** **	**	*****
*****		*****	****	****	**	** **	**	*****

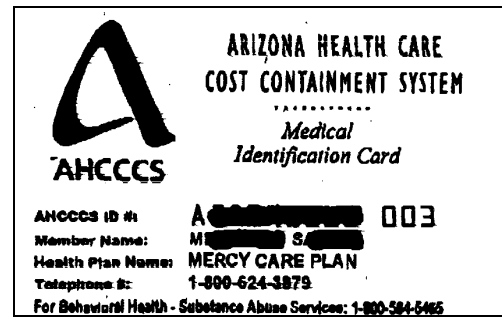
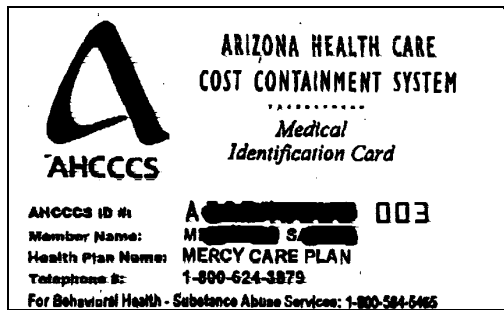
0000000000 X0000	0000000000 X0000	*****	*****	*****	*****
XX XXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXX	*****	*****	*****	*****
X ** ** 00 ****	X ** ** 00 ****	*****	*****	*****	*****
0000000000 X0000	0000000000 X0000	*****	*****	*****	*****
XX XXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXX	*****	*****	*****	*****
X ** ** 00 ****	X ** ** 00 ****	*****	*****	*****	*****
0000000000 X0000	0000000000 X0000	*****	*****	*****	*****
XX XXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXX	*****	*****	*****	*****
X ** ** 00 ****	X ** ** 00 ****	*****	*****	*****	*****
0000000000 X0000	0000000000 X0000	*****	*****	*****	*****
XX XXXXXXXXXXXXXXX	XX XXXXXXXXXXXXXXX	*****	*****	*****	*****
X ** ** 00 ****	X ** ** 00 ****	*****	*****	*****	*****

**HEALTH CARE PROVIDER INSTRUCTIONS:** THIS CARD IDENTIFIES THE PERSON(S) LISTED ABOVE AS A MEDICAID RECIPIENT WHO IS ELIGIBLE TO RECEIVE MEDICAL ASSISTANCE FROM HEALTH CARE PROVIDERS ENROLLED WITH THE ALASKA MEDICAID PROGRAM. PROVIDERS MUST VERIFY THAT THE BEARER(S) OF THIS CARD IS THE NAMED PERSON(S) AND WRITE THE CLIENT I.D. NUMBER ON OR AFFIX A LABEL TO EACH CLAIM.

**NOTE:** Cooperation with third party resources includes supplying your provider with medical insurance coverage information such as TRICARE, BLUE CROSS, etc. Providers must accept payment from all resources prior to billing Medicaid.

HI3

## Sample Medicaid Card - Arizona (AZ)



HI3

# Sample Medicaid Card - Arkansas (AR)



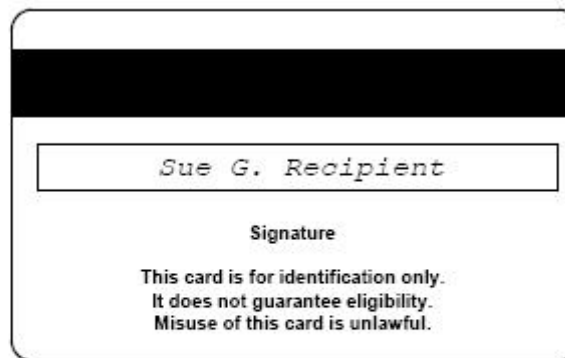
# HI3

## Sample Medicaid Card - California (CA)



Gender

Date of Birth



Sample Benefits Identification Card (BIC).

(Actual card size = 3 1/4 x 2 1/4 inches; white card with blue letters on front, black letters on back.)

HI3

## Sample Medicaid Card - Colorado (CO)



CPICA 2012800 Track 2 / 2750 Oersted

**Colorado Department of Health Care Policy and Financing  
THIS CARD DOES NOT GUARANTEE ELIGIBILITY**

**Providers are responsible for:**

- Verifying the identity of the cardholder.
- Verifying the eligibility of the cardholder.
- Requesting prior authorization when pre-approval of services is required.

**Clients are responsible for:**

- Presenting this card each and every time medical services are received from a doctor, pharmacy, dentist, etc.

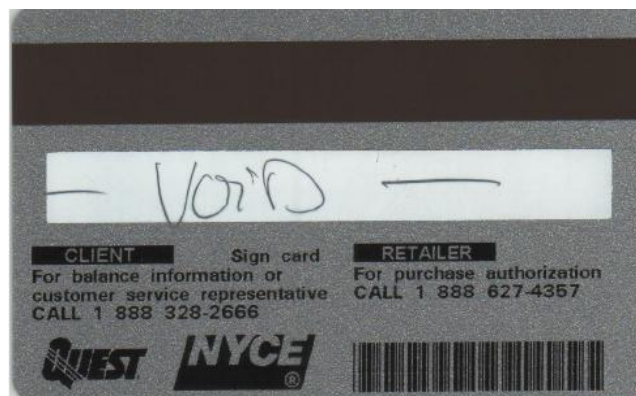
**Problems or Questions:**

- Call Customer Service at 303-866-3513 within Metro Denver or 1-800-221-3943 outside Metro Denver, Monday thru Friday, 8 to 5, excluding holidays.

**In a life threatening emergency call 911 or go to the nearest emergency room.**

HI3

## Sample Medicaid Card - Connecticut (CT)





# HI3

## Sample Medicaid Card - District of Columbia (DC)

[Front] [Back]

2-1/8" 3-3/8"

The image displays two sample Medicaid cards for the District of Columbia. The top row shows the front and back of a blank card, while the bottom row shows the front and back of a card with sample data. Dimensions are indicated as 2-1/8" in height and 3-3/8" in width. The front of the card features the 'M' logo with a cross, the text 'Washington, DC Medical Insurance', and fields for Sex, Ins. C., Case, Name, and DOB. The back of the card includes a signature line, three phone numbers with their respective services, and a telephone icon.

**Front View (Sample Data):**

**Washington, DC Medical Insurance**

Sex: M Ins. C. Case: 312345  
Name: JOSE Q CUSTOMER DOB: 0070123456

*The "M" Card: Covering 1 in 4 DC Residents*

**Back View (Sample Data):**

Signature of Adult/Firma del adulto

(202) 698-2000 to find a doctor  
para encontrar un médico

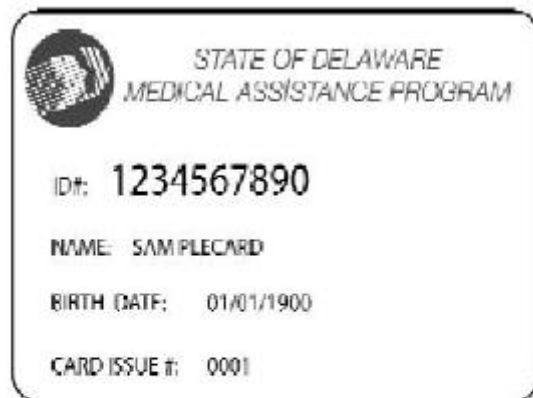
(202) 639-4030 for help with your managed care plan  
para la ayuda con su plan de salud

(202) 727-5355 to change your address (or report other changes)  
para cambiar su dirección (o informarnos de otros cambios)



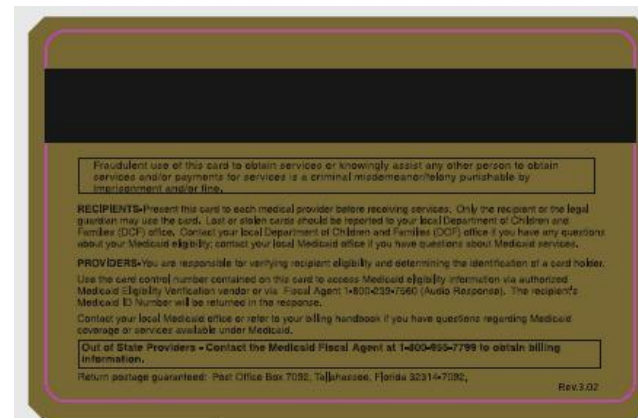
HI3

## Sample Medicaid Card - Delaware (DE)



# HI3

## Sample Medicaid Card - Florida (FL)



# HI3

## Sample Medicaid Card - Georgia (GA)

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**Member ID #: 123456789012**  
Member: Joe Q Public  
Card Issuance Date: 12/01/02

**Primary Care Physician:** Dr. Jane Q Public  
285 Main Street  
Suite 2859  
Atlanta, GA 30303  
Phone: (123) 123-1234 X1234

**Plan:** Georgia Better Health Care  
**After Hours:** (123) 123-1234 X1234

Verify eligibility at [www.gdp.georgia.gov](http://www.gdp.georgia.gov)

If member is enrolled in a managed care plan, contact that plan for specific claim filing and prior authorization information.

**Payor: For Non-Managed Care Members**  
Customer Service: 404-298-1238 (Local) or 1-800-766-4456 (Toll Free)

ACS, Inc.	SXC, Inc.	Mail Paper Claims to:
Member: Box 3000	Ex:BDN-001553	SXC Health Solutions, Inc.
Provider: Box 5000	Ex:PCN-GAM	P.O. Box 3214
Prior Authorization: Box 7000	SXC RX Prior Auth	Lisle, IL 60532-8214
McRae, GA 31055	1-866-525-5827	Ex Provider Help Line 1-866-525-5826

\*\*\* This card is for identification purposes only, and does not automatically guarantee eligibility for benefits and is non-transferable.

HI3

## Sample Medicaid Card - Hawaii (HI)



 **State of Hawaii**  
**Department of Human Services**  
Medicaid Identification Card

**ALOHA J. SMITH**  
**DOB: 01/01/1992**  
**0009999999**

State of Hawaii  
Department of Human Services  
Med-QUEST Division  
THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Attention Providers:

- Eligibility information may be obtained by calling: (800) 882-4608
- To report fraud, please call the Fraud Hotline at: (808) 587-8444
- You are responsible for verifying recipient eligibility and proper identification of the card holder

Attention Recipients:

- Please carry this card with you at all times
- Unauthorized use of this card is a violation of federal and state law and may result in criminal prosecution.
- If you have any questions, please call the Enrollment Call Center at: (808) 524-3370 or toll-free at (800) 316-8005
- Keep this card even if you get a notice saying that you are no longer eligible. If you get Medicaid in the future, you will use the same card.

HI3

# Sample Medicaid Card - Idaho (ID)



# HI3

## Sample Medicaid Card - Illinois (IL)

State of Illinois • Department of Public Aid  
**MediPlan**

1 | 2 | 3 | 6

Case ID Number: 94 102 00 011111 | Eligibility Period: 09-01-02 Through 09-30-02

IMAGINARY, JANE DOE  
45 ANYPLACE ROAD  
YOUR TOWN, IL 60000

99999999 | DFA 409 (R-1-00) | 11-002302 | IL 407-0234

Note: The seal of the State of Illinois appears in blue ink in the spot marked with a large X in a circle.

09-01-02 Through 09-30-02 | Case ID Number: 94 102 00 011111 | 00000111

1 | 2 | 3 | 4 | 5 | 6 | 7

IMAGINARY, JANE DOE  
45 ANYPLACE ROAD YOUR TOWN, IL

ONLY THE FOLLOWING PERSONS ARE ELIGIBLE:

JANE D IMAGINARY ID# 1111111111 DOB: 04-01-51 TPL: B002  
IMOGENE IMAGINARY ID# 2222222222 DOB: 05-06-80 TPL: A001  
FANTASY IMAGINARY ID# 3333333333 DOB: 06-03-95 TPL: A001

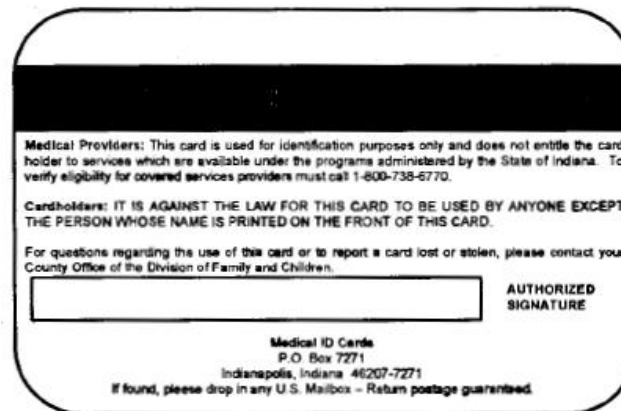
TOTAL NUMBER OF ELIGIBLE PERSONS: 3

11-002302 | -Please see front of card for important information- | X

Note: The seal of the State of Illinois appears in blue ink in the spot marked with a large X in a circle.

HI3

## Sample Medicaid Card - Indiana (IN)





# HI3

## Sample Medicaid Card - Iowa (IA)

County Administrator  
Attn: Administrator  
123 Any Street, Suite 100  
Any City, Iowa 12345

**Here are your new Medicaid cards!**  
Remove your ID card, your ID key tags and this information card. Read and keep this card as it has important information on the back. Please present any of the ID cards when you receive medical services.

JOHN Q. SAMPLE  
1234 ONE LANE ROAD  
ANYWHERE, IA 12345-6789

Iowa Department of Human Services  
Medical Assistance Eligibility Card  
JOHN Q. SAMPLE  
DOB 11/19/67  
ID# 123456A

Iowa Department of Human Services  
Medical Assistance Eligibility Card  
JOHN Q. SAMPLE  
DOB 11/19/67  
ID# 123456A

**THIS IS YOUR PERMANENT MEDICAL ID CARD. KEEP THIS CARD.**

**Members:** Show this card to your medical provider when you need medical services. If you have questions or you need your card, call our Member Call Center at 1-800-338-8366 (if you live in the Des Moines area call 725-1003).

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.**

**Providers:** You need to verify eligibility status of the cardholder before providing services. You can get current eligibility status by calling our Eligibility Verification System (ELVS) at 1-800-338-7752 (in the Des Moines area 323-9638) or at our website: <https://medicaid.iowa.gov/verify-eligibility>

**Providers:** You need to verify eligibility status of this cardholder before providing services. You can get current eligibility status by calling our Eligibility Verification System (ELVS) at 1-800-338-7752 (in the Des Moines area 323-9638) or at our website: <https://medicaid.iowa.gov/verify-eligibility>

**You do not have to pay medical bills that Medicaid should pay. You should make sure your provider has all of your insurance information in order to submit a claim.**

Call Iowa Medicaid Enterprise Member Services at 1-800-338-8366 (Des Moines area, call 725-1003) if:

- You have lost your card.
- You get a bill from a doctor, hospital or other medical provider, unless it is for a co-payment.
- You can't get medical services because Medicaid did not pay another bill.

You will get a letter within 30 days that tells you if Medicaid will pay the bill. If Medicaid does not pay the bill, you have the right to file an appeal.

The Iowa Medicaid Enterprise (IME) does not need your permission to:

- Recover medical payments made on your behalf, or
- Make a claim against another person or company that may be responsible for paying the cost of your medical expense

Your help is appreciated. You will get documents that show what medical services have been paid for if you or your attorney asks for them. These documents may also be shared with an attorney or insurance company to prove the amount of the IME's claim.

**TO BECOME A REGISTERED PROVIDER, VISIT THE CROSS HOME PAGE AT:**  
[http://www.iowadhs.com/registry\\_double\\_medicaid.html](http://www.iowadhs.com/registry_double_medicaid.html)

HI3

## Sample Medicaid Card - Kansas (KS)



HI3

## Sample Medicaid Card - Kentucky (KY)





HI3

## Sample Medicaid Card - Maine (ME)



Important Information - If found, please destroy this card.

If you are a Member: Keep this card with you at all times. You must show this card to providers to get MaineCare services. Contact your eligibility worker at the Department of Health and Human Services (DHHS) office nearest your home if the information on this card is wrong or if this card is lost, stolen or damaged. For questions about covered services or managed care, contact MaineCare Member Services at 1-800-977-6740, press option 2 or if you are deaf or hard of hearing and have a TTY machine, call 1-800-977-6741.

If you are a Provider: Providers without point of service eligibility verification systems will need to call the MaineCare member eligibility Voice Response System to verify eligibility. In Maine call 1-800-452-4694, outside Maine call 1-207-287-3081. Office of MaineCare Services, DHHS, 11 State House Station, Augusta, Maine 04333-0011.

Out-of-state requests require prior authorization before rendering services. For any Out-of-state emergency services contact MaineCare's authorized agent within one business day of providing services at 1-866-543-2387.

HI3

# Sample Medicaid Card - Maryland (MD)



STATE OF MARYLAND  
MEDICAL CARE PROGRAM

IDENTIFICATION NO.

PROVIDER

BIRTH YEAR

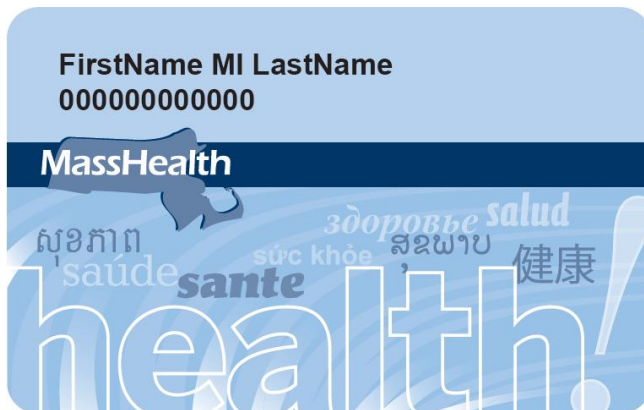
MEDICARE NO.

INS

VCH

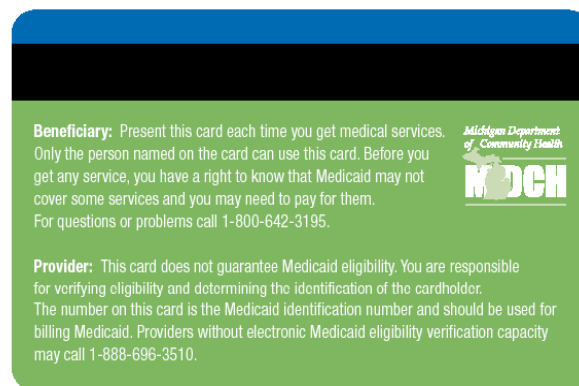
HI3

## Sample Medicaid Card - Massachusetts (MA)



HI3

## Sample Medicaid Card - Michigan (MI)





HI3

## Sample Medicaid Card - Minnesota (MN)

**Minnesota Health Care Programs**  
**Present this card every time you go for medical care.**

Member Number **1234567890**

Member Name **JANE A DOE**

Birth Date **11/15/2005**

Gender **FEMALE**

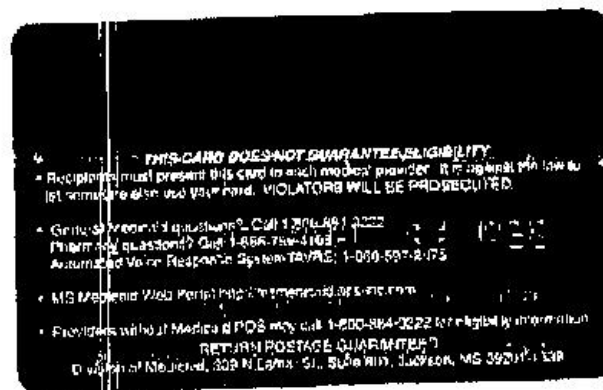
Rx BIN **610459**

*More information on back of card.*

<p><b>MEMBERS ONLY:</b></p> <p>If you are enrolled in a health plan, use your health plan's providers.</p> <p>For questions about benefits, copays, bills or prior authorization, call the Member Help Desk at:</p> <ul style="list-style-type: none"><li>• (651) 431-2670</li><li>• 1-800-657-3739</li><li>• TDD/TTY 7-1-1</li></ul> <p>For questions about your eligibility, contact your County Human Services Agency or MinnesotaCare.</p>	<p><b>PROVIDERS ONLY:</b></p> <p>To verify eligibility online or submit claims for MHCP members not enrolled in a health plan, access MN-ITS at:</p> <p><a href="http://mn-its.dhs.state.mn.us">http://mn-its.dhs.state.mn.us</a></p> <p>To verify member eligibility and/or restriction status by phone, call:</p> <ul style="list-style-type: none"><li>• (651) 282-5354</li><li>• 800-657-3613</li></ul> <p>For additional MHCP-enrolled provider resources, visit:</p> <p><a href="http://www.dhs.state.mn.us/provider">www.dhs.state.mn.us/provider</a></p>
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HI3


# Sample Medicaid Card - Mississippi (MS)



# HI3

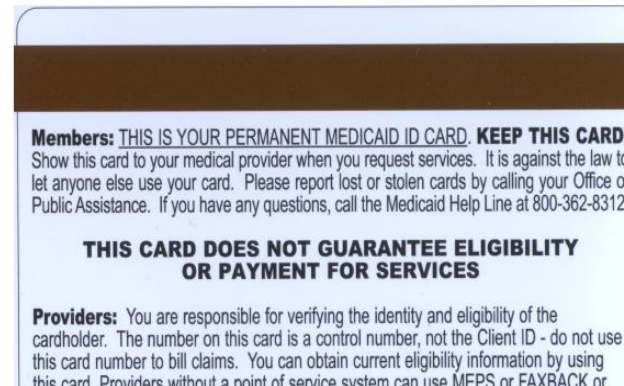
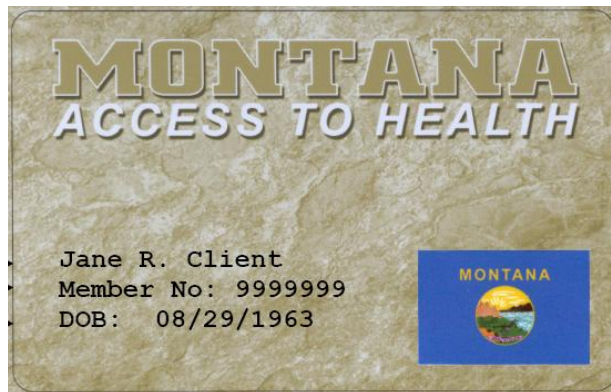
## Sample Medicaid Card - Missouri (MO)

### SAMPLE

<p><b>MO HealthNet</b> Department of Social Services</p> 	<ul style="list-style-type: none"><li>- You must present this card each time you get medical services.</li><li>- You must tell the provider of services if you have other insurance.</li><li>- Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered.</li></ul>
<p>Name of Participant</p>	<p>Participant Inquiries: 1-800-392-2161 OR 1-573-751-6627 Fraud and Abuse: 1-873-751-3285 OR <a href="mailto:ASK.MIND@DSS.MO.GOV">ASK.MIND@DSS.MO.GOV</a></p>
<p>Date of Birth XX-XX-XXXX</p>	<p>MO HealthNet ID Number 999999999</p>
<p>USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW</p>	<p>Possession of the card does not certify eligibility or guarantee benefits.</p> <ul style="list-style-type: none"><li>- Restrictions may apply to some participants or for certain services.</li><li>- Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division.</li><li>- The holder of this card has made an assignment of rights to the Department of Social Services for payment of medical care from a third-party.</li></ul>

HI3

## Sample Medicaid Card - Montana (MT)



HI3

## Sample Medicaid Card - North Carolina (NC)

**THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER**

**MEDICAID IDENTIFICATION CARD**

N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE

**01-01-05** **01-31-05** VALID FROM **01-01-05** THRU **01-31-05**

P.O. Box 111  
Any City, NC  
Zip=12345

CAP	COUNTY CASE NO.	ISSUANCE	PROGRAM	CLASS
	123456	99364R	AAF	N

RECIPIENT I.D.	ELIGIBLES FOR MEDICAID	INS.NO.	BIRTHDATE	SEX
900-00-0000K	Jane Recipient Carolina ACCESS Provider 123 Any Street Any City, NC 12345 555-5555	1	12-17-73	F

CASE I.D. 10847667  
CASEHEAD Jane Recipient

ELIGIBLE MEMBERS

ENG. NO.	NAME CODE	POLICY NUMBER	TYPE
1		Medicare-B	
2	091	123456789	

Jane Recipient  
900-00-0000K

Carolina ACCESS Enrollee  
Jan 2005 AAF11 10847667 101  
123 Any Street  
Any City, NC 12345

SAMPLE

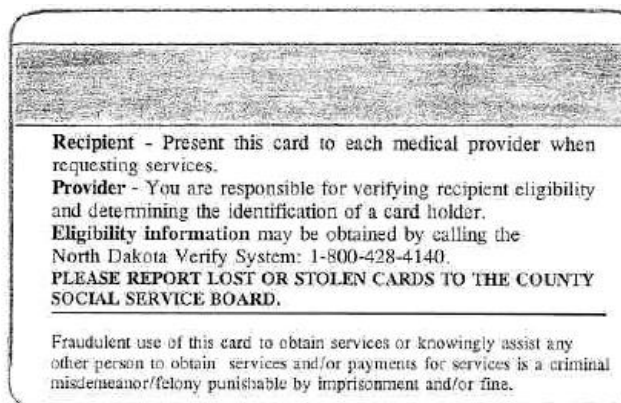
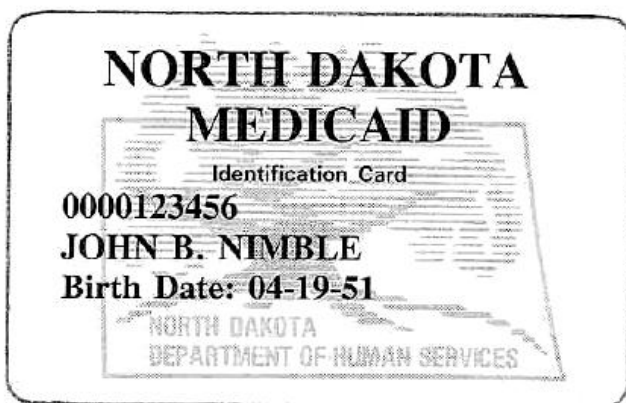
RECIPIENT Jane Recipient (Not valid unless signed)  
(Signature)

MISUSE MAY RESULT IN FRAUD PROSECUTION

5005 DMAS005 (REV 8/99)

HI3

## Sample Medicaid Card - North Dakota (ND)



HI3

## Sample Medicaid Card - Nebraska (NE)

<b>NEBRASKA</b>		ISSUE DATE
RxBIN 013766		<b>00/00/0000</b>
RxPCN P063013766		
RxGRP NEBMEDICAID	ID NUMBER/DATE OF BIRTH	
<b>Susan B. Individual</b>	<b>523000000-01</b>	<b>11-12-68</b>
<b>John M. Individual</b>	<b>523000000-02</b>	<b>03-06-00</b>
<b>Mary K. Individual</b>	<b>523000000-03</b>	<b>07-14-07</b>
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES		

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY.**

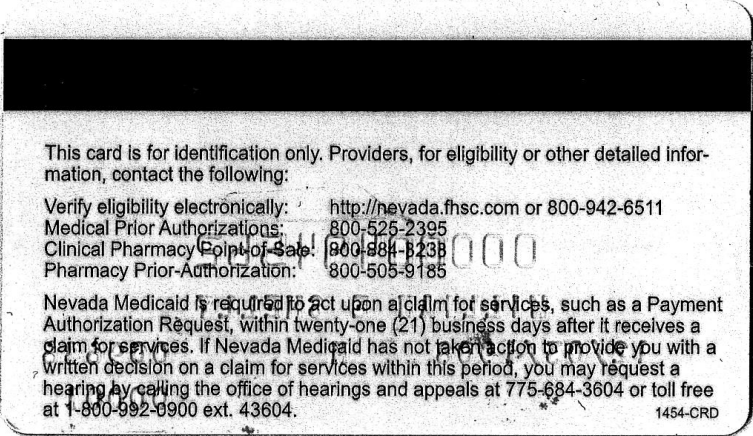
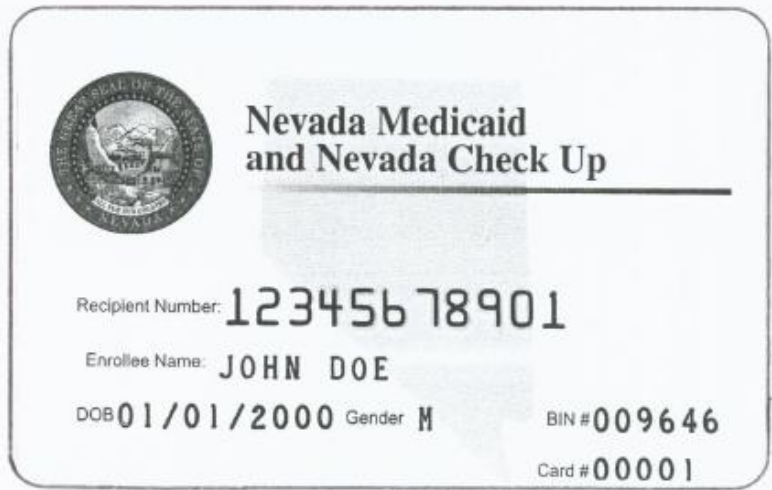
**FOR CLIENT:**  
**This is your permanent Medicaid ID card. Keep this card.** To verify your current eligibility for Medicaid, call toll-free at 800-383-4278 (in Lincoln 323-7455). If you are enrolled in Managed Care, you can verify your information by calling 888-255-2605 (in Lincoln, 471-7715). If your card is lost or stolen, call your caseworker.

**FOR PROVIDER:**  
**Eligibility must be verified.** To verify eligibility and obtain information regarding claims submission, call NMES at 800-642-6092 (in Lincoln, 471-9580); log-on to [www.dhhs.ne.gov/med/internetaccess.htm](http://www.dhhs.ne.gov/med/internetaccess.htm); or call the Medicaid Inquiry Line at 877-255-3092 (in Lincoln, 471-9128).

This card is non-transferable and is for identification only and is not a guarantee of benefits or eligibility. Any fraudulent or unauthorized use of this card is strictly prohibited and punishable by law.

HI3

# Sample Medicaid Card - Nevada (NV)





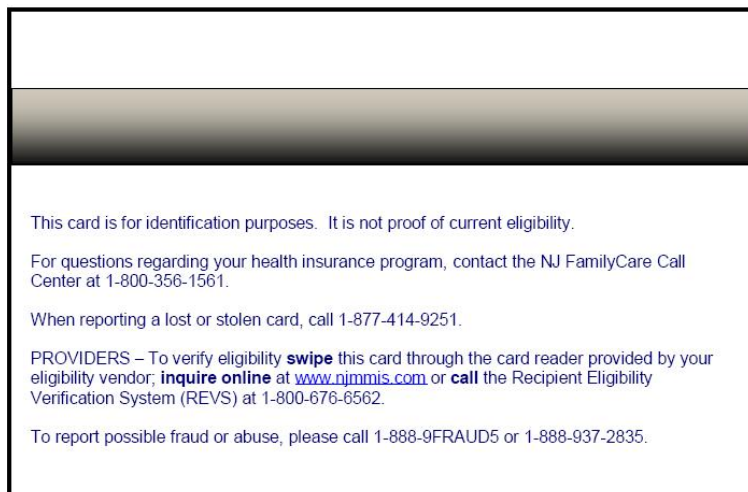
HI3

## Sample Medicaid Card - New Hampshire (NH)




HI3

## Sample Medicaid Card - New Jersey (NJ)



HI3

## Sample Medicaid Card - New Mexico (NM)

 <b>State of New Mexico</b> <b>Human Services Department</b> <u>Medicaid Identification Card</u>	
<b>Card Control#</b> 11111111	<b>Date Issued</b> 07/01/2003
<b>Client Name</b> ID Card #: 0000000000	<b>Date of Birth:</b> 01/01/2001

**Recipient** – Show this card to each medical provider. This card can only be used for services for the recipient identified on the card.  
For the HSD/Medicaid help desk call toll-free 1-888-997-2583

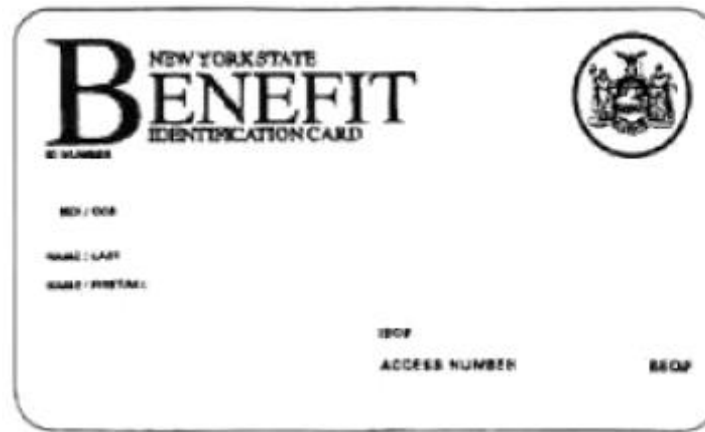
**Provider**  
Automated Voice Response line 1-800-820-6901  
Eligibility Help Desk: 1-800-705-4452  
Provider Services: 1-800-299-7304

**Pharmacy**  
POS Help Desk: 1-800-365-4944 Fee for service only

Fraudulent use of the card to obtain services or payment for services is a criminal offense punishable by fine and/or imprisonment.

HI3

## Sample Medicaid Card - New York (NY)



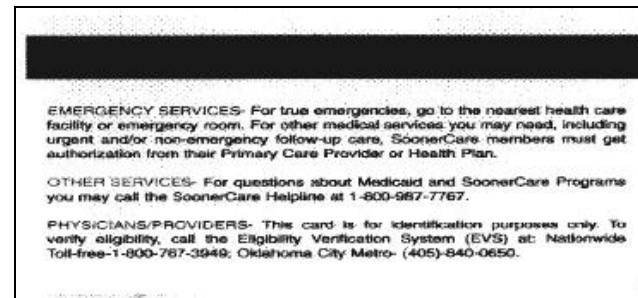
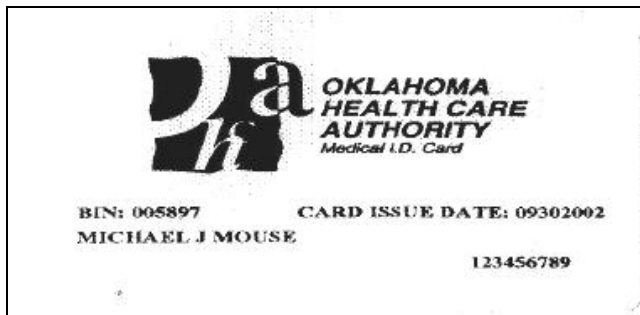
HI3

Sample Medicaid Card - Ohio (OH)

**[Card image varies by Medicaid plan name.]**

# HI3

## Sample Medicaid Card - Oklahoma (OK)









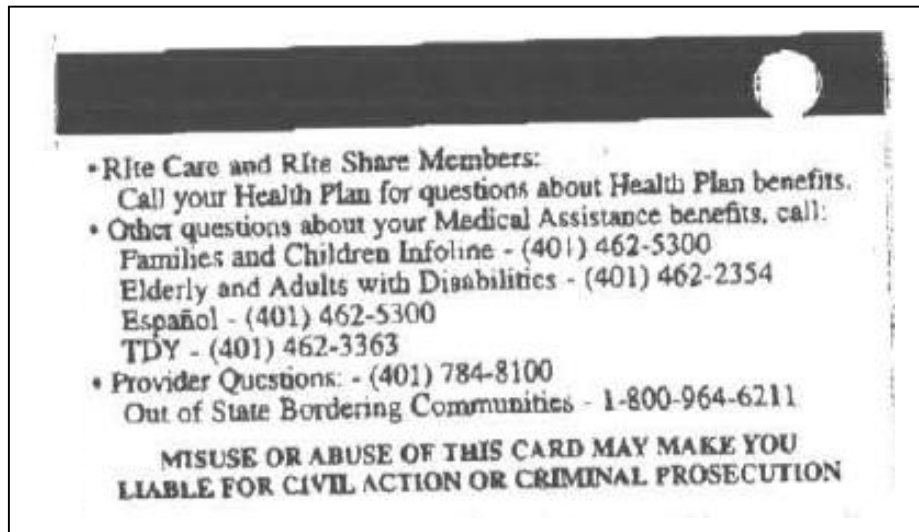
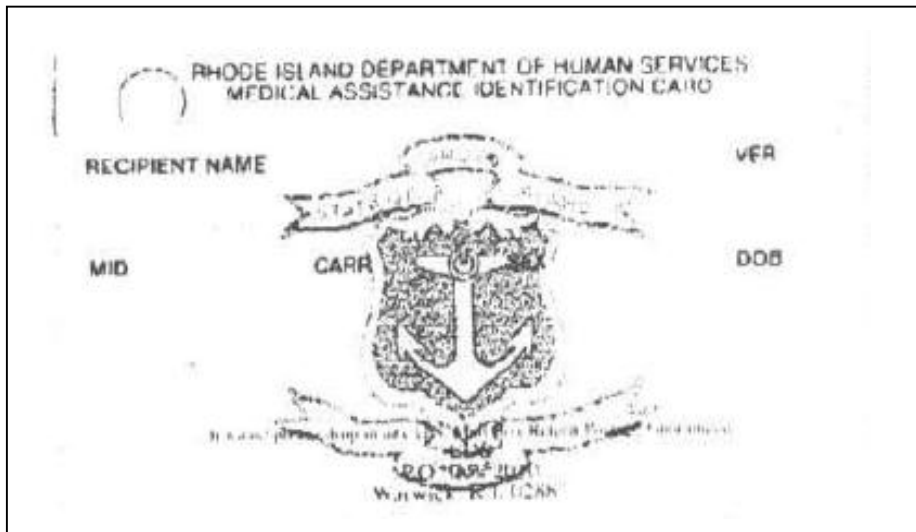
HI3

Sample Medicaid Card – Puerto Rico (PR)

**[Card image varies by Medicaid plan name.]**

HI3

## Sample Medicaid Card - Rhode Island (RI)



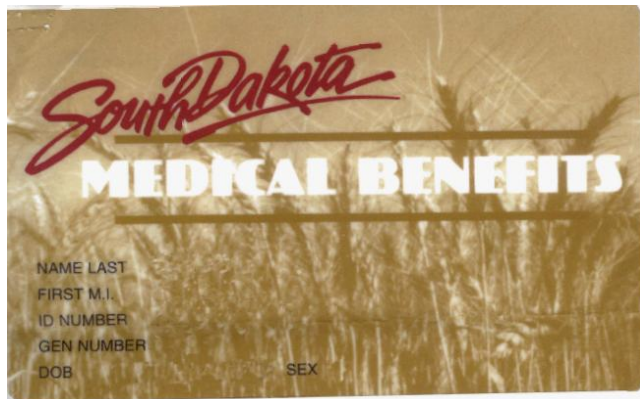
HI3

## Sample Medicaid Card - South Carolina (SC)



HI3

## Sample Medicaid Card - South Dakota (SD)



THIS CARD DOES NOT GUARANTEE MEDICAL ELIGIBILITY

AUTHORIZED  
SIGNATURE

**Recipients:** You MUST present this card to each medical provider BEFORE receiving services. It is against the law for anyone else to use this card. Call 1-800-597-1603 if you have questions about the medical services you are receiving, concerns about a recent bill, or to select or change your Primary Care Provider. Monday through Friday, 8 a.m. - 5 p.m. (Central Time). **Providers:** It is your responsibility to verify recipient eligibility at each service and determine the identity of the cardholder.

If found, please return to: DSS, 700 Governors Drive, Pierre, SD 57501.

**PAYMENT FOR SERVICES MAY BE LIMITED UNDER SOME MEDICAL PROGRAMS.**

HI3

Sample Medicaid Card - Tennessee (TN)

**[Card image varies by Medicaid plan name.]**

HI3

# Sample Medicaid Card - Texas (TX)

## 4.9 Medicaid Identification Form H3087

Following are examples of Forms H3087-G1, H3087-G2, H3087-GL, H3087-GM, and H3087-S4. The actual Medicaid form can be identified by a watermark Medicaid Eligibility Verification (Form H1027-A).

P.O. BOX 149030 952-X AUSTIN, TEXAS 78714-9030					Texas Health and Human Services Commission <b>MEDICAID IDENTIFICATION</b> IDENTIFICACION DE MEDICAID				
RETURN SERVICE REQUESTED DO NOT SEND CLAIMS TO THE ABOVE ADDRESS									
Date Recd	BIN	BP	TP	Cat	Case No.	GOOD THROUGH:			
07/24/2006	610096	42	30	02	123456789	VALIDA HASTA:	AUGUST 31, 2006		

952-X 123456789 40 30 02 030711  
 JOHN DOE  
 743 GOLF IRONS  
 DELL VALLE TX 78617

**ANYONE LISTED BELOW  
CAN GET MEDICAID SERVICES**

*Under 21 years old? Please call your doctor, nurse or dentist to schedule a checkup if you see a reminder under your name. If there is no reminder, you can still use Medicaid to get health care that you need.*

*A ✓ on the line to the right of your name means that you can get that service too.*

**CADA PERSONA NOMBRADA ABAJO  
PUEDE RECIBIR SERVICIOS DE MEDICAID**

*¿Tiene menos de 21 años? Por favor, llame a su doctor, enfermera o dentista para hacer una cita si hay una nota debajo de su nombre. Aunque no haya ninguna nota, puede usar Medicaid para recibir la atención médica que necesita.*

*Las marcas ✓ a la derecha en el mismo renglón donde está su nombre significan que usted puede recibir esos servicios también.*

**READ THE BACK OF THIS FORM!**

**¡LEA EL DORSO DE LA FORMA!**

IDNO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TPR	MEDICARE NO.	EYE EXAM	EYE GLASSES	HEARING AID	DENTAL TREATMENT	PHYSICIAN	MEDICAL SERVICES
745432198	JOHN DOE	08-23-1997	M	07-09-2006			✓	✓	✓	✓	✓	✓

**If you have Medicare, effective January 1, 2006, you are eligible for Medicare Rx and your Medicaid prescription drug coverage will be limited.**

**Si tiene Medicare, a partir del 1° de enero de 2006, usted llenará los requisitos de Medicare Rx y se limitará su cobertura de medicamentos recetados de Medicaid.**

# HI3

## Sample Medicaid Card - Texas (TX) (continued)

### FOR THE CLIENT: About your Medicaid ID Form

This is your **MEDICAID IDENTIFICATION** form. When you get any health care services, you must have this form with you if you want Medicaid to pay for your services.

**WHAT IF YOU GET A BILL?** If you get a bill from a doctor, hospital, or other health care provider, ask the provider why they are billing you. If you still get a bill, call 1-800-335-8957 for help.

**WHAT IF THE SERVICES REQUESTED FOR YOU ARE DENIED?** You will receive a letter telling you the request was denied and that you have the right to ask for a fair hearing. You may ask for a hearing in writing or by calling. The address and telephone number will be listed on the letter that you get.

**CAUTION:** If you accept Medicaid benefits (services or supplies), the state of Texas has the right to receive payment for those services or supplies from other insurance companies and other liable sources, up to the amount needed to cover what Medicaid spent.

**FOR QUESTIONS REGARDING MEDICAID ELIGIBILITY, ID FORMS, AND ADDRESS CHANGES:** Please contact the Texas Health and Human Services Commission (HHSC) office in your area. The telephone numbers and addresses are listed in your local telephone book.

For Questions About Other Medicaid Programs, You May Call the Following Toll-Free Numbers:

1-800-252-8263	<b>BENEFITS/POLICY</b> —To find out what Medicaid pays for, or to find a provider.
1-800-335-8957	<b>MEDICAID BILLING PROBLEMS</b> —Any medical bills you may receive.
1-877-847-6377	<b>TEXAS HEALTH STEPS</b> —Care for clients up to age 21 including medical and dental checkups.
1-877-633-8747	<b>MEDICAL TRANSPORTATION</b> —For help with rides when you have no other way to get to and from the doctor, dentist, or drug store at no cost to you.
1-800-566-8989	<b>STARLINK</b> —Problems with the Managed Care STAR Program.
1-800-335-8957	<b>MEDICALLY NEEDY PROGRAM (MNP)</b> —About your spend down case.
1-800-458-8858	<b>LONG TERM CARE (LTC)</b> —Nursing Home Care.
1-877-511-8858	<b>THIRD PARTY RESOURCES (TPR)</b> —If you have other insurance.
1-800-436-6184	<b>FRAUD</b> —Medicaid, Food Stamps, and TANF.
1-800-440-0493	<b>HEALTH INSURANCE PREMIUM PAYMENT SYSTEM (HIPP)</b> —For help with private health insurance premiums.
1-800-772-1213	<b>SOCIAL SECURITY ADMINISTRATION (SSA)</b> —To report an address change if you are an SSI client.

### PARA EL CLIENTE: Información sobre la forma de identificación de Medicaid

Ésta es su forma de **IDENTIFICACIÓN DE MEDICAID**. Cuando obtenga cualquier servicio de atención médica, tiene que presentar esta forma si quiere Medicaid pague los servicios que reciba.

**¿QUÉ PASA SI RECIBE UNA CUENTA?** Si recibe una cuenta de un doctor, un hospital u otro proveedor de atención médica, pregúntele al proveedor por qué le está cobrando. Si de todos modos recibe una cuenta, llame al 1-800-335-8957 para pedir ayuda.

**¿QUÉ PASA SI LOS SERVICIOS SOLICITADOS PARA USTED SE NIEGAN?** Usted recibirá una carta en la que se le informa que la solicitud fue negada y que tiene el derecho de pedir una audiencia imparcial. Puede pedir una audiencia por escrito o por teléfono. La dirección y el número de teléfono aparecerán en la carta que reciba.

**AVERTENCIA.** Si usted acepta los beneficios (servicios o artículos) de Medicaid, el estado de Texas tiene el derecho de recibir el pago de esos servicios o artículos de parte de otras compañías de seguro y otras fuentes responsables, hasta la suma necesaria para cubrir la cantidad que gastó Medicaid.

**SI TIENE PREGUNTAS SOBRE LA ELEGIBILIDAD PARA MEDICAID, LA FORMA DE IDENTIFICACIÓN O CAMBIOS DE DIRECCIÓN:** Por favor, comuníquese con la oficina de la Comisión de Salud y Servicios Humanos de Texas (HHSC) de su región. El número de teléfono y la dirección se encuentran en el directorio telefónico de su comunidad.

Si tiene preguntas sobre otros programas de Medicaid, puede llamar gratis a los siguientes números de teléfono:

1-800-252-8263	<b>BENEFICIOS Y NORMAS:</b> para saber qué paga Medicaid o para encontrar a un proveedor.
1-800-335-8957	<b>PROBLEMAS DE CUENTAS DE MEDICAID:</b> para tratar cualquier cuenta médica que reciba.
1-877-847-8377	<b>PASOS SANOS DE TEXAS:</b> para saber sobre los servicios para clientes menores de 21 años, incluso los chequeos médicos y dentales.
1-877-633-8747	<b>PROGRAMA DE TRANSPORTACIÓN MÉDICA:</b> para conseguir ayuda de transporte gratis cuando no tiene ninguna otra manera de ir y venir al doctor, dentista o farmacia.
1-800-566-8989	<b>STARLINK:</b> para tratar problemas relacionados con el Program STAR de atención médica administrada.
1-800-335-8957	<b>PROGRAMA DE SERVICIOS POR NECESIDAD MÉDICA (MNP):</b> para hablar de su caso de cuota prescrita.
1-800-458-8858	<b>ATENCIÓN A LARGO PLAZO (LTC):</b> para hablar de los servicios de una casa para convalecientes.
1-877-511-8858	<b>RECURSOS DE UN TERCERO (TPR):</b> si tiene otro seguro.
1-800-436-6184	<b>FRAUDE:</b> para tratar casos de Medicaid, estampillos para comida, y TANF.
1-800-440-0493	<b>SISTEMA DEL PAGO DE LA PRIMA DEL SEGURO MÉDICO (HIPP):</b> para conseguir ayuda con las primas del seguro médico comercial.
1-800-772-1213	<b>ADMINISTRACIÓN DE SEGURO SOCIAL (SSA):</b> para informar de un cambio de dirección si es cliente de SSI.

HI3

# Sample Medicaid Card - Utah (UT)

**MEDICAID IDENTIFICATION CARD**  
UTAH DEPARTMENT OF HEALTH

**ELIGIBLE FROM - JUNE 1, 2007 THRU JUNE 30, 2007**

THIS ID CARD ENTITLES THE FOLLOWING NAMED PERSON(S) TO MEDICAL/DENTAL/PHARMACY SERVICES.

HEALTHY U TPL	HEALTHY U TPL	HEALTHY U TPL
NAME	ID	SEX DOB AGE
[REDACTED]	[REDACTED]	F 12/20/82 24
CDPA/CO-INS FOR: NON-EMERGENCY USE OF THE ER, OUTPAT HOSP & PHYSICIAN SVCS, PHARMACY, INPAT HOSP 3RD PARTY: PEHP 560 E 200 S SALT LAKE CITY UT 84102 POLICY HOLDER: [REDACTED] ID#: [REDACTED] GROUP#: [REDACTED] 3RD PARTY: MEDCO HEALTH 2 PD BOX 14713 LEXINGTON KY 40512 POLICY HOLDER: [REDACTED] ID#: [REDACTED] GROUP#: PEHPSTOP		

\*\*\*\*\*  
**CLIENT:** THIS CARD MUST BE PRESENTED BEFORE RECEIVING MEDICAID SERVICES. PLEASE KEEP THIS CARD FOR YOUR RECORDS. IF YOU HAVE QUESTIONS ON MEDICAL COVERAGE CALL HEALTHY U AT 1-888-271-5870. IF YOU HAVE QUESTIONS ON MENTAL HEALTH COVERAGE CALL DAVIS AT 1-801-298-3466. FOR NON-EMERGENCY TRANSPORTATION SERVICES CALL 1-888-822-1048. IF YOU HAVE QUESTIONS REGARDING THE USE OF THIS CARD OR QUESTIONS ON DENTAL OR PHARMACY, PLEASE CONTACT MEDICAID INFORMATION AT 538-6155 OR TOLL FREE 1-800-862-9551. ANY ATTEMPT TO MODIFY THIS CARD IN ANY WAY OR ALLOW USE BY UNAUTHORIZED PERSONS CONSTITUTES FRAUD.  
**PROVIDER:** IF THERE ARE ANY CHANGES ON INSURANCE COVERAGE, CALL THE TPL UNIT AT 1-800-821-2237. PLEASE KEEP A COPY OF THIS CARD FOR YOUR RECORDS. THIS IS THE END OF THE MEDICAID IDENTIFICATION CARD. \*\*\*\*\*  
 00610313 DM




HI3

## Sample Medicaid Card - Vermont (VT)



HI3

# Sample Medicaid Card - Virginia (VA)



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF MEDICAL ASSISTANCE SERVICES**

002286

999999999999

VIRGINIA J. RECIPIENT

**DOB: 05/09/1964**    **F**    **CARD# 00001**

22

*(Note: A large blue scribble obscures the bottom right portion of the card, including the recipient's name and some identification details.)*

HI3

## Sample Medicaid Card - Washington (WA)

Please read the back of this card.

**MEDICAL IDENTIFICATION CARD**

Washington State  
Department of Social & Health Services

PO BOX 45893  
OLYMPIA WA 98504-5893

Card Valid From 08/01/2004  
To 08/31/2004

Patient Identification Code (PIC)				Medical Coverage Information							
Initial	Birthdate	Last Name	TO	Insurance	Number	HHO	Delat	Restriction	Planets	No. Days	Days
H-	01/01/45	LIMA	A								
5	6	7	8	9	10	11	12	13	14	15	16
17											

18 HAJORIE LIMA BEANS  
#51  
515 WASHINGTON ST  
VANCOUVER WA  
98660-3454

CNP  
XXX XXXXXXXX  
XXXXXXXXXX

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE  
READ BACK (POWER NUMBER)

NOT TRANSFERABLE  
DO NOT USE FOR UNLAWFUL PURPOSES

XXXXXX XXXXXX  
XXXXXX XXXXXX

HI3

# Sample Medicaid Card - West Virginia (WV)

UNAUTHORIZED USE IS A FRAUDULENT PRACTICE

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES  
MEDICAL I.D. CARD

SEE NOTICE ON BACK  
KEEP THIS CARD

CASE NO. FS  
PROV. NO. CK FROM VALID ONLY  
TO

MA ID NO.	CLIENT NAME	BIRTH DATE	PAAS/LOCKIN/HMO PROV	PROVIDER PHONE	TPL PROVIDER	POLICY NO.
<b>VOID</b>						

YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

**To the Patient**

- If you get a bill for medical care received in the past 12 months, for which you presented your medical card, call the provider to see why, then send that bill to:  
Unisys  
Member Services  
P.O. Box 2002  
Charleston, WV 25327-2002  
or telephone: 1-888-483-0797 or (304) 348-3365
- If you have questions about Medicaid coverage, call Client Services at:  
1-800-642-8589  
(304) 558-2400  
Hearing impaired: 558-3515
- If you have questions about Managed Care or PAAS call: 1-800-449-8466
- Services provided out-of-state must be:  
- prior approved by Medicaid, or  
- care for a medical emergency
- Contact your local Health and Human Resources Office to determine if you are eligible for non-emergency medical transportation.

**To Patient and Provider**

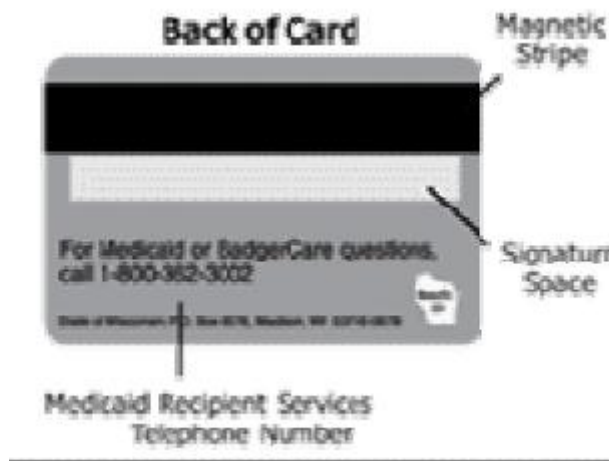
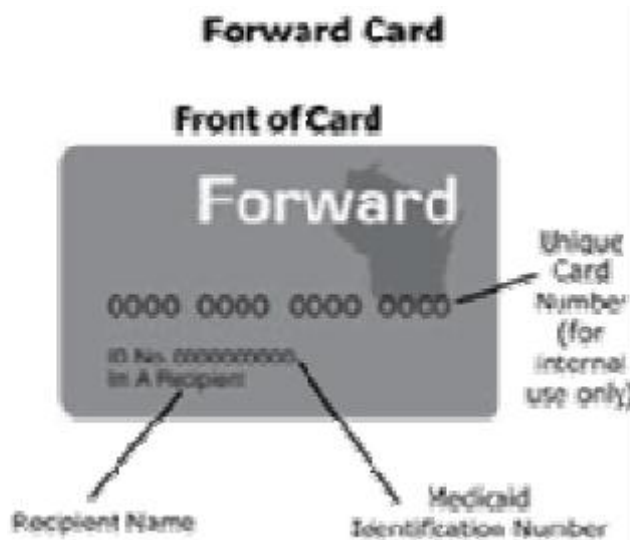
- Medicaid Patients Must Pay For:
  - Services not covered by Medicaid:
    - after Medicaid benefit is exhausted
    - not medically necessary
    - not approved by the managed care provider (except for medical emergency)
    - convenience items not related to the medical care
    - services provided when a patient is not eligible
    - services from a provider who tells a patient that he/she will not bill Medicaid before the service is provided
    - services provided when the patient refuses to use insurance
  - Any Medicaid co-payments that apply to the services the patient receives.

**To Patient and Provider (continued)**

- Medicaid Patients Do Not Pay For:
  - Billings denied for provider error
  - Claims filed more than one year after date of service
  - Wrong or missing information
  - Billings denied because provider did not:
    - follow procedures
    - get approval from Medicaid or the managed care provider
    - notify patient before the service that it is not Medicaid covered
    - charges left after insurance and Medicaid payment
- To the Provider**
  - Inpatient hospitalization and other medical services require prior approval, call 1-800-982-6334.
  - Questions about billing or claims status, call Unisys, at: 1-888-483-0793 or (304) 348-3360.

# HI3

## Sample Medicaid Card - Wisconsin (WI)



HI3

## Sample Medicaid Card - Wyoming (WY)



HI4

## MEDICAID HMOs - ALABAMA (AL)

None Available

HI4

## MEDICAID HMOs - ALASKA (AK)

None Available



HI4

## MEDICAID HMOs - ARIZONA (AZ)

- A. Arizona Physicians IPA (APIPA)
- B. Bridgeway Acute Plan
- C. Care First Arizona
- D. Cochise Health Systems
- E. Health Choice Arizona
- F. Maricopa Health Plan
- G. Mercy Care Plan
- H. Phoenix Health Plan
- I. Pima Health Plan
- J. Senior Care Action Network (SCAN) Long Term Care
- K. University Family Care
- L. Yavapai Long Term Care

HI4

## MEDICAID HMOs - ARKANSAS (AR)

None Available

HI4

## MEDICAID HMOs - CALIFORNIA (CA)

- A. Alameda Alliance for Health
- B. AltaMed
- C. Anthem Blue Cross Partnership Plan
- D. CalOptima
- E. Care First Partner Plan
- F. CenCal Health
- G. Center for Elders Independence
- H. Central Coast Alliance for Health
- I. Community Eldercare of San Diego
- J. Community Health Group Partnership Plan
- K. Contra Costa Health Plan
- L. Health Net Community Solutions
- M. Health Plan of San Joaquin
- N. Health Plan of San Mateo
- O. Inland Empire Health Plan

HI4

## MEDICAID HMOs - CALIFORNIA (CA)

(continued)

- P. Kaiser Permanente
- Q. Kern Family Health Care
- R. L.A. Care Health Plan
- S. Molina Healthcare of California Partner Plan
- T. On Lok Lifeways (PACE)
- U. Partnership Health Plan of California
- V. Positive HealthCare
- W. San Francisco Health Plan
- X. Santa Clara Family Health Plan
- Y. Senior Care Action Network (SCAN) Health Plan
- Z. Sutter Senior Care
- AA. Western Health Advantage Community Health Plan

HI4

## MEDICAID HMOs - COLORADO (CO)

- A. Behavioral Healthcare Incorporated
- B. Colorado Access Health Plan
- C. Colorado Health Network
- D. Denver Health Medicaid Choice Plan
- E. Foothills Behavioral Health
- F. Northeast Behavioral Health
- G. Rocky Mountain Health Plan

HI4

## MEDICAID HMOs - CONNECTICUT (CT)

- A. Aetna Better Care Program
- B. Americhoice - United Health Care
- C. Community Healthcare Network

HI4

## MEDICAID HMOs - DISTRICT OF COLUMBIA (DC)

- A. DC Chartered Health Plan
- B. Health Right
- C. Health Services for Children with Special Needs
- D. Unison

HI4

## MEDICAID HMOs - DELAWARE (DE)

- A. Americhoice - United Health Care
- B. Delaware Physicians Care Inc. - Aetna
- C. State Primary Care



HI4

## MEDICAID HMOs - FLORIDA (FL)

- A. Amerigroup Florida
- B. Buena Vista Medicaid Vista Health Plan
- C. Citrus Health Care
- D. Freedom Health
- E. HealthEase of Florida
- F. Humana Family
- G. Jackson Memorial Health Plan
- H. Molina Healthcare of Florida
- I. Personal Health Plan
- J. Preferred Medical Plan
- K. Prestige Health Choice
- L. Staywell Health Plan of Florida
- M. Sunshine State Health Plan
- N. Total Health Choice
- O. United HealthCare of Florida

HI4

**MEDICAID HMOs - FLORIDA (FL)**  
(continued)

- P. Universal Health Care
- Q. Vista HealthPlan of South Florida

HI4

## MEDICAID HMOs - GEORGIA (GA)

- A. AmeriGroup Community Care
- B. Peach State Health Plan
- C. WellCare

HI4

## MEDICAID HMOs - HAWAII (HI)

- A. Hawaii Pacific Health
- B. Humana

HI4

## MEDICAID HMOs - IDAHO (ID)

### A. Healthy Connections

HI4

## MEDICAID HMOs - ILLINOIS (IL)

- A. Family Health Network
- B. Harmony Health Plan
- C. Meridian Health Plan

HI4

## MEDICAID HMOs - INDIANA (IN)

- A. Advantage Health Solutions
- B. Anthem
- C. Enhanced Service Plan
- D. Managed Health Services (MHS)
- E. MDwise
- F. Molina Healthcare, Inc.

HI4

## MEDICAID HMOs - IOWA (IA)

None Available



HI4

## MEDICAID HMOs - KANSAS (KS)

- A. Cenpatico Behavioral Health
- B. Children's Mercy Family Health Partners
- C. Kansas City Solutions
- D. Unicare Health Plan of Kansas
- E. Value Opinions

HI4

## MEDICAID HMOs - KENTUCKY (KY)

- A. Kentucky Medicaid Health Care Partnership Program (KMPACC)
- B. Passport Health Plan

HI4

## MEDICAID HMOs - LOUISIANA (LA)

None Available

HI4

## MEDICAID HMOs - MAINE (ME)

None Available

HI4

## MEDICAID HMOs - MASSACHUSETTS (MA)

- A. Boston Medical Center HealthNet Plan (BMCHP)
- B. Fallon Community Health Plan (FCHP)
- C. NeighborHood Health Plan
- D. Network Health Plan (NH)

HI4

## MEDICAID HMOs - MARYLAND (MD)

- A. Amerigroup
- B. Diamond Plan
- C. Jai Medical Systems
- D. Maryland Physicians Care
- E. Med-Star Family Choice
- F. Priority Partners
- G. UnitedHealthcare (Americhoice)

HI4

## MEDICAID HMOs - MICHIGAN (MI)

- A. BlueCaid
- B. Care Source of Michigan
- C. Great Lakes Health Plan, Inc.
- D. Health Plan of Michigan, Inc.
- E. HealthPlus Partners, Inc.
- F. McLaren Health Plan
- G. Midwest Health Plan
- H. Molina Healthcare of Michigan
- I. OmniCare Health Plan, Inc.
- J. PHP-MM Family Care
- K. Priority Health Government Programs, Inc.
- L. ProCare
- M. Total Health Care
- N. Upper Peninsula Health Plan

HI4

## MEDICAID HMOs - MINNESOTA (MN)

- A. Blue Plus
- B. First Plan of Minnesota
- C. HealthPartners
- D. Itasca Medical Care
- E. Medica
- F. Metropolitan Health Plan
- G. PrimeWest Health Systems
- H. South Country Health Alliance
- I. Ucare Minnesota



HI4

## MEDICAID HMOs - MISSISSIPPI (MS)

None Available

HI4

## MEDICAID HMOs - MISSOURI (MO)

- A. Blue-Advantage Plus of Kansas City
- B. Children's Mercy Family Health Partners
- C. Harmony Health Plan of Missouri
- D. HealthCare USA
- E. Missouri Care
- F. Molina HealthCare of Missouri

HI4

## MEDICAID HMOs - MONTANA (MT)

None Available

HI4

## MEDICAID HMOs - NEBRASKA (NE)

- A. Magellan Behavioral Health
- B. Share Advantage

HI4

# MEDICAID HMOs - NEW HAMPSHIRE (NH)

None Available

HI4

## MEDICAID HMOs - NEW JERSEY (NJ)

- A. AmeriChoice of New Jersey Inc
- B. Amerigroup New Jersey, Inc.
- C. Health Net of New Jersey, Inc.
- D. Horizon New Jersey Health
- E. University Health Plans, Inc.

HI4

## MEDICAID HMOs - NEW MEXICO (NM)

- A. Amerigroup of New Mexico
- B. Blue Cross/Blue Shield of New Mexico
- C. Lovelace Community Health
- D. Molina Healthcare of New Mexico
- E. Presbyterian Health Plan

HI4

## MEDICAID HMOs - NEVADA (NV)

- A. Amerigroup
- B. Health Plan of Nevada



HI4

## MEDICAID HMOs - NEW YORK (NY)

- A. Aetna Health Inc.
- B. Affinity Health Plan
- C. AmeriGroup New York Inc.
- D. Atlantis Health Plan
- E. Broome Max (Broome County)
- F. Capital District Physicians Health Plan Inc.
- G. CenterCare Inc.
- H. Cigna Health Care of New York
- I. Community Choice Health Plan of Westchester County Inc.
- J. Community Premier Plus Inc.
- K. Elderplan Inc.
- L. Empire Health Choice HMO Inc.
- M. Excellis Health Plan Inc.
- N. GHI HMO Select Inc.
- O. Health First PHSP Inc.

HI4

## MEDICAID HMOs - NEW YORK (NY)

(continued)

- P. Health Insurance Plan of Greater New York
- Q. Health Net of New York
- R. Health Now New York Inc.
- S. Health Plus Prepaid Health Services Plan Inc.
- T. Hudson Health Plan Inc.
- U. Independent Health Association Inc.
- V. Managed Health Inc.
- W. Metro Health Plan Inc. Special Needs Plan (HIV)
- X. Metro Plus Health Plan Inc.
- Y. MVP Health Plan Inc.
- Z. Neighborhood Health Providers LLC
- AA. New York Presbyterian Community Health Plan Inc.
- AB. New York Presbyterian System Select Health Plan LLC
- AC. New York State Catholic Health Plan Inc.

HI4

## MEDICAID HMOs - NEW YORK (NY)

(continued)

- AD. Oxford Health Plans of NY Inc.
- AE. PCMP II-Gold Choice
- AF. SCHC Total Care Inc. (Syracuse Area)
- AG. Senior Whole Health of New York Inc.
- AH. Southern Tier Pediatrics
- AI. Southern Tier Priority Health Care
- AJ. United Health Care of New York Inc.
- AK. Univera Community Health Inc.
- AL. VIDA Care Inc.
- AM. Well Care of New York Inc.

HI4

# MEDICAID HMOs - NORTH CAROLINA (NC)

None Available

HI4

## MEDICAID HMOs - NORTH DAKOTA (ND)

None Available

HI4

## MEDICAID HMOs - OHIO (OH)

- A. AmeriGroup Community Care
- B. Buckeye Community Health Plan
- C. Care Source
- D. Molina Healthcare of Ohio
- E. Paramount Advantage
- F. Unison Health Plan of Ohio
- G. Wellcare of Ohio

HI4

## MEDICAID HMOs - OKLAHOMA (OK)

### A. SoonerCare Choice

HI4

## MEDICAID HMOs - OREGON (OR)

- A. Care Oregon
- B. Cascade Comprehensive Care, Inc. (CCC)
- C. Central Oregon Independent Health Solutions, Inc. (COIHS)
- D. Doctors of the Oregon Coast South
- E. Douglas County Independent Physicians Association (DCIPA)
- F. Family Care Inc.
- G. InterCommunity Health Network (IHN)
- H. Kaiser Permanente Oregon Plus
- I. Lane Individual Practice Association, Inc. (LIPA)
- J. Marion/Polk Community Health Plan (MPCHP)
- K. Mid-Rogue Independent Physicians Association Holding Company
- L. ODS Community Health, Inc.



HI4

## MEDICAID HMOs - OREGON (OR)

(continued)

- M. Oregon Health Management Services (OHMS)
- N. Providence Health Assurance
- O. Tuality Health Alliance

HI4

## MEDICAID HMOs - PENNSYLVANIA (PA)

- A. Aetna
- B. AmeriChoice of Pennsylvania
- C. Gateway Health Plan
- D. Health America
- E. Health Partners
- F. Keystone Health Plan
- G. Unison Health Plan
- H. University of Pennsylvania Managed Care (UPMC) Health Plan

HI4

## MEDICAID HMOs - PUERTO RICO (PR)

- A. CCC
- B. Cooperativa de Seguros de Vida de Puerto Rico (COSVI)
- C. Humana Puerto Rico
- D. IMCS

HI4

## MEDICAID HMOs - RHODE ISLAND (RI)

- A. Blue Cross Blue Shield of Rhode Island
- B. Neighborhood Health Plan of Rhode Island
- C. United Healthcare of New England

HI4

## MEDICAID HMOs - SOUTH CAROLINA (SC)

- A. Absolute Total Care
- B. Blue Choice Health Plan of South Carolina
- C. Carolina Crescent Health Plan
- D. First Choice by Select Health of South Carolina
- E. South Carolina Solutions (PCCM)
- F. Unison Health Plan

HI4

# MEDICAID HMOs - SOUTH DAKOTA (SD)

None Available

HI4

## MEDICAID HMOs - TENNESSEE (TN)

- A. AmeriChoice
- B. AmeriGroup
- C. BlueCare
- D. TennCare Select

HI4

## MEDICAID HMOs - TEXAS (TX)

- A. Aetna Medicaid
- B. AmeriGroup Community Care
- C. Community First Health Plans
- D. Community Health Choice
- E. Driscoll Children's Health Plan
- F. El Paso First Premier Plan
- G. First Care STAR
- H. Molina Healthcare of Texas
- I. Parkland HEALTHFirst
- J. Superior HealthPlan
- K. Texas Children's Health Plan
- L. Unicare Health Plans of Texas
- M. United Healthcare - TX



HI4

## MEDICAID HMOs - UTAH (UT)

- A. Healthy Utah
- B. Molina Health
- C. Select Access

HI4

## MEDICAID HMOs - VERMONT (VT)

None Available

HI4

## MEDICAID HMOs - VIRGINIA (VA)

- A. Amerigroup
- B. Anthem HealthKeepers
- C. Anthem HealthKeepers Plus by Peninsula Health Care
- D. Anthem HealthKeepers Plus by Priority Health Care
- E. CareNet
- F. Optima Family Care
- G. Virginia Medallion
- H. Virginia Premier Health Plan

HI4

## MEDICAID HMOs - WASHINGTON (WA)

- A. Asuris Northwest Health
- B. Columbia United Providers
- C. Community Health Plan of Washington
- D. Group Health Corp.
- E. Kaiser
- F. Molina
- G. Regence Blue Shield

HI4

## MEDICAID HMOs - WISCONSIN (WI)

- A. Abri Health Plan
- B. Children Come First
- C. Children's Community Health Plan
- D. Community Care Organization
- E. Community Health Partnership
- F. Community Living Alliance
- G. Compcare
- H. Dean Health Plan
- I. Elder Care Options
- J. Group Health Cooperative
- K. Gunderson Lutheran
- L. Health Tradition Health Plan
- M. i-Care
- N. Managed Health Services
- O. MercyCare Insurance Company

HI4

## MEDICAID HMOs - WISCONSIN (WI)

(continued)

- P. Network Health Plan
- Q. Physicians Plus Insurance Corp.
- R. Security Health Plan
- S. UnitedHealthcare of Wisconsin
- T. Unity Health Insurance
- U. Wraparound Milwaukee

HI4

## MEDICAID HMOs - WEST VIRGINIA (WV)

- A. Carelink Health Plans
- B. The Health Plan of the Upper Ohio Valley
- C. Unicare Health Plans

HI4

## MEDICAID HMOs - WYOMING (WY)

None Available



**HIT1**  
(front)

## TRICARE Plan Names

- A. TRICARE for Life
- B. TRICARE Plus
- C. TRICARE Prime
- D. TRICARE Extra
- E. TRICARE Standard
- F. TRICARE Pharmacy / TRICARE Senior Pharmacy
- G. TRICARE Dental Program
- H. TRICARE Retiree Dental Program
- I. TRICARE Reserve Select (TRS)
- J. TRICARE US Family Health Plan

# HIT1

(back)

## Beneficiary Information Card for TRICARE For Life

### FRONT OF CARD

#### *TRICARE For Life*

**To Provider:** File claims in the usual manner to Medicare.

**To Patient :** *Services that are a benefit of both Medicare and TRICARE* :No deductible or cost share is required.

*Medicare only benefit* :Medicare deductible and cost share required.

*TRICARE only benefit*:TRICARE deductible and cost share required.

*For benefit questions call 1-888-DoD-LIFE (1-888-363-5433) [www.tricare.osd.mil](http://www.tricare.osd.mil)*

*For more information call 1-800-977-6753*

*[www.hnfs.net](http://www.hnfs.net)*

### BACK OF CARD

#### *TRICARE Senior Pharmacy*

**Military Treatment Facility:** No Co-pay

**National Mail Order Pharmacy:** \$3 generic;\$9 brand name  
(90 day supply)

**TRICARE Network Pharmacy:** \$3 generic;\$9 brand name  
(30 day supply)

**TRICARE Non-network Pharmacy:** \$9 or 20%of cost (30 day supply)  
\$150/person or \$300/family  
annual deductible applies.

*For pharmacy questions call 1-877-DoD-MEDS (1-877-363-6337)*

*(Co-pays subject to change)*

## HIT2

# PLACES TO OBTAIN MEDICINES IN TRICARE PLAN

TRICARE Mail Order Pharmacy (TMOP)

TRICARE Retail Pharmacy Network pharmacy (TRRx)

Military Treatment Facility pharmacy (MTF)

Non-network retail pharmacy

# IA1

Social Security or Railroad Retirement  
Supplemental Security Income (SSI)  
Social Security Disability Insurance (SSDI)  
Disability  
Pensions  
Job, Business, Professional Practice, Farm  
Public Assistance Programs  
Assistance from Relatives or Friends  
Withdrawal from Retirement or Savings  
Dividends  
Lump-sum Payments  
Other Regular Payments  
Rental Properties  
Other Sources



IA1a

Annual Household Income

- A. Less than \$5,000
- B. \$5,000 – 9,999
- C. \$10,000 – 14,999
- D. \$15,000 – 19,999
- E. \$20,000 – 24,999
- F. \$25,000 – 29,999
- G. \$30,000 – 34,999
- H. \$35,000 – 39,999
- I. \$40,000 – 44,999
- J. \$45,000 – 49,999
- K. \$50,000 +

IA1a – cont'd

Monthly Household Income

- A. Less than \$417
- B. \$417 – 833
- C. \$834 – 1,249
- D. \$1,250 – 1,666
- E. \$1,667 – 2,083
- F. \$2,084 – 2,499
- G. \$2,500 – 2,916
- H. \$2,917 – 3,333
- I. \$3,334 – 3,749
- J. \$3,750 – 4,166
- K. \$4,167 +

# IA2

Retirement Savings Accounts

Other Bank Accounts

Stocks, Mutual Funds, Bonds

Life Insurance Policies

Other Property

Vehicles

Other Assets



# IA3

## Total Asset Value

- A. Less than \$5,000
- B. \$5,000 - 9,999
- C. \$10,000 - 19,999
- D. \$20,000 – 39,999

IA4

## Total Asset Value

E. \$40,000 - 74,999

F. \$75,000 - 149,999

G. \$150,000 – 299,999

H. \$300,000 +

IU

## Long Term Care Places

Skilled Nursing Homes

Intermediate Care Facilities

Board and Care Homes

Nursing Home Units in Hospitals

Facilities for the Mentally Retarded

Psychiatric Facilities

Group Homes

KN1

Very Easy

Somewhat Easy

Somewhat Difficult

Very Difficult

KN2

Just About Everything You Need To Know

Most Of What You Need To Know

Some Of What You Need To Know

A Little Of What You Need To Know

Almost None Of What You Need To Know

KN4

## **What Kind of Information**

How much you would have to pay for medical services  
Information about Medicare Prescription Drug Coverage  
Medicare's new benefits or changes  
What services Medicare does or doesn't cover  
The benefits of Medicare Advantage plans  
Medigap or Supplemental insurance  
Medicaid  
Choosing or finding a doctor or other health care provider  
Staying healthy  
Quality of care from health care providers  
Choosing a nursing home

KN6

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

CENTERS FOR MEDICARE & MEDICAID SERVICES

# Medicare & You 2010



This is the **official government** handbook with important information about the following:

- ★ What's new
- ★ Medicare costs
- ★ What Medicare covers
- ★ Health and prescription drug plans
- ★ Your Medicare rights
- ★ Health information technology





KN9

## **Preferred Source of Information**

Friends or family

Medical Professional (Doctor, Nurse, Clinic, etc.)

Pharmacist

Medicare or CMS

Social Security

State Medicaid Agency

Another Government Agency

Insurance Company, Including Medigap,  
Medicare Advantage, Medicare Prescription  
Drug Plan Companies

Current or Former Employer or Union

AARP or Senior Organizations

Media (Newspapers, TV, Radio, Magazine)

KN13

Very Interested

Somewhat Interested

Not Very Interested

Not At All Interested

KN14

Strongly Agree

Agree

Disagree

Strongly Disagree

# MP1

## Health Practitioners Who Are Not Medical Doctors

Acupuncturist

Audiologist

Optometrist

Chiropractor

Podiatrist (Foot Doctor)

Homeopath

Naturopath

Any Other Kind of Health Provider Who is  
Not a Medical Doctor

MP2

## Mental Health Professionals

Psychiatrist

Psychologist

Clinical Social Worker

Licensed Professional Counselor

MP3

## Therapists

Physical Therapist

Speech Therapist

(Intravenous) I.V. Therapist

Massage Therapist

Occupational Therapist

Respiratory Therapist

# MP4

## Other Medical Persons

Nurse

Nurse Practitioner

Paramedic (not including ambulance services)

Physician's Assistant

MP5

## Other Types of Medical Places

Health Clinic

Neighborhood Health Center

Rural Health Clinic

Infirmery

Mental Health Clinic

Urgent Care Center

Any Other Place



OM1

## Orthopedic Items

Crutches

Canes

Wheelchairs

Walkers

Corrective Shoes Or Inserts

Braces or Supports

Stockings

OM1

## Orthopedic Items

Crutches

Canes

Wheelchairs

Walkers

Corrective Shoes Or Inserts

Braces or Supports

Stockings

OM2

## Diabetic Equipment or Supplies

Syringes

Test Paper

Test Strips

Blood Monitoring Kits

OM3

## Prostheses

Artificial Leg or Arm

Mastectomy Prosthesis

Artificial or Glass Eye

## OM4

### Other Medical Equipment and Supplies

Portable Commode or Raised Toilet Seat

Portable Tub Seat

Special Chair or Cushion

Hospital Bed

Ostomy Supplies

Incontinence Supplies Such as Depends, Serenity or Other  
Brands of Disposable Undergarments, Pads, or Briefs

Bandages, Dressings, Tape Supplies

Pulmonary Equipment (Nebulizer, CPAP, etc.)

Blood Pressure Equipment

OM5

## Alterations Inside or Outside Home or Car

Ramps

Handrails (Other Than Tub Handrails)

Elevator or Incline Chair

Tub Seats

Tub Handrails

Any Car Alteration

PA1

1. Very Confident
2. Confident
3. Somewhat Confident
4. Not At All Confident

PA2

1. Very Likely
2. Likely
3. Unlikely
4. Very Unlikely



# PA4

1. Always
2. Usually
3. Sometimes
4. Never

PD1

Very Easy

Somewhat Easy

Somewhat Difficult

Very Difficult

# PD2

Just About Everything You Need To Know

Most Of What You Need To Know

Some Of What You Need To Know

A Little Of What You Need To Know

Almost None Of What You Need To Know

PM1

Often

Sometimes

Never

RX1

Extremely Confident

Very Confident

Moderately Confident

Slightly Confident

Not Confident

RX2

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

SC1

Very Satisfied

Satisfied

Dissatisfied

Very Dissatisfied

## SC2

Didn't Think The Problem Was Serious

Thought It Would Cost Too Much

Trouble Finding or Getting To The Doctor

Time, Schedule, or Personal Conflicts

Thought Doctor Couldn't Do Much About The Problem

Was Afraid of Finding Out What Was Wrong

Doctor Would Not Accept My Insurance



## SC3

Thought It Would Cost Too Much

Didn't Think Medicine Would Help The Condition

Was Afraid of Medicine Reactions or Contraindications

Don't Like To Take Medicine

Didn't Think Medicine Was Necessary

The Medicine Was Not Covered By Insurance or Not On  
The Plan's Formulary

Trouble Obtaining Medicine

Obtained or Used Samples

Used Another Medicine As A Substitution

SC4

Often


Sometimes

Never

ST1

# MEDICARE STATEMENT EXAMPLES

## EXAMPLE 4



**Medicare Summary Notice**

December 10, 1998

Page 1 of 2

**BENEFICIARY NAME**  
STREET ADDRESS  
CITY, STATE ZIP CODE

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

If you have questions, write or call:  
Medicare  
555 Medicare Blvd.  
Suite 200  
Medicare Building  
Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX  
Toll-free: 1-800-XXX-XXXX  
Tele-Device for the Deaf: 1-800-XXX-XXXX

**HELP STOP FRAUD:** Beware of telemarketers offering free or discounted Medicare items or services

This is a summary of claims processed from 11/10/98 through 12/10/98.

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS**


Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 1234-5678-9101 <b>Paul Jones, M.D., 123 West Street, Jacksonville, FL 33231-0024</b>						
Referred by: Scott Wilson, M.D.						
10/19/98	1 Influenza immunization (90724)	\$5.00	\$3.88	\$3.88	\$0.00	b
10/19/98	1 Admin. Flu vac (G0008)	5.00	3.43	3.43	0.00	b
<b>Claim Total</b>		<b>\$10.00</b>	<b>\$7.31</b>	<b>\$7.31</b>	<b>\$0.00</b>	
Claim number 1234-5678-9102 <b>ABC Ambulance, P.O. Box 2149 Jacksonville, FL 33231</b>						
10/25/98	1 Ambulance, base rate (A0020)	\$289.00	\$249.78	\$199.82	\$49.96	a
10/25/98	1 Ambulance, per mile (A0021)	21.00	16.96	13.57	3.39	
<b>Claim Total</b>		<b>\$310.00</b>	<b>\$266.74</b>	<b>\$213.39</b>	<b>\$53.35</b>	

**PART B MEDICAL INSURANCE - UNASSIGNED CLAIMS**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid You	You May Be Billed	See Notes Section
Claim number 1234-5678-9103 <b>William Newman, M.D., 362 North Street, Jacksonville, FL 33231-0024</b>						
09/10/98	1 Office/Outpatient Visit, ES (99213)	\$47.00	\$33.93	\$27.15	\$39.02	c

**THIS IS NOT A BILL - Keep this notice for your records.**

## EXAMPLE 5



**Medicare Summary Notice**

November 15, 1998

Page 01 of 02

**RUTH DOE**  
123 MAPLE AVENUE  
DOW, TX 72151

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 123-45-6789D

If you have questions, write or call:  
MEDICARE PART A  
P.O. BOX 660155  
DALLAS, TEXAS 75266-0155

Local: (800) 813-8868  
Toll-free: 1-800-813-8868  
Tele-Device for the Deaf: 1-800-516-6684

**HELP STOP FRAUD:** Protect your Medicare number as you would a credit card number.

This is a summary of claims processed on 10/16/98.

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS**

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12345-84956-84556-45621 <b>Columbia Med Cntr 11 Gallagher Street Dow, TX 72151</b>						
Referred by: Peter Howe						
10/03/98	Assay serum potassium (84132)	\$25.00	\$0.00	\$0.00	\$0.00	a
	Blood typing, ABO (86900)	5.00	0.00	0.00	0.00	a
	Office/outpatient visit, est (99212)	20.00	0.00	4.00	4.00	
	Influenza immunization (90724)	12.00	0.00	0.00	0.00	
<b>Claim Total</b>		<b>\$62.00</b>	<b>\$0.00</b>	<b>\$4.00</b>	<b>\$4.00</b>	

**Notes Section:**

a This service is paid at 100% of the Medicare approved amount.

**Deductible Information:**

You have met the Part B deductible for 1998.

**General Information:**


If you change your address, please contact Medicare Part A by calling 1-800-813-8868 and the Social Security Administration by calling 1-800-772-1213.

**THIS IS NOT A BILL - Keep this notice for your records.**

ST1

# MEDICARE STATEMENT EXAMPLES

## EXAMPLE 6



Page 1 of 4

**Medicare Summary Notice**

December 10, 1998

**BENEFICIARY NAME**  
**STREET ADDRESS**  
**CITY, STATE ZIP CODE**

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: 111-11-1111A**

If you have questions, write or call:  
 Medicare  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Building  
 Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX  
 Toll-free: 1-800-XXX-XXXX  
 Tele-Device for the Deaf: 1-800-XXX-XXXX

**HELP STOP FRAUD:** Beware of telemarketers offering free or discounted Medicare items or services

**OUR RECORDS SHOW THAT**

Your enrollment in ABC Plan, a Medicare managed care plan, was effective mm/dd/yy.

Your disenrollment from XYZ Plan was effective mm/dd/yy.

You became Nursing Home Certified effective mm/dd/yy.

You became entitled to ESRD status effective mm/dd/yy.


Your new address is: 123 Security Boulevard, Baltimore, MD 21244.

**PART A HOSPITAL INSURANCE - INPATIENT CLAIMS**

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 12345-84956-84556-45622 <b>Care Hospital, 123 Sick Lane, Dallas, TX 75555</b> Referred by: Paul Jones, M.D. 10/05/98-10/19/98	14 days	\$0.00	\$760.00	\$760.00	a

**THIS IS NOT A BILL - Keep this notice for your records.**

## EXAMPLE 7



Page 1 of 2

**Medicare Summary Notice**

February 10, 1999

**BENEFICIARY NAME**  
**STREET ADDRESS**  
**CITY, STATE ZIP CODE**

**CUSTOMER SERVICE INFORMATION**

**Your Medicare Number: 111-11-1111A**

If you have questions, write or call:  
 Medicare  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Building  
 Medicare, US XXXXX-XXXX

Local: (XXX) XXX-XXXX  
 Toll-free: 1-800-XXX-XXXX  
 Tele-Device for the Deaf: 1800-XXX-XXXX

**HELP STOP FRAUD:** Beware of telemarketers offering free or discounted Medicare items or services.

This is a summary of claims processed from 1/1/99 through 1/31/99.

**HOME HEALTH CARE**

Dates of Service	Number of Services Provided	Amount Charged	Non-Covered Charges	Coinsurance	You May Be Billed	See Notes Section
Claim number 12435-84956-84556-45624 <b>Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602</b> Referred by: Dr. Dan Visit, M.D.						
12/25/98	Med-Surg Supplies	\$154.25	\$0.00	\$0.00	\$0.00	
12/31/98-01/25/99	2 Physical Therapy Visits 2 Skilled Nursing Visits	125.00 1,000.00	125.00 0.00	0.00 0.00	125.00 0.00	a
<b>Claim Total</b>		<b>\$1,279.25</b>	<b>\$125.00</b>	<b>\$0.00</b>	<b>\$125.00</b>	
Claim number 12435-84956-84556-45626 <b>Medicare Home Health, 123 Medicare Blvd., Medicare, TX 75602</b> Referred by: Dr. Dan Visit, M.D.						
01/25/99-02/24/99	Hospital Bed	\$1,375.00	\$0.00	\$880.00	\$880.00	

**Notes Section:**


a The information provided does not support the need for this many services or items.

**THIS IS NOT A BILL - Keep this notice for your records.**

ST1

# MEDICARE STATEMENT EXAMPLES

## EXAMPLE 8



Page 01 of 02

### Medicare Summary Notice

March 3, 2000

**BENEFICIARY NAME**  
**STREET ADDRESS**  
**CITY, STATE ZIP CODE**

**CUSTOMER SERVICE INFORMATION**  
**Your Medicare Number: 111-11-1111AB**

If you have questions, write or call:  
 Medicare  
 555 Medicare Blvd.  
 Suite 200  
 Medicare Building  
 Medicare, US XXXXX-XXXX

LOCAL: (XXX) XXX-XXXX  
 Toll-free: 1-800-XXX-XXXX  
 TTY for Hearing Impaired: 1-800-XXX-XXXX

**HELP STOP FRAUD:** Always review your Medicare Summary Notice for correct information about the items or services you received.

This is a summary of claims processed on 02/20/2000.

**PART A – HOSPICE FACILITY CLAIMS**

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim number 98765432112345 02						
<b>Hospice Care, Inc.</b>						
222 Hospice Ave.						
Hospice, TX XXXXX						
Referred by: John Doe, M.D.						
01/01/00-01/31/00	Hospice/Rtn Home	\$2,329.37	\$0.00	\$0.00	\$0.00	
	Hospice/IP Non-respite	4,210.50	0.00	0.00	0.00	
	Initial hospital care (99223)	275.77	0.00	0.00	0.00	
	Subsequent hospital care (99232)	210.26	0.00	0.00	0.00	
	<b>Claim Total</b>	<b>\$7,025.90</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**General Information:**

If you change your address, please contact the Social Security Administration by calling 1-800-772-1213.

**Appeals Information – Part A (Hospice)**

**If you disagree with any claims decision on this notice,** you can request an appeal by **May 2, 2000.**

Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1.

---


THIS IS NOT A BILL - Keep this notice for your records.

# ST2

## TRICARE STATEMENT EXAMPLES

### Example 1: Palmetto Government Benefits Administrators

PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS  
TRICARE FOR LIFE  
P.O. BOX 7051  
CAMDEN, SC 29020-7051



**HARVEY HUNTER**  
426 BLUE FISH DR  
DAYTONA BEACH, FL 32115

**Claim Number: 2249X9084-00-00**

Services Provided By/ Date of Services	Services Provided	Amount Billed	TRICARE Approved	See Remarks
TEAM PHYSICIANS OF FL 08/14/2005	1 Chest x-ray (71010)	38.00	8.87	1, 2, 3, 4, 5, 6
<b>Totals:</b>		<b>38.00</b>	<b>8.87</b>	

Claim Summary	Beneficiary Liability Summary	Benefit Period Summary
Amount Billed: 38.00	Deductible: 0.00	<b>Fiscal Year Beginning:</b>
TRICARE Approved: 8.87	Copayment: 0.00	October 01, 2004
Non-covered: 0.00	Cost Share: 0.00	Deductible: Individual 0.00 Family 0.00
Paid by Beneficiary: 0.00		Catastrophic Cap: 234.00
Other Insurance: 7.10		
Paid to Provider: 1.77		
Paid to Beneficiary: 0.00		
Check Number:		

**TRICARE EXPLANATION OF BENEFITS**  
This is a statement of the action taken on your TRICARE claim.  
Keep this notice for your records.

**Date of Notice:** September 18, 2005  
**Sponsor SSN:** 123-45-6789  
**Sponsor Name:** HARVEY HUNTER  
**Beneficiary Name:** HARVEY HUNTER

**Benefits were payable to:**

**TEAM PHYSICIANS OF FL**  
59023 MARLIN AVE  
DAYTONA BEACH, FL 32124

**CALL TOLL FREE 1-866-TFL-PGBA (1-866-835-7422)**

**THIS IS NOT A BILL**  
If you have questions regarding this notice, please call or write us at the telephone number/address listed above.



Page 1 of 2

Total Charge

Medicare Payment


Medicare Approved Amount

If information appears here the "Provider Accepted Assignment".

# ST2

## TRICARE STATEMENT EXAMPLES (continued)

Example 2: TRICARE Southwest



**TRICARE**  
Southwest

P.O. BOX 8997  
MADISON, WI 53707-8997

BETTY SMITH  
3249 E. COURT ST  
DALLAS, TX 75001

**TRICARE SUMMARY PAYMENT VOUCHER**  
B119602845 C5

**TRICARE EXPLANATION OF BENEFITS**  
Administered by: Health Net Federal Services, Inc.

This is a statement of the action taken on your TRICARE claim. Keep this notice for your records. If you have any questions regarding your claim payment please call the appropriate number:

Beneficiaries: 1-800-406-2832  
Providers: 1-800-406-2833  
PAGE 1 OF 1

BAPTIST HEALTH MED CTR – HE  
07/26/05

All communications regarding these claims must reference the above check number.

**THIS IS NOT A BILL**

PATIENT NAME BETTY SMITH		SPONSOR NO 123456789		PATIENT ACC # 00000000		SPONSOR CHARLES S		CLAIM NO 2453967 19 32	
PROVIDER BAPTIST HEALTH M BAPTIST HEALTH M		PROC 250	MOD LT	NO 01	TYP 01 OC	BILLED 22.50 950.00	ADDED 10.80 456.00	CODE 003 003	<b>Total Charge</b>
OTHER INS. ALLOWED ** 0.00		OTHER INS. PAID 272.30		REDUCTION DAYS 0		REDUCTION AMOUNT 0.00		PAID BY PATIENT 0.00	
DEDUCT **		SHARE/PAYMENT 0.00		TOTAL PAYABLE 194.50		INTEREST PAID 0.00		NET PAYMENT 194.50	

**Medicare Approved Amount**


**Total Charge**

**Medicare Payment**


REMARKS: REMAINING TO THE PROVIDER OF CARE. CREDITED TOWARD THE CHAMPUS FISCAL YEAR 2004. ACCUMULATED FAMILY DEDUCTIBLE FOR FISCAL YEAR '04 IS \$0.00.

IF YOU ARE NOT SATISFIED WITH OUR DETERMINATION, YOU HAVE THE RIGHT TO REQUEST A REVIEW WITHIN 90 DAYS OF THE DATE OF THIS NOTICE. SEE ITEM FIVE ON REVERSE OF PAGE 1

***** VOUCHER SUMMARY *****	
TOTAL PAYABLE	NET PAYMENT
194.50	194.50



Example 3: WPS TRICARE Administration



ROBERT JONES  
1278 S. OAK ST  
BURKE, VA 22015

**TRICARE EXPLANATION OF BENEFITS**  
Administered by: WPS TRICARE Administration  
This is a statement of the action taken on your TRICARE claim. Keep this notice for your records.

Page 1 of 1

Date of Notice	7/15/2005
Sponsor SSN	XXX-XX-8778
Sponsor Name	Robert M Jones
Patient Name	Robert Jones
Claim Number	2005098 7784916
Provider #	100708507 94045 A001
Provider Name	Baptist Health Med Ctr

If you have questions about this notice, Please call toll free at 1-866-773-0404. For TDD, call 1-866-773-0405. You can also visit us online at [www.tricare4u.com](http://www.tricare4u.com)

**THIS IS NOT A BILL**

SERVICES PROVIDED BY	DATE OF SERVICE	AMOUNT BILLED	TRICARE ALLOWED	REMARKS
Baptist Health M 14040 – 1 service	5/12/05 – 05/12/05	\$800.00		003
Baptist Health M 17304 – 1 service	5/12/05 – 05/12/05	\$670.00		003
Baptist Health M 17305 – 1 service		\$205.00	\$158.08	003
<b>Total</b>		<b>\$1,680.00</b>	<b>\$1,480.98</b>	

**CLAIM SUMMARY**

TRICARE Amount Billed \$1,480.98

TRICARE Allowed \$300.80

Medicare/Other Ins. Allowed \$1,445.00

Medicare/Other Ins. Paid \$1,379.20

Medicare/Other Ins. Patient Responsibility \$300.80

**BENEFICIARY SHARE**

Cost Share/Copay \$0.00

Deductible \$0.00

Beneficiary Responsibility \$0.00

	Beginning Limit	Beginning October 1, 2003		Beginning October 1, 2002	
		Met to Date	Limit	Met to Date	Limit
Catastrophic Cap	\$3,000.00	\$0.00	\$6.00	\$3,000.00	\$0.00
Individual Deductible	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00
Family Deductible	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00


**Medicare Approved Amount**

**Total Charge**

**Medicare Payment**

**Remark Codes:**  
03: Payment has been made to the provider of care. If you are not satisfied with our determination, you have the right to request a review within 90 days of the date of this notice. See item five on important notice page.

PAID TO	AMOUNT PAID	BENEFICIARY RESPONSIBILITY
Baptist Health Med-Ctr	\$300.80	\$0.00



US1

Less Than 1 Year

1 Year To Less Than 3 Years

3 Years To Less Than 5 Years

5 Years To Less Than 10 Years

10 Years Or More



US2

Strongly Agree

Agree

Disagree

Strongly Disagree

# 2011

## JANUARY

S	M	T	W	T	F	S
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23	24	25	26	27	28	29
30	31					

## FEBRUARY

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27	28					

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## APRIL

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## MAY

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## JUNE

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# 2011

## JULY

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## AUGUST

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## SEPTEMBER

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## OCTOBER

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23	24	25	26	27	28	29
30	31					

## NOVEMBER

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20	21	22	23	24	25	26
27	28	29	30			

## DECEMBER

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**MEDICARE CURRENT BENEFICIARY SURVEY  
NATIONAL STUDY - COMMUNITY COMPONENT**

**PRONUNCIATION GUIDE**

The pronunciation of certain words within the questionnaire has been provided for your reference. The words are listed in alphabetical order below.

Alzheimer's disease	( <b>ahlts</b> hy-merz dis- <b>ease</b> )
angina pectoris	(an- <b>gy</b> na <b>pec</b> toe ris)
antigen	( <b>an-ti-jen</b> )
aortic stenosis	(a- <b>or-tik</b> ste- <b>no</b> -sis)
arteriosclerosis	(ar- <b>tee</b> ri-oh-sclee- <b>roe</b> sis)
arthritis	(ar- <b>thry</b> tis)
asthma	( <b>az</b> mah)
atrial fibrillation	(a- <b>tree</b> -al fi-bri- <b>la</b> -shun)
benign prostatic hypertrophy (BPH)	(bi- <b>nyn</b> pro- <b>sta</b> -tik <b>hy</b> -per-tro-fee)
cardiopulmonary	( <b>car</b> dee-oh- <b>pul</b> moh-nar-y)
cataract	( <b>kat</b> ah-rakt)
cerebrovascular	( <b>cer</b> e-bro- <b>vas</b> cue-lahr)
colonoscopy	(ko-la- <b>nas</b> -ko-pee)
colorectal	(ko-la- <b>rek</b> -tal)
coronary	( <b>core</b> oh-nary)
dementia	(dee- <b>men</b> shia)
diabetes	( <b>di</b> ah- <b>bee</b> teez)
emphysema	(em-phy- <b>see</b> ma)
hemoglobin	(he-ma- <b>glo</b> -bin)
hemorrhage	( <b>hem</b> or-rage)
hypertension	( <b>hi</b> per- <b>ten</b> shun)
hysterectomy	(hys-ter- <b>ec</b> toe-me)
macular degeneration	( <b>mak</b> -yoo-lahr di- <b>jen</b> -er- <b>a</b> -shun)
malignancy	(ma- <b>lig</b> nan-cee)
mammogram	( <b>mam</b> o-gram)
myocardial infarction	(my-oh- <b>kar</b> dee-ahl in- <b>fark</b> -shun)
neuropathy	(noo- <b>rop</b> -uh-thee)
ophthalmologist	(off-thal- <b>mol</b> -o-jest)
osteoarthritis	( <b>ahs</b> tee-oh-ar- <b>thry</b> -tis)
osteoporosis	( <b>ahs</b> tee-oh-poe- <b>roe</b> -sis)
paralysis	(pa- <b>ral</b> y-sis)
Parkinson's disease	( <b>par</b> kin-sons dis- <b>ease</b> )
pneumonia	(new- <b>moh</b> nee-ah)
psychiatric	(sy-kee- <b>at</b> ric)
pulmonary	( <b>pul</b> moh-nar-y)
rheumatoid	( <b>roo</b> mah-toid)
sigmoidoscopy	(sig- <b>moi</b> -das-ka-pee)

REFERENCE CARD FOR MEDICAL PROVIDER (LEFT-HAND COLUMN)

1. DENTIST/DENTAL PROVIDER
2. MEDICAL DOCTOR
3. AUDIOLOGIST
29. ACUPUNCTURIST
4. CHIROPRACTOR
5. CLINICAL SOCIAL WORKER
6. DIETITIAN/NUTRITIONST
7. HEARING THERAPIST
8. HOME HEALTH/HEALTH AIDE
9. HOMEMAKER
30. HOMEOPATH
10. HOSPICE WORKER
11. I.V. THERAPIST
28. LICENSED PRACTICAL NURSE (LPN)
31. MASSAGE THERAPIST
32. NATUROPATH
12. NURSE (RN)
13. NURSE PRACTITIONER
14. NURSE'S AIDE
15. OCCUPATIONAL THERAPIST (OT)
16. OPTOMETRIST
17. OSTEOPATH
18. PARAMEDIC
19. PHYSICAL THERAPIST (PT)
20. PHYSICIAN'S ASSISTANT
21. PODIATRIST (FOOT DOCTOR)
22. PSYCHOLOGIST
23. RESPIRATORY THERAPIST
24. SOCIAL/CASE WORKER
25. SPEECH THERAPIST
26. THERAPIST (MENTAL HEALTH)
27. X-RAY TECHNICIAN
91. OTHER MEDICAL PROVIDER SPECIALTY (NON-MD) SPECIFY

EXAMPLES OF TYPES OF MEDICAL DOCTORS (RIGHT-HAND COLUMN)

ALLERGIST  
ANESTHESIOLOGIST  
CARDIOLOGIST  
DERMATOLOGIST  
ENDOCRINOLOGIST  
GASTROENTEROLOGIST  
GERIATRIC DOCTOR  
GYNECOLOGIST  
HEMATOLOGIST  
INTERNAL MD/INTERNIST  
NEPHROLOGIST  
NEUROLOGIST  
ONCOLOGIST  
OPHTHALMOLOGIST  
ORTHOPEDIST  
PATHOLOGIST  
PROCTOLOGIST  
PULMONOLOGIST  
PSYCHIATRIST  
RADIOLOGIST  
RHEUMATOLOGIST  
SURGEON:  
    CARDIOVASCULAR  
    COLON/RECTAL  
    EYE  
    GENERAL  
    HAND  
    NEUROLOGICAL  
    ORTHOPEDIC  
    PLASTIC  
    THORACIC  
    VASCULAR  
UROLOGIST

# Glossary of Prescribed Medicine Abbreviations

## Medicine Form

Amp. = Ampules (elongated glass container of liquid medication)  
Cap. = Capsules (gel caps, time release caps, solid caplets)  
Elix. = Elixir (liquid)  
hypo. = hypodermically (injection)  
I.D. = intradermal (injection in skin)  
I.M. = intramuscular (injection in muscle)  
inf. = infusion (I.V. infusion)  
Inhalant = medication administered per nose and/or mouth via mist  
I.V. = intravenously (in vein)  
patche = skin cover for medication or for test  
per os/P.O. = by mouth  
P.R. = per rectum  
Pulv = powder  
S.L. = Sublingual (under the tongue)  
s.q./subq/S.C. = subcutaneous (under the skin)  
syr = syrup  
Tab = Tablet  
tr = tincture  
ung = ointment  
vial = container (small) of sealed liquid medication usually for injections

## When or How Often a Medicine is Administered

a.c. = before meals  
ad. lib = as desired  
b.d. = twice a day  
b.i.d. = twice a day  
b.i.n. = twice a night  
H. = hour  
h.s. = at bedtime  
non rep. = don't repeat  
noxt. = at night  
p.c. = after food (after meals)  
p.r.n. = as needed (as desired)  
q.h. = every hour  
q = every  
q 2h = every 2 hours  
q.d. = every day  
q.i.d. = four times a day  
q.o.d. = every other day  
rep. = let it be repeated  
stat. = immediately  
t.i.d. = three times a day

## Dosage or Strength of a Medicine

cc. = cubic centimeter (injections and liquid medications are measured in cc.)  
dr. = drams    27 gr = 1 dram    8 drams = 1 oz.  
fl. oz. = fluid ounce  
gm or g = gram  
gr = grain  
gtt = drops  
Kg = Kilogram  
M<sup>2</sup> = square meter  
mEq = milliequivalent (weight of substance in 1 milliliter)  
mg = milligram    1000 mg = 1 gm  
mcg = microgram  
ml = milliliter    1000 ml = 1 Liter  
mm = millimeter    1000 mm = 1 meter  
L. = Liter    1.0567 quarters = 1 Liter

## Miscellaneous

a or aa = of each  
AP = apical pulse  
aq. = water  
ASAP = as soon as possible  
C = centigrade  
c = with  
CO<sub>2</sub> = carbon dioxide  
comp = compound  
dil = dilute  
et = and  
F = Fahrenheit  
Fx = fracture  
G = gauge  
GI = gastrointestinal  
I.O. = intake and output  
lauage = to wash out cavities (wounds)  
Na = sodium  
NG tube = nasal gastric tube for feeding [sizes in French (i.e., French 18)]  
NS/NA C1 = normal saline (Sodium Chloride Solution)  
O<sub>2</sub> = oxygen  
o.d. = right eye  
o.s. = left eye  
o.u. = both eyes  
pads = sterile or non-sterile coverings  
s = without  
S.O.B. = short of breath  
sp. gr. = specific gravity  
ss = half  
I = one tablet  
T = temperature  
T.O. = telephone order  
II = two tablets



## STATE ABBREVIATIONS

Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Puerto Rico	PR
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY

# MEDICARE CURRENT BENEFICIARY SURVEY

## NATIONAL STUDY - COMMUNITY COMPONENT

### STATEMENT TERMS GLOSSARY

**Approved amount** -- The amount allowed by Medicare for a particular *covered service*, which is often less than the *provider* charges or bills. Medicare calculates approved amounts in a variety of ways; the system for calculations for physician's services is in the process of being revised considerably over the next few years.

**Assignment** -- "Accepting assignment" means accepting the Medicare approved amount as full payment for a service.

**Beneficiary** -- In MCBS, someone covered by Medicare.

**Benefit period** -- A period of time over which medical costs are aggregated to determine whether deductibles have been met. The benefit period for many Medicare services is the calendar year.

**Claim** -- A bill submitted to Medicare or to another health insurance plan.

**Coinsurance** -- OR, **copayments**. The *beneficiary's* share of the *approved amount* for medical services, after any *deductibles* have been met. In Medicare Part B, the coinsurance rate is 20 percent. This rate is sometimes referred to as "80-20." In Part A, the coinsurance rate varies by type of service and how much of the service (e.g., how many days in the hospital) is used. "Copayment" is also the term used to refer to the beneficiary's payment amount for a service provided by a managed care or HMO plan.

**Covered services** -- Medical services for which Medicare will pay all or part of *approved* charges.

**Deductible** -- The amount of approved medical expense that must be incurred before Medicare begins to pay. There are separate deductibles for Part A and Part B Medicare-covered services and these can change from year to year.

**Doc-in-a-box** -- This is also a term that may vary across regions. This is a form of walk-in or clinic care, usually found in or near a mall or strip shopping area. It generally provides primary care, including some emergency care, and attracts individuals who do not rely on a single physician or other source of care.

**Dread disease plan** -- A kind of insurance that covers the cost of medical care only for certain diseases, such as cancer or stroke.

**Extra billing** -- The amount a provider bills a beneficiary beyond the Medicare approved amount for a service (see **Assignment**).

**Extra cash plan** -- Also called a "hospital indemnity plan," a kind of insurance that pays a covered person a fixed amount (say, \$100) for each day spent in a hospital.

**Group coverage** -- Health insurance provided through an employer, union, or other group, that offers the same plan to a number of people associated with the group at the same cost per person.

**Health insurance plan** -- A package of benefits for paying for medical care; the "plan" is defined by what services are covered, the conditions for paying and amounts of payment for covered services, and the cost of premium covered persons must pay. The details of a particular plan are usually described formally in a "policy."

**Health Maintenance Organization (HMO)** -- There are several names for Health Maintenance Organizations. These include: Coordinated care plans, managed care plans and prepaid plans. In addition, competitive medical plans (CMPs), and Health Care Prepayment Plans (HCPPs) are included as prepaid health care. These names may vary by region of the country, some include a Preferred Provider Organization (PPO).

**Long-term Care Facility** -- A long term care facility is a facility with 3 or more beds; providing either personal care or continuous supervision of residents; is a place or unit certified as a Skilled Nursing Facility (SNF) by Medicare or Medicaid; or is a place or unit certified as a Nursing Facility (NF) by Medicaid.

**Long-term Care Insurance** -- A form of private health insurance that covers stays in a nursing home, and may cover other health care such as skilled nursing care received at home.

**Medicare payment** -- The amount Medicare pays on a claim.

**Noncovered services** -- Medical services for which Medicare will not pay any amount. Dental care is a noncovered service and most prescribed medicines are not covered by Medicare.

**Out-of-pocket expenditures** -- Out-of-pocket expenditures are a part of the charge(s) that a beneficiary or his/her family have paid/will pay for medical care. This should not include any amount that the SP expects to receive reimbursement for or any amounts that the beneficiary has already received reimbursements for or money from Medicare or a private health insurance plan.

**Part A** -- The hospital insurance portion of Medicare that covers inpatient care, some nursing home care, and some home health care.

**Part B** -- The medical insurance portion of Medicare that covers physician services, diagnostic laboratory tests, some medical equipment and supplies, and so on.

**Premium** -- The amount the beneficiary (or someone else) pays for Medicare coverage. Most other insurance plans have premiums as well, which may be paid in full or in part by the *main insured person*.

**Private health insurance** -- Health insurance provided by a commercial insurance company such as Blue Cross/Blue Shield.

**Provider** -- The person or other entity providing a medical service or equipment, e.g., the doctor, therapist, or hospital.

**Public health insurance** -- A Federal, state, or local government program that pays for all or part of a person's health care. Medicaid is an example of a public health insurance plan.

**Reference Date** -- A date "bounding" the time a question covers. For the MCBS, the Reference Date is usually the date of the previous interview.

**Reference Periods** -- A period of time covered by a question. The MCBS *Current Round Reference Period* is generally from the date of the previous interview up to the date of the current interview. The MCBS *Survey Reference Period* generally includes the period of time from the interview 3 rounds back from the current interview to the date of the current interview (e.g., the Round 10 survey reference period begins on the Round 7 interview date and ends on the Round 10 interview date).

**Source of payment** -- An inclusive term that includes all parties, including insurance and public plans (Medicare) and private payments (family or self out-of-pocket expenses) that pay for medical care. This term includes all sources of payment regardless of the time frame of the payments (e.g., many Medigap plans do not pay until after Medicare has paid the bill). These private payments can take up to a year to be paid.

## Safe Break-off Points in the MCBS Continuing Interview

While it is possible to break off an interview at most places in the instrument, it is strongly recommended that you break off at the beginning of a section or one of the other screens listed below.

Component	Abbrev.	SECTION	Safe Break-off Points
Address Verification	AV	ADDRESS VERIFICATION	AV1
Household	ENS	ENUMERATION	ENSINTRO
Supplemental Section	HA	HOUSING CHARACTERISTICS	HAINTRO HAINTRO2A
Health Ins	HIS	HEALTH INSURANCE SUMMARY	HISINTRO
Health Ins	HI	HEALTH INSURANCE	HIMCINTR HIMC1A, HIMC1
Insurance Plans	DM	DISCOUNT/SAVINGS MEMBERSHIP	DM1INT DM2INTRO
Utilization	DU	DENTAL UTILIZATION	DUINTRO
Utilization	ER	EMERGENCY ROOM UTILIZATION	ER1
Utilization	IP	INPATIENT UTILIZATION	IPS1, IP1A, IP1
Utilization	OP	OUTPATIENT UTILIZATION	OP1
Utilization	IU	INSTITUTIONAL UTILIZATION	IU1
Utilization	HHS	HOME HEALTH SUMMARY	HHS1, HHS2A
Utilization	HH	HOME HEALTH UTILIZATION	HH1
Utilization	MP	MEDICAL PROVIDER UTILIZATION	MP1
Supplemental Section	AC	ACCESS TO CARE SUPPLEMENT	ACINTRO AC6A, AC9 AC20, AC33
Utilization	OM	OTHER MEDICAL EXPENSES	OM1
Utilization	PMS	PRESCRIBED MEDICINES	PMSINTRA
Utilization	PM	PRESCRIBED MEDICINES	PMINTROA
COST Series	ST	STATEMENT CHARGE SERIES	ST1, ST2, ST4 ST81, ST82
COST Series	PS	POST-STATEMENT CHARGE	NONE
COST Series	NS	NO STATEMENT CHARGE SERIES	NONE
COST Series	CPS	CHARGE PAYMENT SUMMARY	NONE
Supplemental Section	HF	HEALTH STATUS AND FUNCTIONING SUPPLEMENT	HFA1 HFKINTRO HFLINTRO HFN1
Supplemental Section	SC	SATISFACTION WITH CARE SUPPLEMENT	SC1
Supplemental Section	US	USUAL SOURCE OF CARE SUPPLEMENT	US1
Supplemental Section	DI	DEMOGRAPHICS AND INCOME	DIINTROA
Supplemental Section	IA	INCOME AND ASSETS SUPPLEMENT	IAINT8, IAINTRO
Supplemental Section	RX	DRUG COVERAGE SUPPLEMENT	RX1, RXINTRO RX19
Closing	CL	CLOSING	NONE
Closing	EX	CLOSING FOR EXIT INTERVIEW	NONE

**MEDICARE CURRENT BENEFICIARY SURVEY  
NATIONAL STUDY - COMMUNITY COMPONENT**

**SUPPLEMENT GLOSSARY  
FOR INCOME AND ASSETS**

**Dividend income** -- Includes dividends received, credited, or reinvested from ownership of stock or mutual funds.

**Farm self employment income** -- Net money income (gross receipts minus business expenses) received from the operation of an unincorporated farm by a person on his or her own account, as an owner, renter, or sharecropper.

**Income from estates and trusts** -- Includes any regular payments from an estate or trust fund.

**Interest income** -- Includes interest received or credited to checking and savings accounts, money market funds, certificates of deposit (CD's), IRAs, KEOGHS and government bonds.

**Non-farm self employment income** -- Net money income (gross receipts minus business expenses) received from an unincorporated business, professional practice, or partnership in which the person was engaged.

**Outstanding Debt** -- Amount of money or balance that a person or couple owes. This is usually calculated by using the purchasing price and the balance that remains. Outstanding debt includes the balance owed on the items specifically mentioned in the question text.

**Public assistance income other than SSI** -- Includes income from Aid to Families with Dependent Children (AFDC), food stamps or from other government programs such as general or emergency assistance.

**Rental income** -- Includes income from the rental of land, buildings, or real estate, or income from roomers and boarders.

**Royalties income** -- Includes profit or loss from any royalties.

**Social Security/Railroad Retirement Income** -- Includes any Social Security and Railroad Retirement payments to retired persons, to dependents of deceased insured workers, and to disabled workers.

**Supplemental Security Income (SSI)** -- A program of income support for low-income aged, blind, or disabled persons established by Title XVI of the Social Security Act.

**Wages or salary** -- Total money earnings received for work performed as an employee at any time during the year previous to the interview. It includes wages, salary, commissions, pay from Armed Forces, tips, piece rate payments, and cash bonuses earned.

**Whole life or universal life insurance** -- Life insurance policies which accrue cash equity.