CBMS Medical Spans Guide:

Grant Code	
1	Financial and Medical
2	Financial Only
3	Medical Only
4	Closed

Category	
00	Colorado Refugee Service Program
01	Old Age Pension- Class A
02	Old Age Pension- Class B
03	Old Age Pension- Class C-CSH
04	Aid to Families w/Dependent Children
05	Aid to Needy Disabled/SSI/SSI Med
06	Aid to Blind/SSI/SSI Med Only
10	Subsidized Adoption
11	Supplemental Security Income – Foster Care
12	Child Welfare – Foster Care
13	Foster Care – Removed by Ct/AF
19	Foster Care Out-of-State Child
23	Foster Care- Voluntary
24	AFDC – Both Parents Unemployed
25	Aid to Needy Disabled/State Only
41	Old Age Pension- Grandfathered 1973
44	CO Refugee Immigrant Services Program
45	Aid to Needy Disabled – Grandfathered In
46	Aid to the Blind – Grandfathered In
70	W/out Regard to Inc Eligible – FC
81	Child Health Plan Plus
97	W/out regard Inc Eligible- Indo Ref
98	AFDC Foster Care Indo Refugees
99	Other (Default)

TPL Code (Third Party Liability)	
00	Medicaid Only
01	Medicare Part A
02	Medicare Part B
03	Medicare Part A and B
04	Medicare Part A, B plus Other
05	Medicare Part A + Other Ins
06	Medicare Part B + Other Ins
11	Part A, Medicare QMB
12	Part B, Medicare QMB
13	Part A and B, Med QMB
14	Part A, B, Med QMB + Other Ins
15	Part A, Med QMB + Other Ins
16	Part B, Med QMB + Other Ins
21	Medicaid, Medicare A, QMB
22	Medicaid, Medicare B, QMB
23	Medicaid, Medicare A/B, QMB
24	Medicaid, Med A/B, Other QMB
25	Medicaid, Med A, Other QMB
26	Medicaid, Med B, Other QMB
30	Blue Cross Only
36	Blue Shield Only
42	Blue Cross/ Blue Shield
43	Blue Cross/Blue Shield + Other
49	Commercial Insurance not BC/BS
51	CHAMPUS Only
53	Crippled Children's Program
54	Commercial HMO Coverage
99	Unknown (Default)

Med Flag	
A	Adult QMB Only- No MA
B	Adult QMB and MA
C	Adult QMB/Modified MA Program
D	Katie Beckett Eligible
E	AFDC UP Eligible
F	Legal Immigrant Prenatal
I	Legal Immigrant Eligible OAP- No Med
J	Undocumented Alien- Emergency Medical Only
K	AFDC Recipients in Work Programs
M	Poverty Level Pregnant 133%
N	Poverty Level Child < 6- 133%
P	BCCP- Presumptive Eligibility
Q	BCCP- Medicaid Eligibility
R	Initial Presumptive Eligibility
S	Extended Presumptive Eligibility
T	Qualified Child – AFDC Standard
Y	Parents Plus
Z	Category 44 Refugee Eligible
0	Grant Code 1, 2 case not eligible QMB
1	AFDC Institutionalized
2	Adult Medicaid Only
3	Transitional Cases
4	Aid to Families with Dependent Children
5	Poverty Level Child 100% born > 9/83
6	Needy Newborn- MA Mother
7	Qualified Pregnant- AFDC Need
8	AFDC 113 MA- Attributed Income
9	Immigration Reform Control Act 1987

SIS Code (Supplemental Income Status)			
A	FFP For Medicaid Only	BX	1998 Pickle
B	FFP For Medicaid/Medicare SMIB Premium	BY	1999 Pickle
BA	2000 Pickle	BZ	Zebley Children
BB	1972 and 2005 Pickle	B0	1980 and 2009 Pickle
BC	2001 Pickle	B1	1981 and 2010 Pickle
BD	Disabled W/Ben Under Parents Act	B2	1982 and 2011 Pickle
BE	2002 Pickle	B3	1983 and 2012 Pickle
BF	2003 Pickle	B4	1984 and 2013 Pickle
BG	1987 and 2016 Pickle	B5	1985 and 2014 Pickle
BH	1988 Pickle	B6	1986 and 2015 Pickle
BI	2004 Pickle	B7	1977 and 2006 Pickle
BJ	1989 Pickle	B8	1978 and 2007 Pickle
BK	1990 Pickle	B9	1979 and 2008 Pickle
BL	1991 Pickle	C	No FFP
BM	1992 Pickle	CF	Home Care Allowance Reduction
BN	1993 Pickle	CQ	Qualified Disabled Working Individual
BP	1994 Pickle	CR	Refugee Case
BR	Refugee Case	CS	Special Low Income Medicare Beneficiary
BS	1995 Pickle	CT	Qualified Individual 1
BT	1996 Pickle	CU	Qualified Individual 2
BU	1997 Pickle	CW	Welfare Reform State Fund Only
BW	Disabled Widow Or Widower		

Client Status			
1	Payee	5	Payee Pregnant
2	Essential Person	6	Other Adult Pregnant
3	Other Adult	7	Pregnant Child
4	Child	8	SSI/FC Adult Only Payee

POC (Plan Of Care)			
First Character		Second Character	
R	Developmentally Disabled (Any Age)	S	Categorically eligible for Nursing Home Care Would be eligible for financial assistance if not in the nursing home
U	Functionally Disabled-Elderly (65 & Over)	T	300% Eligible Nursing Home Care
W	Physically Disabled/Blind Adult (18 to 64)	U	Categorically Eligible for HCBS Services Eligible for Financial Assistance
S	Mentally Ill (Any Age)	W	300% Eligible HCBS Services
X	Denied in Level of Care Criteria	X	Not Applicable Categorically Eligible
Y	Level of Care not determined		

County and AU ID/ Case #	Begin Date	End Date	Transaction Date	*Non-Citizen Status*
Populates with the 2 digit county code, and the household or CBMS case number	*Med Span Begin Date*	*Med Span End Date*	*The date the span was created or updated*	*Determined by Decision tables*

Asset Test	
Y	Passed Asset Test
N	Failed Asset Test