

2009 Aid Category Listing

Refer to when verifying eligibility to identify the program the beneficiary is enrolled in.

PROGRAM	DENTAL	AID CATEGORIES
Healthy Vermonters Program	NO	VP (Discount Pharmacy Only)
VPharm	NO	VD, VE, VF, VJ, VK, VL, VM, VN, VO
VPharm with Crossovers	NO	VG, VH, VI
V-Script	NO	VA, VB, VC, VS, VT, VU, V7, V8
VHAP Pharmacy	NO	V1, V2, V3, V5, V6
VHAP Pharmacy with Crossovers	NO	V4
VHAP Limited	NO	UA, UB, UC, UD, UE, UF
VHAP Managed Care	NO	U1, U2, U3, U4, U5, U6, J3, J4, J5, J6, J7, J8
Medicaid Managed Care	YES	A3, A4, A5, A6, A8, A9, B3, B4, B5, B6, B7 B8, BH, C4, C5, C6, C7, C8, C9, CH, D5, D8, E5, E8, F5, G5, G8, H3, H4, H5, H6, H8, H9, I5, I8, K5, K9, L3, L4, L5, L6, L8, L9, M3, M4, M5, M6, M7, M8, O5, P2, P3, P4, P5, P6, P7, P9, Q3, Q6, R1, S5, S7, T5, T8, W3, W4, W6, W9, X3, X4, X5, X6, X8, Y5
Traditional Medicaid	YES	AA, AB, AC, AD, AR, AZ, BA, BB, BC, BD, BG, BP, BR, CC, CO, C2, C3, CG, CP, CR, DC, DR, FC, GC, GR, HA, HB, HC, HD, HR, HZ, IA, IC, ID, IR, KC, KZ, LA, LB, LC, LD, LR, LZ, MA, MB, MC, MD, MP, MR, NA, NB, NC, ND, NP, NR, OC, P1, PA, PB, PC, PD, PP, PR, QA, QD, RR, SC, SP, TC, TR, WA, WB, WD, WZ, XA, XB, XC, XD, XR, YC
No Medicaid Coverage	NO	QW, TV, WM, Z3, Z4, Z5, Z6, Z7, Z8
Urgent/Emergent Inpatient Coverage Only	NO	Z9
Specially Funded Categories	NO	GA, GE, HT, HV, LF, MH, PS, QI, Q2 Premiums/Coinsurance/Deductibles: PQ
No Medicaid Coverage - PACE	NO	99
Pending Premium Payment	NO	C\$ (Catamount), P\$ (Dr. Dynasaur), U\$ (VHAP)
ESI (Employee Sponsored Insurance) with VHAP Wrap-around	NO	ZA
ESI (Employee Sponsored Insurance) with Chronic Care Wrap-around	NO	ZB
Premium Assistance	NO	ZC
Sign-Up Process for Catamount	NO	Z#, Z\$, Z*
Children with Special Health Needs (CSHN) for PT,OT,ST,NU & AU services only.	NO	SH
Family Infant Toddler Program (FITP) for PT,OT,ST,NU & AU services only.	NO	FI