

**Issue 111: INSIDER'S EDGE: What is your favorite color? Purple! No Red. Wait, Yellow?**

Dear Marge,

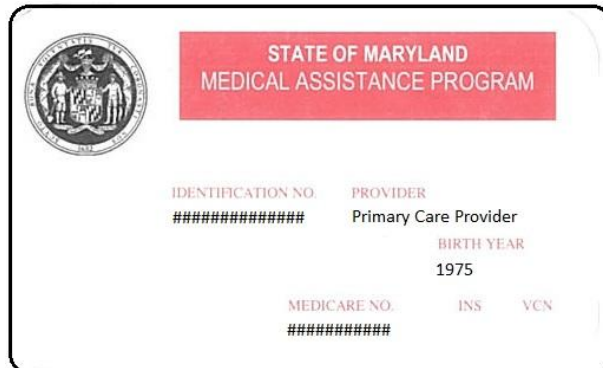
I know consumers enrolled in a Managed Care Organization (MCO) through the Maryland Medical Assistance HealthChoice Program receive a card from their MCO. However, some consumers also say they have Medical Assistance cards in a range of colors! Red and white, orange and white, yellow and white, and purple and white. Even grey and white! What do they mean?

--Color-Confused at a Call Center

Great question! Let's take a closer look at the different kinds of cards consumers can receive from the Medical Assistance Program.

**Red and White Cards**

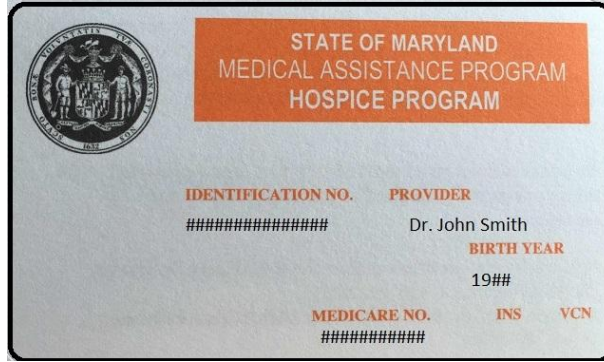
Every Medical Assistance recipient receives a Red and White card. The card covers services that are provided on a fee-for-service basis. Recipients who qualify for HealthChoice will also receive a separate card from their MCO.



Recipients are issued a Red and White card when they first enroll in Medical Assistance. A new card will be issued if the consumer's coverage has closed and been re-opened. Changes in the consumer's name or third-party liability insurance status, gain or loss of Medicare, or receipt of a new Medicaid ID will also result in the consumer receiving a new Red and White card.

**Orange and White Cards**

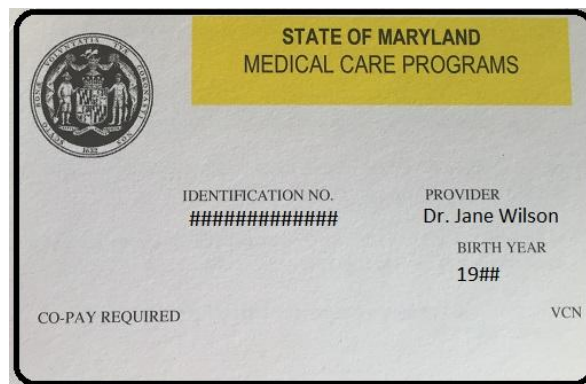
Enrollees in the Hospice Program receive an Orange and White card.



More information on the Hospice Program can be found [here](#).

### **Yellow and White Cards**

The Primary Adult Care (PAC) Program was a limited benefit available to childless adults under 116% of the federal poverty level (FPL), which has been discontinued. All active PAC enrollees (as of December 31, 2013) were enrolled in full benefits through HealthChoice on January 1, 2014.



PAC recipients used a Yellow and White card to access some services, so it's possible callers may have held onto theirs.

### **Purple and White Cards**

Enrollees in the Family Planning Program receive a Purple and White card to access care.



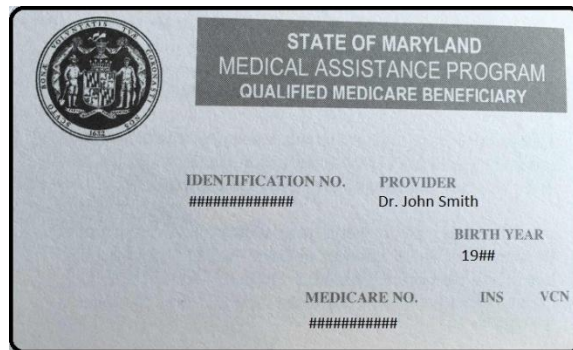
The Family Planning Program provides limited medical services to eligible women at or below 200% FPL who are under 51 years old or who lost their Medicaid coverage after they were covered for a pregnancy under the Maryland Children’s Health Program (MCHP). Women who are pregnant or who have had a permanent sterilization are not eligible for benefits. Family planning services include office visits and hospital outpatient department visits for pelvic exams, breast exams, and advice and counseling for family planning methods; pregnancy tests; select laboratory tests; contraceptive drugs; and permanent sterilization.

If you hear from a consumer who has a Purple and White card, you should encourage them to apply for full benefits using Maryland Health Connection. Coverage through the Family Planning Program is not considered [minimum essential coverage \(MEC\)](#) because it is a limited benefit program and does not provide the comprehensive benefits available through Medicaid and qualified health plans (QHPs). Therefore, Family Planning enrollees may be subject to a tax penalty under the ACA’s individual mandate. *Note:* Medicaid and QHPs provide coverage for family planning services, although QHPs may require a co-pay for certain services provided through the Family Planning Program at no cost.

To learn more about the Family Planning Program, visit <https://mmcp.dhmh.maryland.gov/familyplanning/SitePages/Home.aspx>.

### **Grey and White Cards**

Grey and White cards are issued to recipients enrolled in the Qualified Medicare Beneficiary (QMB) program.



For more information on the QMB Program, check out [Issue 37: INSIDER’S EDGE: Older Adults and the ACA—QMB, SLMB, and Dual Eligibles](#).

**That’s it for this week! See you next time.**