

**Attachment B
Hospital Presumptive Eligibility Aid Code Table**

#	2014 MAGI Programs Categories	#	Sub-Categories	MAGI	Full / Restricted	Funding Source	FMAP Rate	Aid Code
1	Hospital PE	1	Hospital PE Children 0-1 (at or below 208 percent FPL)	Yes	Full	Title XIX	50/50	P1
		2	Hospital Presumptive Eligibility for infants (FPL above 208 percent up to and including 266 percent FPL)	Yes	Full	Title XXI	65/35	H6
		3	Hospital Presumptive Eligibility for Children age 1-6 (FPL at or below 142 percent FPL)	Yes	Full	Title XIX	50/50	H7
		4	Hospital Presumptive Eligibility for Children age 6-19 (FPL at or below 133 percent FPL)	Yes	Full	Title XIX	50/50	H8
		5	Hospital Presumptive Eligibility for Children age 1-6 (FPL above 142 percent up to and including 266 percent FPL)	Yes	Full	Title XXI	65/35	H9
		6	Hospital Presumptive Eligibility for Children age 6-19 (FPL above 133 percent up to and including 266 percent FPL)	Yes	Full	Title XXI	65/35	H0
		7	Hospital Presumptive Eligibility for Former Foster Care Children up to age 26 No income screening	Yes	Full	Title XIX	50/50	4E
		8	Hospital PE Parent/Caretaker Relative (at or below 109 percent FPL)	Yes	Full	Title XIX	50/50	P2
		9	Hospital PE Adults (19-64) (at or below 138 percent FPL)	Yes	Full	Title XIX	50/50	P3
		10	Hospital PE Pregnant Women (at or below 213 percent FPL)	Yes	Limited	Title XIX	50/50	P4