Medicaid Categories
October 2013

Quick Reference Guide (QRG)

Medicaid Categories QRG

Current Aid Category	Future Aid Category	Eligibility Criteria/Description	Program Name/Benefit Package	MAGI
MA X	MA X	Born to mother on Medicaid Age: 0 - 1, No FPL[1] Standard	HHW[2] Package A	N/A
MA Y: Under 1 MA C: Under 1 MA U: Under 1 MA O: Under 1	MA Y	Age: 0 - 1, up to 208% FPL	HHW Package A	Y
MA Z MA C: Age 1 - 5 MA U: Age 1 - 5 MA O: Age 1 - 5	MA Z	Age: 1 - 5, up to 141% FPL	HHW Package A	Y
MA 2 MA C: Age 6 - 18 MA U: Age 6 - 18 MA O: Age 6 - 18 MA T: Age 18	MA 2	Age: 6 - 18, up to 106% FPL	HHW Package A	Y
MA 9: MCHIP	MA 9	Age: 1 - 5, 141% to 158% FPL Age: 6 - 18, 106% to 158% FPL	HHW Package A	Y
MA 10: SCHIP	MA10	Age: 0 - 1, 208% to 250% Age: 1 - 18, 158% to 250%	HHW Package C	Y
MA 8: Children Under 19 with Adoption Assistance	MA 8	Automatically eligible if receiving IV-E adoption assistance	FFS[3] Traditional Medicaid	N
MA 4: Foster Children	MA 4	Automatic coverage for IV-E foster children No FPL standard	FFS Traditional Medicaid	N
MA 14: Former Foster Children	MA 14	Former Foster Care up to age 21, up to 210% FPL Age: 18 - 21	FFS Traditional Medicaid	Y
New	MA 15	Former foster children enrolled in Medicaid as of 18th birthday No income standard Age: 18 through age 25	FFS Traditional Medicaid	N
MA C: Low Income Families MA U:19 and Over	Parent/ Caretaker Relative MAGF	Converted MAGI equivalent[4] AFDC[5] income standard	HHW Package A	Y
MA M MA N	Pregnancy MAGP	≤208% FPL	HHW Package A	Y

[1] Federal Poverty Level
[2] Hoosier Healthwise
[3] Fee-for-Service
[4] 1-$152, 2-$247, 3-$310, 4-$373, 5-$435, each additional individual $63
[5] Aid to Families with Dependent Children

Medicaid Categories QRG

Current Aid Category	Future Aid Category	Eligibility Criteria/Description	Program Name/Benefit Package	MAGI
MAHC MAHN	MAHC MAHN	Age: 19 - 64, up to 100% FPL Parent Caretaker and HIP[6] Adult Non-Caretaker categories will remain	HIP Demonstration Benefits	Y
MA E: Family Planning	MA E	Age: no age limit, ≤141% FPL Not eligible for any other Medicaid category	Family Planning Only	Y
MA O: 19 - 21 Residing in Inpatient Psychiatric Facility Eligible for Cash Assistance (TANF)[7] if Living at Home	MA O	Converted MAGI equivalent AFDC income standard Age: 19 - 21	FFS Traditional Medicaid	Y
MA T: Children Aged 19 and 20 Who Meet Low-Income Families' Medicaid Income Standard	MA T	Converted MAGI equivalent AFDC income standard Age: 19 - 20	HHW Package A	Y
MA A: Aged	MA A	Currently based on SSI payment standards[8]	FFS Traditional Medicaid	N
MA B: Blind	MA B	Currently based on SSI payment standards	FFS Traditional Medicaid	N
MA D: Disabled	MA D	Currently based on SSI payment standards	FFS Traditional Medicaid	N
MA 12: Breast and Cervical Cancer	MA 12	200% FPL. ISDH[9] determines eligibility for the breast and cervical cancer program	FFS Traditional Medicaid	N
MAD W: MED Works[10] MADI: MED Works Medically Improved	MADW MADI	0% - 350% FPL	FFS Traditional Medicaid	N

[6] Healthy Indiana Plan
[7] Temporary Assistance for Needy Families
[8] Supplemental Security Income; $710 for individual/one parent, $1,066 for married couple/two parents, $356 dependent child/essential person/step-parent; if income is over the standard, individual may be eligible under the spend-down provision
[9] Indiana State Department of Health
[10] Medicaid for Employees With Disabilities

Medicaid Categories QRG

Current Aid Category	Future Aid Category	Eligibility Criteria/Description	Program Name/Benefit Package	MAGI
MA R: RCAP[11]-Related Coverage	MA R: RBA-Related Coverage	Individual must be eligible under RBA/RCAP	FFS Traditional Medicaid	N
MA L: QMB[12]	MA L: QMB	0% - 100% FPL	Medicare Part A and B, Premiums, Deductibles, Coinsurance	N
MA J: SLMB[13]	MA J: SLMB	100% - 120% FPL	Medicare Part B Premium	N
MA G: QDW[14]	MA G: QDW	0% - 200% FPL	Medicare Part A Premium	N
MA I: Qualified Individual	MA I: Qualified Individual	120% - 135% FPL	Medicare Part B Premium	N
MA F: Transitional Medical Assistance	MA F	Up to 12 months of full medical coverage under the Transitional Medical Assistance (TMA) category is available to families discontinued from or denied coverage for Medicaid because of the earnings of the caretaker relative. Up to 185% FPL for second 6 months of the 12 month period May be eliminated/sunset in 2013	HHW	N
MA Q: Refugee	MA Q	Converted MAGI equivalent AFDC income standard; if over the income standard, individual may be eligible under the spend-down provision. Not title XIX CMS[15] still working on guidance	FFS Traditional Medicaid	N

[11] Residential Care Assistance Program
[12] Qualified Medicare Beneficiary
[13] Specified Low-Income Medicare Beneficiary
[14] Qualified Disabled Working Individual
[15] Centers for Medicare & Medicaid Services