

ADDENDUM - 3

FAMILY MEDICAID SUBTYPES

Medicaid Subtype	Description
4M	Post-Medicaid due to excess child support
AF	Family Medicaid (Section 1931 AFDC related)
AL	Emergency coverage for illegal alien
BA	Newborn Baby -- through month of 1st birthday (child born to a woman who was eligible for Medicaid in the month of delivery)
CP	CHIP (151% to 175% of 2003 PFL). Title 21 funding
EO	Eligible for FM if not Institutionalized
FC	Title IV-E Foster Care child in State custody
H1	>133%-150%, all ages, with Insurance. Title 19 funding
H2	CHIP (>133% to 150%, all ages), no insurance. Title 21 funding
HC	Healthy Child (133% or less, age 0 - 5) Title 19 funding
IF	Under 21 in an ICF-MR
IP	Under 21 child in State custody – In-Patient Psychiatric
IV	Title IV-E Subsidized Adoption
JC	Juvenile Court Ordered Child in State custody
PB	Postpartum Coverage for women whose income is less than <133% FPL
PC	Postpartum coverage for women whose income is >133% - <=175% FPL of 2003 regardless of insurance. Title 19 funding.
PD	Pregnancy Determination (FM 3rd trimester)
PR	Pregnant Woman Coverage whose income is less than <133% FPL
PX	Pregnant Woman >133% - <=175% of 2003 FPL. Title 19 funding

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FAMILY MEDICAID SUBTYPES

Medicaid Subtype	Description
S1	>100%-133% ages 6-18 with Insurance. Title 19 funding
S2	CHIP (>100% to 133%, ages 6-18). Title 21 funding
SO	State-only (not IV-E) subsidized adoption (State custody)
SU	Six Up. Title 19 funding
T1	Transitional Medicaid (1st 6 months)
T2	Transitional Medicaid (2nd 6 months)
TO	Under 21
VO	Child in voluntary state custody