

MEDICAID ELIGIBILITY (ME) CODES

MEDICAID	
01, 04, 11, 12, 13, 14, 15, 16	Elderly, blind and disabled individuals who meet the Medical Assistance eligibility criteria in the community or a vendor facility; or receive a Missouri State Supplemental Conversion or Supplemental Nursing Care check.
03	Individuals who receive a Supplemental Aid to the Blind check or a Missouri State Supplemental check based on blindness.
55	Individuals who do <i>not</i> qualify for a public assistance program but who meet the Qualified Medicare Beneficiary (QMB) eligibility criteria
23,41	Children in a Nursing Facility/ICF/MR
28,49,67	Children placed in foster homes or residential care by DMH.
33,34	Missouri Children with Developmental Disabilities (Sarah Jean Lopez) Waiver.
83	Women under age 65 determined eligible for Medical Assistance based on Breast or Cervical Cancer Treatment (BCCT) Presumptive Eligibilit
84	Women under age 65 determined eligible for Medical Assistance based on Breast or Cervical Cancer Treatment (BCCT).
MC +	
05,06	Eligible children under the age of 19 in Medical Assistance for Families (based on 7/96 AFDC criteria) and the eligible relative caring for the children including families eligible for Transitional Medical Assistance.
60	Newborns (infants under age 1 born to a Medicaid or MC+ recipient).
40,62	Coverage for non-CHIP children up to age 19 in families with income under the applicable poverty standard.
18,43,44,45,61	Pregnant women who meet eligibility factors for the MC+ for Pregnant Women Program.
07, 29, 30, 37, 50, 63, 66, 68, 69, 70	Children in custody of the Department of Social Services (DSS) Children's Division who meet Federal Poverty Level (FPL) requirements and children in residential care or foster care under custody of the Division of Youth Services (DYS) or Juvenile Court who meet MC+ non-CHIP criteria.
36,56	Children who receive a federal adoption subsidy payment.
71,72	Children's Health Insurance Program covers uninsured children under the age of 19 in families with gross income above the non-CHIP limits up to 150% (<i>text rev. 3/06</i>) of the FPL. (Also known as MC+ for Kids.) 150% (<i>text rev. 3/06</i>) of the FPL. (Also known as MC+ for Kids.)
73	Covers uninsured children under the age of 19 in families with gross income above 185% of the FPL. (Also known as MC+ for Kids.)
74	Covers uninsured children under the age of 19 in families with gross income above 225% of the FPL. (<i>text rev. 3/06</i>) (Also known as MC+ for Kids.) (<i>text del. 3/06</i>)

75	Covers uninsured children under the age of 19 in families with gross income above 225% of the FPL up to 300% of the FPL. (Also known as MC+ for Kids.) <i>(text del. 3/06)</i> Families <i>must</i> pay a monthly premium.
80	Uninsured women who do <i>not</i> qualify for other benefits, and lose their MC+ for Pregnant Women eligibility 60 days after the birth of their child, will continue to be eligible for family planning and limited testing and treatment of Sexually Transmitted Diseases, regardless of income, for one year after the MC+ for Pregnant Women coverage ends.
81	Temporary medical eligibility code. Used for individuals reinstated to MAF for 3 months (January-March, 2001), due to loss of Medicaid coverage when their TANF cases closed between December 1, 1996 and February 29, 2000. Used for White v. Martin recipients. Used for BCCT.
87	Children under the age of 19 determined to be presumptively eligible for benefits prior to having a formal eligibility determination completed.
10,19,21,24,26	Individuals eligible for Medicaid under the Refugee Act of 1980 or the Refugee Education Assistance Act of 1980.
Temporary Assistance	
58	Pregnant women who qualify under the Presumptive Eligibility (TEMP) Program receive limited coverage for ambulatory prenatal care while they await the formal determination of Medicaid or MC+ eligibility.
59	Pregnant women who received benefits under the Presumptive Eligibility (TEMP) Program but did not qualify for regular Medicaid or MC+ benefits after the formal determination. The eligibility period is from the date of the formal determination until the last day of the month of the TEMP card or shown on the TEMP letter.
88	Children seventeen (17) years of age or younger in need of mental health treatment whose parent, legal guardian or custodian has signed an out-of-home care Voluntary Placement Agreement (VPA) with the Department of Social Services (DSS) Children's Division.
State Funded Medical Assistance	
2	Individuals who receive a Blind Pension check.
8	Children and youth under age 21 in DSS Children's Division foster homes or who are receiving state funded foster care.
52	Children who are in the custody of the Division of Youth Services (DYS-GR) who do <i>not</i> meet MC+ non-CHIP criteria. (NOTE: GR in this instance means general revenue as services are provided by all state funds. Services are <i>not</i> restricted.)
57	Children who receive a state only adoption subsidy payment.
64	Children who are in the custody of Juvenile Court who do <i>not</i> qualify for federally matched Medicaid under ME codes 30, 69 or 70.
65	Children placed in residential care by their parents, if eligible for MC+/Medicaid on the date of placement.