

Form 1095-B MEC Aid Codes

Aid Code	Description
10	Aged - SSI/SSP
14	Aged - MN No SOC
16	Aged - Pickle Eligible
18	Inactive - Discontinued
20	Blind - SSI/SSP Cash
24	Blind - MN No SOC
26	Blind - Pickle Eligible
30	CalWORKs-AF
32	TANF Timed-Out (Federal)
33	CalWORKs-ZP
34	CalWORKs-MN
35	CalWORKs-U
36	Disabled Widow/ers
38	Edwards v. Kizer
39	Transitional Medi-Cal
40	AFDC - FC NonFederal
42	AFDC - FC Federal
43	State EFC/FFP Medi-Cal
44	200% Pregnant
45	Foster Care Children - Public Funds
46	Out-of-State Foster Care Children
47	200% Infant Citizen
49	Federal EFC FC/FFP Medi-Cal
54	Four Month Continuing
59	Addl. Transition/Al Medi-Cal
60	Disabled - SSI/SSP
64	Disabled - MN No SOC
66	Disabled - Pickle Eligible
72	133% Citizen Child 1through 5 Yrs.
76	60-Day Postpartum
79	Inactive - Not assigned
82	MI - Children No SOC
86	MI - CP No SOC
01	Refugee Cash Assistance
03	AAP - Federal
04	AAP/AAC - NonFederal
06	AAP Title IV-E Federal Medi-Cal
07	Federal EFC AAP/FFP Medi-Cal
08	Entrant Cash Assistance
0A	RCA (Exempt)
0M	BCCTP Accelerated Enrollment 2 Mo.
0N	BCCTP Accelerated Enrollment
0P	BCCTP Federal Program
0W	BCCTP Transitional Medi-Cal (Post 0P)
1E	Craig v. Bonta Continued Elig.-Aged
1H	Aged FPL - Full Scope
1X	MSSP Wvr., Spousal Impov., No SOC
2A	Abandoned Baby Program

Aid Code	Description
2E	Craig v. Bonta Continued Elig.-Blind
2H	Blind FPL - Full Scope
2P	ARC Funding only (state general fund)
2R	ARC Funding only (state general fund) (non-minor dependent
2S	ARC Funding Option + federal CalWORKS (DSS)
2T	ARC Funding Option + state CalWORKS (DSS)
2U	ARC Funding Option + state CalWORKS (for nonminor dependents) (DSS)
3A	CalWORKS Safety Net-Timed out-Child
3C	CalWORKs Safety Net-2Parent timedout
3D	CalWORKs Pending
3E	CALWORKS Legal Immig-FG Mixed
3F	CALWORKS Two Parent Safety Net & Drug/Fleeing Felon Family
3G	CalWORKs-ZP-Exempt-State Only
3H	CalWORKs-ZP-Mixed
3L	CALWORKS Legal Immig.-FG State
3M	CALWORKS Legal Immig.-U State
3N	AFDC 1931(b) Non CalWORKS
3P	CalWORKs - AF - exempt
3R	CalWORKs-ZP-Exempt
3U	CALWORKS Legal Immig.-U Mixed
3W	TANF Timed-Out, Mixed Case (Federal)
4A	AAP - Other State
4E	Hospital Presumptive Eligibility for Former Foster Care Children up to age 26
4F	Kin-GAP Cash Assistance - Federal
4G	Kin-GAP Cash Assist. - NonFederal
4H	Foster Care children in CalWORKs
4K	EA Foster Care - Probation
4L	Foster Care children in 1931 (b)
4M	Extended M-C Former Foster Care
4N	State CW NMD
4S	Federal EFC KG/FFP Medi-Cal
4T	Federal KinGAP
4U	Former Foster Care - Optional Coverage Group
4W	State EFC KG/FFP Medi-Cal
5C	HFP to Medi-Cal Transitional PE-No PremiumAge 1 to 19 100%-150%
5D	HFP to Medi-Cal Transitional PE-Premium Age 1 to 19 150%-250%
5K	EA - FC Child Welfare
6A	DAC - Blind
6C	DAC - Disabled
6E	Craig v. Bonta Contin. Elig.-Disabled
6H	Disabled FPL - Full Scope
6J	SB 87 Pending Disability No SOC
6N	Not PRWORA-NLDC Appeal
6P	PRWORA-NLDC
6V	Disabled-DDS Waiver No SOC
6X	Disabled - IHO Waivers No SOC
7A	100% Citizen Child 6-18 Yrs.
7J	CEC - Full Scope

Aid Code	Description
7S	Express Lane Enrollment for Parent Caretaker Relatives
7U	Express Lane Enrollment For Adults
7W	Express Lane Enrollment For Children
8E	Accelerated Enrollment of Children/Temporary Placement of Pending MAGI Medi-Cal (01/2014)
8G	QSIWI
8P	PropDis 133% Citizen Age 1 through 5
8R	PropDis 100% Citizen Age 6 through 18
8U	CHDP Deemed Infant - No SOC
8W	MI-AE-CHDP Gateway for Medi-Cal
8X	MI-AE-CHDP Gateway for Hlthy. Fam.
E6	Medi-Cal Access Infant Program 0-2 Yrs >213% thru 266%
E7	Medi-Cal Access Infant Program 0-2 Yrs >266% Premium
H0	Children's Hospital (6-19) Presumptive Eligibility (60 days) FPL above 133-266%
H1	Medi-Cal Targeted Low Income FPL above 200% up to 250% (Infants)
H2	Medi-Cal Targeted Low Income FPL above 133% up to 150% (Age 1-6)
H3	Medi-Cal Targeted Low Income FPL above 150% up to 250% (Age 1-6)
H4	Medi-Cal Targeted Low Income FPL above 100% up to 150% (Age 6-19)
H5	Medi-Cal Targeted Low Income FPL above 150% up to 250% (Age 6-19)
H6	Children's Hospital (0-1) Presumptive Eligibility (60 days) FPL above 208% up to 266%
H7	Children's Hospital (1-6) Presumptive Eligibility (60 days) FPL at or below 142%
H8	Children's Hospital (6-19) Presumptive Eligibility (60 days) FPL at or below 133%
H9	Children's Hospital (1-6) Presumptive Eligibility (60 days) FPL above 142-266%
K1	CALWORKS Single Parent SafetyNet & Drug/Fleeing Felon Family
L1	LIHP Transition
M1	Adult 19 to 65 Yrs at or below 138% FPL: Citizen/Lawfully Present
M3	Parent/Caretaker Relative at or below 109% FPL: Citizen/Lawfully Present
M5	Expansion Child from 6 to 19 Yrs 108% through 133% FPL: Citizen/Lawfully Present
M7	Pregnant Women 0% through 138% FPL: Citizen/Lawfully Present
M9	Pregnant Women >138 through 213% FPL Citizen/Lawfully Present
P1	Hospital PE for Infant age 0-1 through 208% FPL
P2	Hospital Presumptive Eligibility Parent-Caretaker
P3	Hospital PE Adults (19 to 65 Yrs) at or below 138%
P5	ACA Child 6-19 yrs 0-108% FPL Citizen
P7	ACA Child 1-6 yrs 0-142% FPL Citizen
P9	ACA Infants 0-1 Yrs 0-208% FPL Citizen
T1	Medi-Cal OTLIC Ages 6-19 Citizen 160-266% FPL Prem
T2	Medi-Cal OTLIC Ages 6-19 Citizen >133-160% FPL
T3	Medi-Cal OTLIC Ages 1-6 Citizen 160-266% FPL Prem
T4	Medi-Cal OTLIC Ages 1-6 Citizen >142-160% FPL
T5	Medi-Cal OTLIC Infant Citizen >208-266% FPL
0C	MCAP Infants enrolled in HFInfant up to 1 Yr: 251% to 300% FPL
0D	Medi-Cal Access Program (MCAP) Pregnant Woman
2C	County Children's Health Insurance Program (C-CHIP)#266 thru 322% 0-19 years old

Form 1095-B Non-MEC Aid Codes

Aid Code	Description
48	200% Pregnant OBRA
69	200% Infant OBRA
71	Dialysis & Supplemental
73	TPN & Supplemental
74	133% Undoc. Child 1through 5 Yrs.
77	Organ Transplant-Anti-rejection meds
80	QMB
0L	BCCTP Trans. Medi-Cal Undocs (Post OU/OV)
0R	BCCTP OHC/St Only 18 mo./24 mo.
0T	BCCTP State Only 18 mo./24 mo.
0U	BCCTP Undocs 18 mo./24 mo.
0V	Post BCCTP OU Undocs
0X	BCCTP Trans. Medi-Cal Undocs due to OHC
0Y	BCCTP Trans. Medi-Cal Undocs due to age
1U	Aged FPL - Restricted (Undoc.)
2V	TCVAP
3T	Transitional Medi-Cal Undoc
3V	Section 1931(b) Medi-Cal Undocs
5E	HF AER Medi-Cal PE Under Age 19
5J	SB 87 Pending Disab. No SOC Undoc
5T	Addl. Trans. Medi-Cal Undoc
5V	TCVAP
5W	Four Month Continuing Undoc
6U	Disabled FPL - Restricted (Undoc.)
7C	100% Undoc. Child 6-18 Yrs.
7F	Presumptive Elig. Preg. Neg.
7G	Presumptive Elig. Preg. Pos.
7H	Tuberculosis Program
7K	CEC - Restricted (Undocs)
7N	Minor Consent (MC) (under age 21)
7T	TCVAP
7X	Medi-Cal to HF Bridge
8A	QDWI
8C	SLMB
8D	Qualifying Individual-1
8N	PropDis 133% Undoc. Age 1 through 5
8T	PropDis 100% Undoc. Age 6 through18
C1	Aged Limited
C3	Blind Limited
C5	AFDC Limited
C7	Disabled Limited
C9	MI Child Limited
D2	Aged LTC Limited
D4	Blind LTC Limited
D6	Disabled LTC Limited
D8	MI Pregnant Limited
E1	Medi-Cal t/HF Bridge- Unverified Citizen To Be Deactivated
F1	Medi-Cal State Inmate Inpatient Hospital Only
F2	Medi-Cal State Inmate Undoc Inpatient Hospital Pregnancy + ESO
F3	Medi-Cal County Inmate Inpatient Hospital Only
F4	Medi-Cal County Inmate Undoc Inpatient Hospital Pregnancy + ESO

Aid Code	Description
G0	State Parolee Inmate
G1	State Juvenile Inmate Inpatient Hospital & Inpatient MH
G2	State Juvenile Inmate ESO Inpatient Hospital MH & Pregnancy
G5	County Juvenile Inmate Inpatient Hospital & Inpatient MH
G6	County Juvenile Inmate Undoc ESO Inpatient Hospital MH & Pregnancy
G9	State Medical Parolee Undoc Pregnancy & ESO
J3	County Medical Probation Restricted no SOC
L8	Pregnant Women in Affordability Benefits Wrap - Cancelled
L9	Newly Qualified Immigrants in Affordability Benefits Wrap
M0	Pregnant Women >138 through 213% FPL Undocumented
M2	Adult 19 to 65 Yrs at or below 138% FPL: Undocumented
M4	Parent/Caretaker Relative at or below 109% FPL: Undocumented
M6	Expansion Child from 6 to 19 Yrs 108% through 133% FPL: Undocumented
M8	Pregnant Women 0% through 138%: FPL - Undocumented
N0	LIHP Transition - County Inmate
N5	Limited Scope Medi-Cal No SOC State Adult Inmate (19 to 64 yrs old)
N6	Restricted Scope Medi-Cal No SOC State Adult Inmate (19 to 64 yrs old)
N7	Limited Scope Medi-Cal No SOC Cty Adult Inmate (19 to 64 yrs old)
N8	Restricted Scope Medi-Cal No SOC Cty Adult Inmate (19 to 64 yrs old)
N9	LIHP Transition - State Inmate
P0	ACA Infants 0-1 Yrs 0-208% FPL Undocumented
P4	Hospital PE Pregnant Women at or below 213%
P6	ACA Child 6-19 0-108% FPL Undocumented
P8	ACA Child 1 to 6 Yrs 0%-142% FPL Undocumented
R1	CalWORKS TCVAP Trafficking Victims
T0	Medi-Cal OTLIC Infant Undoc >208-266% FPL
T6	Medi-Cal OTLIC Ages 6-19 Undoc 160-266% FPL Prem
T7	Medi-Cal OTLIC Ages 6 -19 Undoc >133-160% FPL
T8	Medi-Cal OTLIC Ages 1-6 Undoc 160-266% FPL Prem
T9	Medi-Cal OTLIC Ages 1-6 Undoc >142-160% FPL Prem
13	Aged - Long Term Care
23	Blind - Long Term Care
53	MIA - Long Term Care
55	Undoc. Aliens - LTC
58	OBRA Alien
63	Disabled - Long Term Care
65	Hurricane Katrina Evacuees
81	MIA - Aid Paid Pending
02	Refugee/Entrant Medical Assistance
5F	Undoc. Alien Preg. Women
6S	Disabled - SGA/ABD-MN (IHSS) - SOC/NO SOC
7M	Minor Consent Restricted Svcs.
7P	Minor Consent (MC) (age 12-21)
7R	Minor Consent (MC) (under age 12)
IE	Ineligible Designation for County ID Only
J5	Compassionate Release County LTC Aged
J6	Compassionate Release County Restricted LTC Aged
J7	Compassionate Release County LTC Disabled
J8	Compassionate Release County Restricted LTC Disabled
RR	Responsible Relative Designation for County ID Only
17	Aged - MN SOC

Aid Code	Description
27	Blind - MN SOC
37	AFDC - MN SOC
67	Disabled - MN SOC
83	MI - Children SOC
87	MI - CP SOC
1Y	MSSP Wvr., Spousal Impov., SOC
4V	TCVAP-RMA
5R	SB 87 Pending Disability SOC Undoc
6G	250% Working Disabled - Full Scope
6R	SB 87 Pending Disability SOC
6W	Disabled - DDS Waiver SOC
6Y	Disabled - IHO Waivers SOC
7V	Express Lane Enrollment - Do Not Use Until Further Research
8V	CHDP Deemed Infant - SOC
C2	Aged Limited SOC
C4	Blind Limited SOC
C6	AFDC Limited SOC
C8	Disabled Limited SOC
D1	MI Limited Child SOC
D3	Aged LTC Limited SOC
D5	Blind LTC Limited SOC
D7	Disabled LTC Limited SOC
D9	MI Pregnant Limited SOC
G3	Medi-Cal County Inmate SOC Inpatient Hospital Only
G4	Medi-Cal County Inmate Undoc SOC Inpatient Hospital Only Pregnancy + ESO
G7	County Juvenile Inmate SOC Inpatient Hospital & Inpatient MH
G8	County Juvenile Inmate Undoc SOC ESO Inpatient Hospital, MH & Pregnancy
J2	Compassionate Release Full scope SOC
J4	County Medical Probation Restricted SOC
11	Aged - Social Serv. Only
12	Aged - Spec. Circumstance
21	Blind - Social Serv. Only
22	Blind - Spec. Circumstance
31	CalWORKs-FG-Social Svcs. Only
41	AFDC - FC Social Serv. Only
61	Disabled - Social Serv. Only
62	Disabled - Spec. Circum.
84	MI - Adult No SOC
88	MI - A - Disabl. Pend. No SOC
05	SED Children
09	Food Stamps
0F	Transitional FS (Food Stamps)
1A	Aged - CAPI - Qualified Aliens
1V	TCVAP
3S	CalWORKs RegDP
4C	Supportive Trans. Emancipation Prog. (STEP)
4D	Automated District Attorney Match
4P	CalWORKs Family Reunif.-All Families
4R	CalWorks Family Reunif. 2 Parents
6K	CAPI - Non-Qualified Aliens
6L	RMA 133% - 200% FPL- Not Implemented

Aid Code	Description
6M	CAPI - Sponsored Aliens
6T	CAPI - Limited Term Qualified Aliens
7D	RCA to MAGI Bridge - Cancelled
7L	ELE Disabled Adults at or below 128% FPL, No Medicare
8H	Family PACT 1115 Federal Waiver
8J	Medi-Cal Access Infant Program (1-2 years) Above 142% FPL up to & including 160% FPL No Premiums
8K	Medi-Cal Access Infant Program (1-2 years) Above 160% FPL up to & including 266% FPL Premiums
8Y	CHDP State Only - Undoc.
9A	Breast Cancer Early Detection
9C	Expanded Access to Primary Care
9D	CCS Only Child Targeted for HCP Enrollment
9E	Limits IEVS match to EDD
9F	Limits IEVS match to FTB
9G	GR/GA (for county use)
9H	Healthy Families Child
9J	GHPP Eligible
9K	CCS Health Access Program (HAP)
9M	CCS Medical Therapy Program
9N	CCS Case Management
9R	CCS Eligible HF Child
9S	Limits IEVS match to SSA
9T	Healthy Families Adult
9U	CCS Eligible HF Child - NPSA
9V	HAP PPCW Participant not eligible for CCS
9W	HAP PPCW Participant eligible for CCS
9X	FC Ineligible
F0	HCCI New
F5	MCE State Inmates Inpatient Hospital Only
F6	MCE County Inmates Inpatient Hospital Only
F7	MCE Existing
F8	MCE New
F9	HCCI Existing
K2	State Medical Parole MAGI Adult 19-64, 0-138% FPL Citizen
K3	State Medical Parole MAGI Adult 19-64, 0-138% FPL Undoc
K4	State Medical Parole MAGI Adult 19-64, 0-128% FPL, Disabled/Blind, Citizen
K5	State Medical Parole MAGI Adult 19-64, 0-128% FPL, Disabled/Blind Undoc
K6	County Compassionate Release MAGI Adult 19-64, 0-138% FPL,
K7	County Compassionate Release MAGI Adult 19-64, 0-138% FPL, Undoc
K8	County Compassionate Release MAGI Adult 19-64, 0-128% FPL, Disabled/Blind, Citizen
K9	County Compassionate Release MAGI Adult 19-64, 0-128% FPL, Disabled/Blind Undoc
L0	TBD: Hold for Pregnant NQI - Cancelled
L6	ACA Adult 19 to 65 at or below 128% FPL: Citizen
L7	ACA Adult 19 to 65 at or below 128% FPL: Undocumented
R2	F/S TCVAP
R3	F/S S/O CFAP Food Stamps
R4	WINS-1P CalFresh Plus PA \$10 Supplement Benefit
R5	WINS-2P CalFresh Plus PA \$10 Supplement Benefit
R6	WINS-CFAP CalFresh Plus PA \$10 Supplement Benefit
R7	WINS TCF non-2 parent/caretaker family
R8	WINS TCF 2 parent/caretaker family
R9	WINS TCF CFAP

Aid Code	Description
X1	Covered CA - Subsidized Coverage (250-400 FPL)
X2	Covered CA - Subsidized Coverage (100 to 150 FPL)
X3	Covered California Subsidized Cov. (151-200 FPL)
X4	Covered California Subsidized Cov. (201-250 FPL)
X5	Covered CA - Cost Sharing Waiver (100-300 FPL)
X6	Covered CA - AI/AN CSR Only No Income Test
X7	Covered CA – Unsubsidized Coverage (above 400 FPL)
X8	Covered CA - Lawful Present/MC ineligible <100% FPL
50	CMSP Undoc. Alien
2K	CFCO
2L	IHSS Plus Waiver
2M	IHSS Personal Care Services Program
2N	IHSS Residual
8F	CMSP Companion A/C for A/C 53
85	MI - Adult SOC
89	MI - A - Disabl. Pend. SOC