

# **DMA ADMINISTRATIVE LETTER NO: 11-13, HOSPITAL PROVIDER INSTRUCTIONS FOR DETERMINING PRESUMPTIVE ELIGIBILITY**

**DATE:** November 3, 2014

**SUBJECT:** Hospital Provider Instructions for Determining Presumptive Eligibility

**DISTRIBUTION:** Enrolled Presumptive Eligibility Hospitals  
County Directors of Social Services  
Medicaid Eligibility Staff

## **I. BACKGROUND**

Effective January 1, 2014, the Affordable Care Act (ACA) of 2010 gives hospitals the option to determine eligibility presumptively for individuals who appear to qualify for certain Medicaid programs. The purpose of this letter is to provide procedures for Qualified Medical Providers (QMPs) to determine Presumptive Eligibility (PE).

A qualified hospital may elect to make presumptive eligibility determinations on the basis of preliminary information and according to policies and procedures established by the North Carolina Division of Medical Assistance (DMA).

## **II. A QUALIFIED MEDICAL PROVIDER IS A HOSPITAL THAT:**

- A. Participates as a provider under the state plan;**
- B. Notifies DMA of its election to make presumptive eligibility determinations;**
- C. Agrees to make presumptive eligibility determinations consistent with state policies and procedures;**
- D. Has not been disqualified as a QMP by DMA;**
- E. Meets performance measures;**
- F. Does not delegate or contract out presumptive eligibility determination to a third party or other entity; and**
- G. Does not serve as authorized representative of any individual applying for presumptive eligibility.**

### **III. PROVIDER ENROLLMENT PROCESS**

#### **A. Hospitals that elect to apply to make presumptive eligibility determinations may contact DHHS/DMA Provider Services by:**

1. Phone at (919) 855-4050, or
2. Written request faxed to (919) 715-8548, or
3. Mailing a written request to: DHHS/DMA Provider Services, 2501 Mail Service Center, Raleigh, NC 27699.

#### **B. Provider Services will forward the Presumptive Eligibility Determination Provider Agreement packet to the provider for completion.**

#### **C. The provider must:**

1. View training webinars, and
2. Sign the Provider Agreement, and
3. Provide attestation of training, and
4. Identify all staff authorized to determine presumptive eligibility, and
5. Provide each staff member's business North Carolina Identity Management (NCID) for NCFast portal access. To request a business NCID go to <https://ncid.nc.gov>, and
6. Report all changes in staff authorized to determine Presumptive Eligibility to DMA within 10 days of the change.

All documents should be returned to DMA at the address in III.A.3 above.

#### **D. DMA will authorize the hospital to complete presumptive eligibility determinations upon completion of the requirements in III.C. 1-5 above.**

### **IV. MEDICAID APPLICANT/BENEFICIARY ELIGIBILITY REQUIREMENTS**

In order to be authorized presumptively, an applicant/beneficiary (a/b) must:

- A. Attest to U.S. citizenship or lawful presence in the United States.**
- B. Attest to North Carolina residency or intent to reside in North Carolina.**
- C. Not be an inmate of a public institution.**

**D. Not be receiving Medicaid in another aid/program category, county, or state.**

**E. Have gross income equal to or less than the income limit for the individual's applicable group.**

**F. The presumptive period is limited to:**

1. Once per pregnancy for Medicaid for Pregnant Women (MPW).
2. Once in a two year period for all other eligible programs.

Example: Individual is determined presumptively eligible on January 5, 2014. The individual may not be determined presumptively eligible again until January 5, 2016.

**V. QUALIFYING GROUPS FOR PRESUMPTIVE ELIGIBILITY**

Eligibility for the following groups is based on income and there is no resource test. See current income limit chart attached. The income limit chart change yearly April 1<sup>st</sup> and can be located on the DMA website under Medicaid Provider's Seminars and Training.

**A. Pregnant Women (MPW)**

To qualify for presumptive MPW, the applicant must be a pregnant female (any age), have family size income equal to or less than 196% of the federal poverty level, and meet all other non-financial eligibility requirements specified in IV.

In order for a pregnant woman to be authorized presumptively she must attest to pregnancy.

Covered services are limited to ambulatory prenatal services only.

**B. Infants and Children (MIC)**

To qualify for presumptive MIC, the child must be under age 19, have family size income equal to or less than the federal poverty level for the child's age group, and meet all other non-financial eligibility requirements specified in IV.

Covered services include professional medical services including diagnosis, treatment, surgery, and consultation. Each service may have certain limitations, including the need for prior approval.

### **C. Medicaid for Families with Dependent Children (MAF)**

To qualify for presumptive MAF, the applicant must be:

1. An individual under age 21, or
2. A caretaker/relative who lives in the home with a child under age 18 and provides the child's day to day care and supervision. The caretaker cannot be incarcerated. Relative is defined as an adult who is related to the dependent child by blood, adoption, or marriage. Refer to [MA3235](#) and [MA3350](#). Examples are:
  - a. Natural, adoptive or stepparent
  - b. Grandparent
  - c. Siblings, including step-brothers and sisters
  - d. Aunt/Uncle
  - e. First cousin
  - f. Nephew/Niece

Caretaker must have family size income equal to or less than the applicable family size income limit and meet all other non-financial eligibility requirements specified in IV.

Covered services include professional medical services including diagnosis, treatment, surgery, and consultation. Each service may have certain limitations, including the need for prior approval.

### **D. Family Planning Program (MAF-D)**

To qualify for presumptive MAF-D, the applicant must be an individual who is not sterile, have family size income equal to or less than 195% of the federal poverty level, and meet all other non-financial eligibility requirements specified in IV.

Covered services include family planning services, consultation, examination, treatment, laboratory examinations and tests, and medically approved methods, supplies, and devices to prevent conception. Each service may have certain limitations, including the need for prior approval.

**E. Former Foster Care Children (MFC)**

To qualify for presumptive MFC, the applicant must:

1. Be an individual age 18 up to age 26, and
2. Have been enrolled foster care and North Carolina Medicaid when the individual turned age 18, and
3. Meet all other non-financial eligibility requirements specified in IV. There is no income test.

Covered services include professional medical services including diagnosis, treatment, surgery, and consultation. Each service may have certain limitations, including the need for prior approval.

**F. Breast & Cervical Cancer Medicaid (BCCM)**

Providers authorized through the Breast and Cervical Cancer Control Program (BCCCP) are eligible to determine presumptive eligibility for BCCM.

To qualify for presumptive BCCM, the individual must:

1. Be a woman age 18 through 64, and
2. Be enrolled and screened for breast or cervical cancer through a BCCCP, and be found to need treatment for breast or cervical cancer, and
3. Not have any creditable medical insurance coverage including Medicaid and/or Medicare, and
4. Meet all other non-financial eligibility requirements specified in IV.

Covered services include professional medical services, including diagnosis, treatment, surgery, and consultation. Each service may have certain limitations, including the need for prior approval.

**VI. PROVIDER INSTRUCTIONS FOR DETERMINING ELIGIBILITY**

**A. Conduct an interview**

Complete the DMA-5032(H), Presumptive Eligibility Determination by Hospital, to determine eligibility.

1. Ask the individual if they have a current Medicaid case or pending Medicaid application.

- a. If active, an application is not necessary. Refer the individual to the local county dss to report changes.
  - b. If pending application exists, a presumptive application may be completed. If determined presumptively eligible, coverage can continue until the full Medicaid determination is complete.
2. When interviewing the applicant about family size income, it is important to obtain accurate and complete information. Ask open-ended questions, such as:
- a. Where do you work?
  - b. Where does your spouse work?
  - c. Do you expect to file taxes?
  - d. Do you expect to be claimed as a tax dependent?
  - e. How do you get the money to pay your bills?
  - f. Who helps you pay your bills?
  - g. Do you or your spouse receive Social Security or other government payments?
  - h. Do you or your spouse receive unemployment benefits?

**B. Establish Medicaid household and family size**

1. The Medicaid household is called the “Modified Adjusted Gross Income (MAGI) Household”. The MAGI household is determined based on whether the individual is a tax filer, tax dependent, or a non-tax filer. Each household member will have their own MAGI household.

Refer to [DMA Administrative Letter No: 06-13](#) for household construction and the MAGI household composition chart.

2. The family size is the number of individuals in the MAGI household. The number in the family size will determine what income is used for Medicaid eligibility.

**C. Determine total countable income for each MAGI household.**

1. Whose income counts when determining household income

These basic rules are to be used in determining whose income counts in the tax filer or non-filer household.

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- a. When using a tax household, do not count the income of tax dependents unless they expect to file a tax return.
- b. When using a non-filer household, if the parent(s) is in the household, do not count the income of the child unless the child expects to file taxes.
- c. When using a non-filer household, if the parent is not in the household, count income of children under 19 and of all siblings under age 19 for all of them. Also, include income of a spouse of the child.
- d. Counting income depends on the type of household (tax or non-filer) and which individual is involved. See chart below for application of the rules.

**Counting Income Tax Household**

	Tax Filer(s)	Tax Dependent – child of tax filer – does not meet an exception (Exceptions are listed on the MAGI household composition chart in DMA Administrative Letter No: 6-13)
Tax Household	Count income of tax filer and spouse in home, if not in tax household.  Only count income of tax dependents who expect to file a tax return.	Count income of tax filer(s)  Count income of the tax dependent applicant, and other tax dependents who expect to file a tax return. Count the income of the tax dependent’s spouse if not included in the tax household.

**Counting Income Non Filer**

	Tax Dependent – not child of tax filer (non-filer rules)	Adult – age 19 or older	Medicaid age child – under age 19
Non-filer rules	Count income for own household regardless of whether they expect to file taxes and count income of live-in spouse.  If the tax dependent has children under age 19 in the household, count income of children under age 19 if they expect to file return.  If the tax dependent is under age 19 ( see last column for Medicaid age child-under age 19)	Count income of applicant and spouse, if in home.  Count income of children in household under 19 only if expects to file return	If parent(s) is <b>not</b> in the household count income for own household regardless of whether they expect to file taxes and count income of live in spouse and live in siblings under age 19.  If the Medicaid age child has children under age 19, count income of children under age 19 if expects to file return.  If parent(s) is in the household, count the income of the parent(s). Do not count income of the child or siblings under age 19 unless the child/sibling expects to file a tax return.

2. What income is counted

Once the Medicaid household composition is established, determine the total countable income for each household.

a. Countable Income

Countable income includes income such as, but not limited to:

- (1) Wages/tips
- (2) Unemployment benefits
- (3) Pensions and annuities
- (4) Military retirement/pension (Do not count veterans benefits)
- (5) Income from business or personal services
- (6) Interest
- (7) Alimony received
- (8) Social Security benefits (RSDI)
- (9) Foreign earnings excluded from taxes
- (10) Lump sums in the month received
- (11) Self-Employment

b. Non-Countable Income

Do not count the following income:

- (1) Child support
- (2) Veteran's benefits (Count military retirement/pension)
- (3) Supplemental Security Income (SSI)
- (4) Worker's Compensation
- (5) Gifts and inheritances
- (6) Scholarships, awards, or fellowship grants used for educational expenses. Any amount used for living expenses is countable income (room and board).
- (7) Lump sums, except in the month received
- (8) Certain Native American and Alaska Native income.

c. Income Calculation

Convert the average income to a gross monthly amount.

- (1) If paid weekly, multiply by 4.3.
- (2) If paid biweekly, multiply by 2.15.
- (3) If paid semimonthly, multiply by 2.
- (4) If paid monthly, use the monthly gross.

Example: Applicant receives income biweekly. On 9/7, she received \$218.75 gross and on 9/21, she received \$209.38 gross.  $\$218.75 +$



$\$209.38 = \$428.13$ . Divide by 2 (number of pay periods received and used) =  $\$214.065$ , rounded to  $\$214.07$  (average income). Convert to a

monthly amount by multiplying  $\$214.07$  by  $2.15 = \$460.2505$ , rounded to  $\$460.25$ . This is the gross monthly income

#### D. Determine Eligibility

Compare the total countable income for each household member to the appropriate family size on the Presumptive Medicaid Income Limits Chart.

1. If countable income for the household member is equal to or below the income limit for the appropriate family size, the individual is presumptively eligible.
2. If the countable income for the household member is greater than the income for the appropriate family size, the individual is presumptively ineligible.

### VII. EXAMPLES

1. **Rose (48), Rose's daughter Alice, (17), and Alice's daughter, Kitty (1), are in the home. Rose claims Alice as a tax dependent. Kitty is claimed by her father, Dennis (20), who does not reside in the home.**

Family's financial situation:

**\$1560/monthly gross income-Rose's salary**  
**\$600/monthly - Child support payments received by Rose for Alice.**

#### **Rose's countable income**

Monthly gross	\$1560.00
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Rose's household consists of herself and her tax dependent, Alice. She has a family size of 2.

Rose is a tax household and she is the filer. Count the income of the tax filer and the income of any tax dependent who expect to file taxes. (Child support income received is not countable). Since Alice is not working and does not expect to file taxes, count only Rose's income.

Rose is potentially eligible for Family Planning Program (MAF-D) as her income is under  $\$2521$  for family size of 2. Her household income exceeds the income limit of  $\$569$  for family size of 2 for MAF.

#### **Alice's countable income**

Monthly gross	\$1560.00
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Alice’s household consists of herself and her mother, Rose. She has a family size of 2.

Alice is a tax dependent and a child of the tax filer. She does not meet any tax dependent exception. Her household and countable income is the same as her mother’s countable income. Since Alice does not expect to file taxes, her income is not counted for herself or Rose.

Alice is eligible for MIC (6-18). Her income is under \$1720 for family size of 2.

**Kitty’s countable income**

Kitty is being claimed as a tax dependent by her father who does not live in the home. This means she is a tax dependent who meets an exception. She is claimed by a non-custodial parent.

Kitty’s household consists of herself and her mother, Alice. She has a family size of 2.

Her mother does not have any countable income of her own. Rose is not included in Kitty’s household so Rose’s income is not countable to Kitty.

Kitty’s countable income is \$0. She is eligible for MIC (0-5) as her income is under the income limit of \$2715 for a family size of 2.

Applicant	MAGI Household	Rose	Alice	Kitty	Family Size	Countable Income	Eligibility
Rose		x	x		2	\$1560	MAF-D
Alice		x	x		2	\$1560	MIC
Kitty			x	x	2	\$0	MIC

**2. Sandy (45), her husband Ben (46), and their pregnant daughter, Samantha (17), are in the home. Sandy, Ben and Samantha do not expect to file taxes nor be claimed as tax dependents.**

Family financial situation

**\$1200.00/monthly gross income-Sandy’s social security benefits**  
**\$250.00/monthly gross income-Ben’s veteran’s benefits**  
**\$200.00/monthly gross income-Samantha’s income from babysitting.**

Veteran benefits are not counted.

**Sandy’s countable income**

Gross monthly income \$1200.00

Sandy's household consists of herself, Ben, and Samantha. She has a family size of 3. Samantha is pregnant but the unborn child is not included when the pregnant woman is included in another person's household.

Sandy is a non-filer household. Count the income of the applicant, Sandy, her spouse Ben, and the income of any children in the household under age 19 who expect to file a tax return. Ben's only income is VA and is non-countable. Since Samantha does not expect to file a tax return, her income is not counted.

Sandy is potentially eligible for MAF-D because her income is below the limits of \$3174 for a household of 3. Her income exceeds the MAF limit of \$667 for a family size of 3.

Note: Sandy is potentially eligible for Adult Medicaid (ABD) if her Social Security income is disability or if she is over age 65. Her eligibility for ABD Medicaid will be determined once the full Medicaid application is submitted through ePASS. ABD is not a MAGI program and eligibility cannot be established through the presumptive process.

**Ben's countable income**

Gross monthly income \$1200.00

Ben's household consists of himself, Sandy, and Samantha. He has a family size of 3. Samantha is pregnant but the unborn child is not included when the pregnant woman is included in another person's household.

Ben is a non-filer household. Count the income of the applicant, Ben, his wife's income of \$1200 per month SSA, and the income of any children in the household under age 19 who expect to file a tax return. Ben's income is VA and it is not countable. Since Samantha does not expect to file a tax return, her income is not counted.

Ben is potentially eligible for MAF-D because his income is below the limits of \$3174 for a household of 3. His income exceeds the MAF limit of \$667 for a family size of 3.

**Samantha countable income**

Gross monthly income \$1200.00

Samantha's household consists of herself, her unborn child, and her parents, Sandy and Ben. She has a family size of 4 because the unborn child is included in the household of the pregnant woman.

Samantha is a non-filer household. Count her parent's income and the income of any children in the house under 19 who expect to files taxes. Sandy's income is the only income that will count. Ben receives VA which is non countable and Samantha does not expect to file taxes.

Samantha is eligible for MIC. Her income is below the limit of \$2611 for a family size of 4.

Applicant	MAGI Household	Sandy	Ben	Samantha	Family Size	Household Income	Eligibility
Sandy		x	x	x	3	\$1200	MAF-D
Ben		x	x	x	3	\$1200	MAF-D
Samantha		x	x	x+1	4	\$1200	MIC

**3. Mary (51), Mary’s son, Bill (22), Mary’s twin nephew and niece, Ned (10) and Nancy (10) are in the home. Mary claims all as tax dependents.**

Family financial situation:

**\$700.00/monthly gross income-Mary’s income from her home business after allowable self-employment tax deductions**

**\$400.00/monthly gross income-Bill’s income from weekend jobs.**

**\$500.00/monthly gross income- Ned’s SSA survivor’s benefits**

**\$500.00/monthly gross income- Nancy’s SSA survivor’s benefits**

**Mary’s countable income**

Monthly gross \$700.00

Mary’s household consists of herself, Bill, Ned, and Nancy. She has a family size of 4.

Mary is a tax filer. Count the tax filer’s income and the income of any tax dependents who expect to file taxes. Since Bill, Ned and Nancy are tax dependents and do not expect to file taxes, their income is not counted for Mary.

Mary is eligible for MAF because she is the caretaker of Ned and Nancy. Mary’s income is less than the limit of \$744 for a family size of 4.

**Bill’s countable income**

Monthly gross \$700

Bill’s household consists of himself, Mary, Ned, and Nancy. He has a family size of 4.

Bill is a tax dependent and child of a tax filer. He does not meet any tax dependent exceptions. His countable income is the income of the tax filer and the income of any other tax dependent who expects to file taxes. None of the tax dependents, including Bill, expect to file taxes. His household and countable income is the same as his mother’s countable income.

Bill is potentially eligible for MAF-D. His household income is less than the limit of \$3827 for a family size of 4. He does not qualify for MAF because he does not qualify as a caretaker and he is over age 21.

**Ned’s countable income**

Monthly gross Ned	\$500.00
Monthly gross Nancy	\$500.00

Ned’s household consists of himself and his sibling, Nancy. He has a family size of 2.

Mary claims Ned on her taxes, but Ned meets an exception because he is a tax dependent of someone other than a spouse or parent. Use non-filer rules for Ned. He is under age 19 and his parents are not in the home. Count his income and the income of his live-in siblings under age 19 regardless of whether they expect to file taxes.

Ned’s countable income is his income of \$500 and his sister’s income of \$500 per month. His total countable income is \$1000.00. Ned is eligible for MIC (6-18). His income is less than the limit of \$1720 for a family size of 2.

**Nancy’s countable income**

Monthly gross Nancy	\$500
Monthly gross Ned	\$500

Nancy’s household consists of herself and her sibling, Ned. She has a family size of 2.

Mary claims Nancy on her taxes, but Nancy meets an exception because she is a tax dependent of someone other than a spouse or parent. Use non-filer rules for Nancy. She is under age 19 and her parents are not in the home. Count her income and the income of her live-in siblings under age 19 regardless of whether they expect to file taxes.

Nancy’s countable income is her income of \$500 and her brother’s income of \$500 per month. Her total countable income is \$1000.00. Nancy is eligible for MIC as her income is less than the limit of \$1720 for a family size of 2.

Applicant	MAGI Household	Mary	Bill	Ned	Nancy	Family Size	Countable Income	Eligibility
Mary		x	x	x	x	4	\$700	MAF
Bill		x	x	x	x	4	\$700	MAF-D
Ned				x	x	2	\$1000	MIC
Nancy				x	x	2	\$1000	MIC

## VIII. PROVIDER INSTRUCTIONS FOR APPROVING ELIGIBILITY

- A. Complete the DMA-5032(H), Presumptive Eligibility Determination by Hospital, according to instructions on back of form.
- B. If determined eligible for presumptive eligibility submit the Medicaid application to NCFAST via [ePASS](#).
- C. Provide the applicant/beneficiary one copy of the DMA-5033(H), Presumptive Eligibility Transmittal Form. Send original and one copy to the Department of Social Services (DSS) in the county in which the applicant resides and retain one copy for your files.
- D. The hospital must send the DMA-5032(H) to the DSS within five business days if the applicant is deemed presumptively eligible. Send original to the DSS, one copy to beneficiary, and retain one copy for your files.
- E. If determined ineligible for presumptive eligibility, complete the DMA-5035. Give the original to the patient and keep a copy for your file. Document ineligibility on the DMA-5032(H) and file in your records with a copy of the denial form. **Do not send any copies to the DSS.**

The individual should be encouraged to apply for other Medicaid programs through [ePASS](#) or at the local county dss office.

## IX. PRESUMPTIVE ELIGIBILITY PERIOD

Eligibility begins on the day the presumptive eligibility is determined and keyed into NCFAST and ends on the following date depending upon whether a regular Medicaid application is made:

- A. If no regular Medicaid application is made, coverage ends on the last day of the month following the month presumptive eligibility was determined.
- B. If a regular Medicaid application is made, coverage ends on the day the DSS makes an eligibility determination on the regular Medicaid application.

## X. APPEAL RIGHTS

There are no appeal rights for presumptive eligibility.

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If you have any questions regarding this information, please contact a Medicaid Program Representative.

Sincerely,

Robin Gary Cummings, M.D.  
Deputy Secretary for Health Services  
Director, Division of Medical Assistance

RC/pc

(This material was researched and written by Pam Cooper and Christine Coffey, Policy Consultants, Medicaid Eligibility Unit).

**MAGI MEDICAID INCOME LIMITS**

\*\*\*MAGI groups do not have Reserve Limits - Only MAF-M group\*\*\*

Revised effective 1/1/2014

<b>Family &amp; Children's MA</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
196% MPW	1877	2534	3190	3847	4504	5160	5817	6473	7130	7787	657
195% MAF-D	1868	2521	3174	3827	4481	5134	5787	6440	7094	7747	654
194%-210% MIC-1<1	1858.01-2011	2508.01-2715	3158.01-3418	3808.01-4122	4458.01-4825	5108.01-5529	5757.01-6232	6407.01-6936	7057.01-7639	7707.01-8343	704
194% MIC-N <1	1858	2508	3158	3808	4458	5108	5757	6407	7057	7707	650
141%-210% MIC-1(Age 1-5)	1351.01-2011	1823.01-2715	2295.01-3418	2768.01-4122	3240.01-4825	3712.01-5529	4185.01-6232	4657.01-6936	5129.01-7639	5602.01-8343	704
141% MIC-N (Age 1-5)	1351	1823	2295	2768	3240	3712	4185	4657	5129	5602	473
107%-133% MIC-1(Age 6-18)	1025.01-1274	1383.01-1720	1742.01-2165	2100.01-2611	2459.01-3056	2817.01-3502	3176.01-3947	3534.01-4393	3893.01-4838	4251.01-5284	446
107% MIC-N (Age 6-18)	1025	1383	1742	2100	2459	2817	3176	3534	3893	4251	359
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
MAF-M	242	317	367	400	433	467	500	525	542	575	MANUAI
Reserve: MAF-M	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000
<b>NC Health Choice</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
133%-159% MIC-J (Age 6-18)	1274.01-1523	1720.01-2056	2165.01-2588	2611.01-3121	3056.01-3654	3502.01-4186	3947.01-4719	4393.01-5251	4838.01-5784	5284.01-6317	533
>159%-211% MIC-K (Age 6-18)	1523.01-2021	2056.01-2728	2588.01-3435	3121.01-4141	3654.01-4848	4186.01-5555	4719.01-6262	5251.01-6969	5784.01-7676	6317.01-8382	707

<b>MAGI disregard</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>Add'l</b>
FPL 5% DISREGARD	47.88	64.63	81.38	98.13	114.88	131.63	148.38	165.13	181.88	198.63	16.75