

MAX 2003 State Eligibility Anomalies

State	Measure	Issue
AK	County Codes	Alaska's county codes do not follow the usual pattern of 3-digit odd numbers. However, they are correct.
AK	Dual Eligibility Codes	About 9% of EDB duals were only identified as a result of the EDB link. This is a higher proportion than occurred in most states. These individuals had not previously been identified as dual eligibles in MSIS.
AK	Dual Eligibility Codes	Alaska reports very few QMB and SLMB onlies (dual codes 1 and 3, respectively, in the 2nd byte of the new annual crossover value). In Alaska, the SSI state supplement income standard is approximately 110 percent of poverty for a single individual, and 122 percent of poverty for a couple. Hence, the vast majority of QMBs and SLMBs are eligible for full Medicaid benefits by virtue of their eligibility for the state supplement to SSI.
AK	Length of Enrollment	Only 37% of eligibles were enrolled 12 months in 2003, a lower than expected proportion. However, due to seasonal employment in the summer, many families do not qualify for benefits all year. In addition, a table showing the distribution of eligibles by length of enrollment for the year showed more enrollment at the 3, 6 and 9 month intervals than usually occurs, suggesting that the enrollment data may not be reliable for month to month analysis. For most quarters, enrollment is lowest in the first month and highest in the third month, and then there is a noticeable decline in the first month of the next quarter.
AK	Managed Care	AK is one of the few states without any MC enrollment.
AK	Missing Eligibility Data	In CY03, 0.9 percent of records (n=1,225) in the AK file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$6,108,176 and averaged \$4,986 per record.
AK	Private Health Insurance	AK's rate of private insurance coverage - more than half of monthly eligibles - occurs because of Native Americans who qualify for Indian Health Service coverage.
AK	Race/Ethnicity	5% of eligibles were coded as "unknown".

State	Measure	Issue
AK	SCHIP	Alaska reports its M-SCHIP eligibles in MSIS. The state does not have an S-SCHIP program.
AK	SSN	AK had 24 enrollee SSNs with duplicate records in 2003 (affecting <0.1% of enrollee records). The majority of these records are for children.
AK	TANF/1931	AK 's TANF data are 9 - filled.
AK	Uniform Eligibility Groups	AK's data show a slight seam effect, with enrollment lowest in month 1 of each quarter.
AK	Uniform Eligibility Groups	Alaska has a 6 months continuous eligibility guarantee for children. Enrollment for children and adults usually declines in July (a peak employment time).
AK	Uniform Eligibility Groups	AK's number of enrollees in uniform groups 11-12 exceeds SSI counts because of a state administered SSI supplement.
AK	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
AL	1115 Waiver	Beginning in August 2000, Alabama implemented a new 1115 Waiver. This 1115 welfare waiver provides family planning services for Plan First families (mapped to uniform groups 54-55).
AL	County Codes	AL assigns some foster care children to county code 100.
AL	Length of Enrollment	AL had 64% of eligibles with 12 months of enrollment, a higher proportion than most states.
AL	Managed Care	The United Medicare Complete is classified by the state as a Health Maintenance Organization (HMO) for dual eligibles. Reportedly, the average capitation rate is only \$15 indicating that it is very limited coverage. This plan does not include drug benefits. No capitation claims are included in MSIS claims data. This plan is not reported in CMS June managed care data.

State	Measure	Issue
AL	Managed Care	About 400,000 eligibles received PLAN TYPE 08 each month in MSIS. These persons were enrolled in what Alabama refers to as its "PHP Network." This is not a comprehensive managed care plan. Rather, the PHP Network provides only inpatient care for persons who do not have Medicare Part A coverage.
AL	Managed Care	Although disparities exist between CMS and MSIS Medicaid managed care counts (23% lower PCCM counts in MSIS), AL maintains that the MSIS counts are more accurate.
AL	Missing Eligibility Data	In CY03, 0.9 percent of records (n=7,793) in the AL file were missing Medicaid eligibility information. Of these, 99.1 percent (n=7,719) had associated claims reflecting positive expenditures in MAX. These claims totaled \$6,323,031 and averaged \$819 per record.
AL	SCHIP	AL did not report any of its S-SCHIP children. In 2001, M-SCHIP enrollment declined and enrollment phased out by the end of CY 2002. AL did not ever report its M-SCHIP program in SEDS.
AL	SSN	AL had 1,563 enrollee SSNs with duplicate records in 2003 (affecting 0.4% of enrollee records). The majority of these records are for children.
AL	TANF/1931	The TANF flag is 9 - filled for all enrollees.
AL	Uniform Eligibility Groups	AL reports almost no one to uniform groups 44-45 due to state coding limitations. Presumably TMA enrollees are included in the uniform groups 14-15 counts, along with other 1931 enrollees.
AL	Uniform Eligibility Groups	Throughout 2003, the vast majority of adult enrollees in AL were reported to uniform group 55 and only qualified for family planning benefits.
AL	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
AR	1115 Waiver	Arkansas implemented an 1115 Waiver program in 1997 that expanded coverage for children. The adults in uniform group 55 only qualify for family planning benefits.
AR	County Codes	AR county code data are reliable starting in 2003.
AR	Date of Death	Almost 2,000 enrollees had a year of death prior to 2003.
AR	Dual Eligibility Codes	AR had some problems in identifying its dual eligible population in 2003. AR reported 8,346 persons as duals in 2003 who were not found in the EDB files. In addition, 12,179 persons (12.7% of all duals) were determined to be duals as a result of the EDB link. This is a higher proportion than occurred in most states. These individuals had not been previously identified as dual eligibles in MSIS data.
AR	Managed Care	In 2003, AR did not report enrollment into MSIS for its transportation managed care plan. CMS managed care data show over half of Medicaid eligibles enrolled in a transportation PHP. In 2003, AR's PCCM data appears to be complete. In earlier years of MAX data, only partial PCCM enrollment data was reported.
AR	Missing Eligibility Data	In CY03, 0.5 percent of records (n=3,324) in the AR file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$9,030,589 and averaged \$2,717 per record.
AR	Private Health Insurance	AR's private insurance data are not reliable.
AR	Restricted Benefits Flag	Adults in uniform group 55 were assigned restricted benefits code 6 since they only qualify for family planning benefits.
AR	SCHIP	AR had an M-SCHIP program covering older children to 100% FPL and some children to 200% FPL who would not otherwise qualify under the 1115 provisions. However, all of these children were over age 18, suggesting that they may be aging out of SCHIP coverage. No M-SCHIP children were reported to SEDS in 2003, even though they continue to be reported in MSIS.
AR	SSN	AR had 314 SSNs with duplicate records in 2003 (affecting 0.1% of enrollee records).

State	Measure	Issue
AR	SSN	AR had 58,929 enrollees (8.6%) with missing SSNs in 2003. About 70 percent of these enrollees were age 20 or younger. In addition, twelve percent of those with missing SSNs only qualified for family planning benefits.
AR	TANF/1931	Arkansas did not report TANF data into MSIS.
AR	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
AR	Uniform Eligibility Groups	AR reported about 14% more SSI recipients to uniform group 11-12, than are reported in SSI administrative data (cause is unknown).
AZ	County Codes	County Code 012 is the proper FIPS code for La Paz county, which was formed out of Yuma county in the early 80s.
AZ	Dual Eligibility Codes	About 91% of aged enrollees were identified as EDB duals, a lower proportion than most states.
AZ	Dual Eligibility Codes	AZ will not be reporting to dual code 04 until 2006.
AZ	Long Term Care	In the PSF valids tables, AZ shows a much lower percentage of aged and disabled with LTC claims than expected; however, this occurs because AZ LTC coverage is delivered through LTC managed care plans.
AZ	Managed Care	In AZ, about 67% of full benefit EDB duals were ever enrolled in HMO/HIOs. In addition, about 26% of full benefit EDB duals in 2003 were enrolled in PHP only or PHP/PCCM only. These are higher proportions than occurred in most states.
AZ	Managed Care	CMS Managed care data did not show the same level of LTC managed care enrollment (plan type 5) as MSIS. LTC plans are reported as HMOs in the CMS data.

State	Measure	Issue
AZ	Missing Eligibility Data	In CY03, 1.2 percent of records (n=15,664) in the AZ file were missing Medicaid eligibility information. Of these, 46.6 percent (n=7,299) had associated claims reflecting positive expenditures in MAX. These claims totaled \$32,734,762 and averaged \$4,485 per record.
AZ	Restricted Benefits Flag	Persons who qualify for only family planning benefits (state group 960) are assigned restricted benefits code 6.
AZ	Restricted Benefits Flag	The number of unqualified aliens who only received emergency services under Medicaid was 105,393 in 2003, compared to 15,310 in 2002. The reason for the increase is not known. These individuals are assigned restricted benefits code 2.
AZ	SCHIP	Arizona is not reporting their S-SCHIP program (children and adults) into MSIS. The state does not have an M-SCHIP program.
AZ	SSN	AZ had 3,033 enrollee SSNs with duplicate records in 2003 (affecting 0.5% of enrollee records). Unlike earlier years of MAX data, the vast majority of records with duplicate SSNs did not involve children. Two-thirds involved individuals age 65 or older.
AZ	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
AZ	Uniform Eligibility Groups	In 2003, enrollment increased in all UEG groups, with especially large increases among aged (+19 percent), children (+13 percent), and adult (+25 percent) enrollees (cause unknown).
AZ	Uniform Eligibility Groups	AZ extends full medical benefits to the aged and disabled with income <100% FPL.

State	Measure	Issue
AZ	Uniform Eligibility Groups	State groups 585 (<100 percent FPL), 587 (<40 percent FPL) and 595 (spenddown to 100 percent FPL or less) are for adults with no children who are not otherwise eligible for Medicaid. In addition, AZ's 1115 program extends family planning only benefits (state group 960). These groups are part of the 1115 expansion waiver reported to Uniform Eligibility Group 55.
CA	1115 Waiver	California introduced a very large 1115 Waiver program (FPACT) in December 1999, which extended family planning benefits (only) to working age women. Enrollment exceeded two million during 2003.
CA	Date of Death	California did not report any date of death data.
CA	Dual Eligibility Codes	In CA, only 87% of persons age 65 or older were EDB duals, a lower proportion than in most states. This lower than expected proportion may occur because CA has a larger population of qualified aged immigrants who do not yet qualify for Medicare coverage. In addition, CA has some aged non-qualified aliens who only qualify for emergency benefits under Medicaid.
CA	Dual Eligibility Codes	Beginning in January 2003, CA coded its 100% FPL group (state group IH) to dual code 2 (in the 2nd byte of the crossover code). Dual code 4 was used for this group in earlier years because special income disregards up to 33% FPL allowed actual income to exceed 100%FPL. As a result, dual code 2 includes persons whose income can exceed 100% FPL. This also explains why CA does not use dual code 4.
CA	Managed Care	In CA, about 84% of the full benefit EDB duals were enrolled in PHPs, a higher proportion than most states.
CA	Managed Care	The number enrolled in managed care plan type 08 (other) decreased to under 1,000 per month in July 2003 when CA eliminated two plans (Pacer County Managed Care Network and Sonoma Partners for Health MC).

State	Measure	Issue
CA	Managed Care	California reports many more dental PHP enrollees in MSIS than are reported in CMS counts. As it turns out, a small portion of California's dental enrollees are enrolled in "true blue" dental PHPs. These are the persons that appear in the CMS data. The remaining 4 million enrollees participate in a hybrid FFS/PHP dental plan. The CMS data do not count these plans as PHPs, but MSIS does. In addition, CA reported enrollment in several hybrid PCCM plans into plan type 8 (other) in MSIS since these are limited risk contracts and not true PCCMs. However, these plans are reported as PCCMs in the CMS management care reports.
CA	Missing Eligibility Data	In CY03, 5.2 percent of records (n=563,235) in the CA file were missing Medicaid eligibility information. Of these, 62.4 percent (n=351,231) had associated claims reflecting positive expenditures in MAX. These claims totaled \$183,892,069 and averaged \$524 per record. According to the state, the majority of these records involved dental capitation claims. In addition, some of these records were for women who were determined to be presumptively eligible for pregnancy-related services on a temporary basis. These records cannot be linked for women who eventually enrolled in Medicaid.
CA	Race/Ethnicity	About 5% of enrollees had race/ethnicity reported as unknown.
CA	Restricted Benefits Flag	FPACT eligibles are only eligible for family planning benefits (restricted benefits code 6). CA also has a large group of enrollees assigned restricted benefits code 2 who only qualify for emergency benefits due to their alien status. Finally, persons assigned restricted benefits code 5 are in hospice and thus have some benefit restrictions.
CA	SCHIP	California reports its M-SCHIP enrollees, but not its S-SCHIP population. Additionally, some M-SCHIP enrollees in state-specific eligibility groups 7C, 8N, and 8T are correctly mapped to uniform eligibility group 44. These children are undocumented aliens eligible for emergency services only.
CA	SSN	CA had 3,779,993 enrollees (35%) with missing SSNs in 2003. Sixty-three percent of these enrollees were age 21-44 years. In addition, 66 percent of those with missing SSNs only qualified for family planning benefits, and 24 percent were aliens who only qualified for emergency coverage.
CA	TANF/1931	TANF status is reported as "unknown" for over 100,000 eligibles each month. L.A. county was unable to report TANF status. In addition, CA reported about 16% more TANF enrollees in MSIS than ACF data in 2003 (cause unknown)

State	Measure	Issue
CA	Uniform Eligibility Groups	In July 2003, a court decision required that Medi-Cal provide continued Medicaid eligibility for persons leaving SSI while a full redetermination is done. This caused over 40,000 enrollees to shift from UEG 21-22 to 41-42.
CA	Uniform Eligibility Groups	In July 2003, CA implemented a Child Health and Disability Prevention (CHDP) program as a "gateway" to improve access to Medi-Cal and the State's S-SCHIP program through an automated pre-enrollment process. This CHDP program uses an on-line application to determine temporary enrollment for the month of application and the subsequent month (2 months). During this time, a regular Medi-Cal or S-SCHIP application is processed. CHDP Medi-Cal enrollment is reported to state groups 8U, 8V, and 8W--all reported to UEG 44. The 8W group accounted for much of the enrollment increase in UEG 44 during 2003.
CA	Uniform Eligibility Groups	Women receiving family planning benefits who are under age 18 are mapped to uniform group 54.
CA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
CA	Uniform Eligibility Groups	CA covers all aged and disabled for full Medicaid benefits to 100% FPL. In addition, the state disregards income of 33% FPL.
CA	Uniform Eligibility Groups	By mistake, a small group of individuals (<100 / month) were reported to uniform groups 49 and 99 in 2003. These persons should have been reported to MASBOE 00 and all monthly data elements should have been 0 - filled.
CO	Dual Eligibility Codes	In 2003, about 8 percent of dual eligibles in CO were identified through the EDB link. This is a higher proportion than occurred in most states. These individuals had not previously been identified as dual eligibles in MSIS data.

State	Measure	Issue
CO	Managed Care	About 17% of the full benefit EDB dual eligibles were enrolled in HMOs/HIOs and about 66% were enrolled in PHPs or PHPs & PCCMs. This is a higher proportion of MC enrollment for full benefit EDB dual eligibles than occurred in most states.
CO	Managed Care	In November 2002, the United Healthcare and Kaiser HMOs were shut down. In February 2003, the Community Health Plan of the Rockies was shut down as well. These terminations contributed to a decline in HMO enrollment. In June 2003, MAX data show greater HMO enrollment (14%) and BHP enrollment (29%) than CMS MC data. The state asserts that its MSIS data are accurate. In addition, the Rocky Mt. HMO is reported as a PIHP instead of an HMO in the CMS data.
CO	Missing Eligibility Data	In CY03, 2.4 percent of records (n=11,846) in the CO file were missing Medicaid eligibility information. Of these, 99.96 percent (n=11,841) had associated claims reflecting positive expenditures in MAX. These claims totaled \$8,670,438 and averaged \$732 per record.
CO	Race/Ethnicity	8% of eligibles have an "unknown" race ethnicity code.
CO	SCHIP	Colorado's S-SCHIP program is not reported in the MSIS data. Colorado does not have an M-SCHIP program.
CO	SSN	CO had 47,908 enrollees (10%) with missing SSNs in 2003. About 77 percent of these enrollees were under age 20 and 65 percent were age 5 or younger. In addition, 22 percent were aliens who only qualified for emergency coverage.
CO	SSN	CO had 103 enrollee SSNs with duplicate records in 2003 (affecting 0.0% of enrollee records).
CO	Uniform Eligibility Groups	CO shows many more SSI recipients in uniform eligibility groups 11-12 than SSA data, but this may relate to a state-administered SSI supplement.

State	Measure	Issue
CO	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
CT	Length of Enrollment	About 67% of eligibles were enrolled all 12 months in 2003, a higher proportion than occurred in most states.
CT	Missing Eligibility Data	In CY03, 0.1 percent of records (n=352) in the CT file were missing Medicaid eligibility information. Of these, 46.9 percent (n=165) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,079,025 and averaged \$6,540 per record.
CT	SCHIP	CT has a S-SCHIP program for children but does not report it to MSIS. The CT M-SCHIP program was phased out in FY02.
CT	SSI	CT is a 209(b) state and reports less than 50 percent of the SSI population in uniform groups 11-12. Some SSI recipients are reported to UEG 41-42, but they cannot be identified with existing data. In addition, SSI disabled children who qualify for Medicaid are not reported to uniform group 12.
CT	SSN	CT had 1,170 enrollee SSNs with duplicate records in 2003 (affecting <1% of enrollee records). The majority of these records are for children. In addition, CT had 15,859 enrollees (3%) with missing SSNs in 2003.
CT	TANF/1931	Connecticut cannot identify its TANF population. The field is 9-filled for all eligibles.
CT	Uniform Eligibility Groups	CT reported the vast majority of adults to UEG 45. In addition, most children not qualifying under the poverty related rules are reported to UEG 44. CT's MMIS system does not have a separate code for identifying children and their parents qualifying for Medicaid under the Section 1931 rules (who should be reported to UEG 14-15).

State	Measure	Issue
CT	Uniform Eligibility Groups	CT reported state-specific eligibility group "F7" to uniform eligibility groups 44-45. Enrollees in this group qualify for Medicaid based on the old AFDC rules (Section 1931) and should have been assigned to uniform eligibility groups 14-15.
CT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
DC	Dual Eligibility Codes	In DC, only 88% of persons 65 or older and 31% of disabled persons were EDB duals, lower proportions than occurred in most states.
DC	Length of Enrollment	DC had 70% of eligibles enrolled all 12 months of the year, a higher proportion than occurred in most states.
DC	Managed Care	MSIS reports the "Health Services for Children with Special Needs" plan as an HMO. However, this plan is reported as a "Medical-Only PHP" in the CMS managed care report.
DC	Missing Eligibility Data	In CY03, 0.9 percent of records (n=1,353) in the DC file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$5,099,058 and averaged \$3,767 per record.
DC	SCHIP	DC is reporting its M-SCHIP data. DC does not have an S-SCHIP program.
DC	SSI	Relative to the number of aged and disabled SSI recipients reported to SSA, DC reported 14% more eligibles under uniform groups 11 and 12. Part of this difference may result because DC has a state-administered SSI supplement.
DC	SSN	DC had 4,885 enrollees (3.1%) with missing SSNs in 2003. In addition, DC had 97 enrollee SSNs with duplicate records in 2003 (affecting <1% of enrollee records). The majority of these records are for children.

State	Measure	Issue
DC	Uniform Eligibility Groups	DC implemented an 1115 waiver in February 2003, expanding eligibility to childless adults ages 50-64 with income at or below 50% FPL. These enrollees are reported to uniform eligibility group 55.
DC	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
DC	Uniform Eligibility Groups	DC extends full Medicaid benefits to all aged and disabled with income <100% FPL.
DE	1115 Waiver	Delaware's 1115 Waiver program extends full Medicaid benefits to adults with income to 100% FPL. It also extends family planning benefits (only) for 24 months to women leaving Medicaid.
DE	Dual Eligibility Codes	DE did not report any enrollment to dual code 6 (QI-1) in byte 2 of the annual crossover code. These enrollees are included in dual code 3 (SLMB only) (in the 2nd byte of the crossover code). DE does not report any enrollees to dual code 4 (SLMB plus).
DE	Managed Care	DE reports enrollment in a transportation PHP and a PCCM. These plans are not reported in CMS MC data for June 2003. Somewhat unusual, DE pays for PCCM services on a fee-for-service (FFS) basis when they occur.
DE	Missing Eligibility Data	In CY03, 0.6 percent of records (n=1,031) in the DE file were missing Medicaid eligibility information. Of these, 99.9 percent (n=1,030) had associated claims reflecting positive expenditures in MAX. These claims totaled \$422,007 and averaged \$410 per record.
DE	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits.

State	Measure	Issue
DE	SCHIP	Delaware's S-SCHIP program is not being reported into MSIS. DE did not have an M-SCHIP program until July 2002 when the state added an M-SCHIP program for infants 186 to 200% FPL. This program was not reported to the CMS SEDS system until October 2003, but it was included in MSIS from the start.
DE	SSN	DE had 25 enrollee SSNs with duplicate records in 2003 (affecting <0.1% of enrollee records).
DE	SSN	DE had 11,480 enrollees (7.2%) with missing SSNs in 2003. About 80 percent of these enrollees were age 20 or younger, and 28 percent of enrollees missing an SSN were aliens who only qualified for emergency coverage.
DE	TANF/1931	DE 9-filled TANF status.
DE	Uniform Eligibility Groups	Most disabled SSI beneficiaries age 65 and older are reported to uniform eligibility group 11.
DE	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
FL	Dual Eligibility Codes	A small number of enrollees in state-specific eligibility group "NS" were assigned dual code 6 (in the 2nd byte of the crossover code). This was an error and they should have been assigned to dual code 8.
FL	Dual Eligibility Codes	Relatively few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Florida extends full Medicaid benefits to the aged and disabled with income below 90% FPL.
FL	Missing Eligibility Data	In CY03, 2.0 percent of records (n=57,761) in the FL file were missing Medicaid eligibility information. Of these, 94.5 percent (n=54,588) had associated claims reflecting positive expenditures in MAX. These claims totaled \$38,992,873 and averaged \$714 per record.

State	Measure	Issue
FL	Persons With No Enrollment	About 16,000 persons had eligibility records, but no months of Medicaid enrollment in CY03. Most of the persons without any Medicaid enrollment were refugees. In addition, this group may have included a few hundred children with enrollment in the state's separate SCHIP program (SCHIP code 3)
FL	Race/Ethnicity	About 11% of eligibles were coded as 'unknown.'
FL	Restricted Benefits Flag	Enrollees in the 1115 Pharm Plus program were assigned restricted benefits codes X, Y, or Z, indicating they only qualified for prescription drug coverage, although those with code Y also qualified for Medicare cost-sharing benefits.
FL	Restricted Benefits Flag	Persons with restricted benefits code 6 (state group 'FP') only qualify for family planning benefits. The 1115 waiver for this family planning coverage ended September 30, 2003 with a new waiver not approved until May 2004. However, the new waiver allowed some retroactive enrollment back to December 2003. In addition, most persons qualifying through the medically needy provisions are assigned code 5 (other).
FL	SCHIP	Florida reports enrollment in its M-SCHIP and S-SCHIP programs. The enrollment reported in its S-SCHIP program, however, is incomplete and only for a subset of eligibles ages 1-5 years who transferred out of Medicaid. By 2003, M-SCHIP enrollment had substantially declined so that it only averaged 1,800 children per month.
FL	SSN	FL had 657 enrollee SSNs with duplicate records in 2003 (affecting 0% of enrollee records). The majority of these records are for adults.
FL	TANF/1931	Florida cannot identify TANF recipients. All eligibles receive TANF = 9, indicating that their TANF status is unknown.
FL	Uniform Eligibility Groups	1115 enrollment is also reported in Uniform Eligibility Group 51. In 8/02, FL began to implement a Pharm Plus Waiver extending Rx benefits to aged with income from 88% - 120% FPL.
FL	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 90% FPL.

State	Measure	Issue
FL	Uniform Eligibility Groups	Enrollment in the state's 1115 program is reported in uniform groups 54 and 55. The 1115 program provides family planning only benefits to persons in state specific group FP. However, on September 30, 2003, this waiver ended with a new waiver not approved until May 2004. The new waiver allowed retro enrollment back to December 2003, explaining low levels of enrollment from October to December.
FL	Uniform Eligibility Groups	Prior to 2003, some individuals age 65 and over were reported to UEG 22, 32, or 42. This was corrected in 2003, causing some shifts from these groups to UEG groups 21, 31, and 41.
FL	Uniform Eligibility Groups	Florida reported about 9% more SSI eligibles (in uniform eligibility groups 11 and 12) than SSA did over the same period of time. This may occur because FL has a state-administered SSI supplement.
GA	Dual Eligibility Codes	GA does not automatically code dually eligible SSI recipients as QMB plus duals (code 2 in byte 2 of the crossover code). Most SSI recipients are coded as "other" full benefit duals (code 8). GA had determined that it is more affordable to pay for Medicaid coverage than Medicare Part A premiums for duals who do not automatically qualify for Part A coverage. Dual SSI recipients can apply for QMB or SLMB status, but this status has no effect on the coverage/services they receive.
GA	Managed Care	Managed care is under-reported in MSIS 2003 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 1.2 million individuals were enrolled in NET each month during 2003, according to CMS managed care data.
GA	Managed Care	In addition, PCCM counts were not consistent between MSIS and the CMS reports. In June 2003, CMS data reported about 19% more PCCM enrollees compared to MSIS data.
GA	Missing Eligibility Data	In CY03, 1.4 percent of records (n=26,485) in the GA file were missing Medicaid eligibility information. Of these, 84.3 percent (n=22,317) had associated claims reflecting positive expenditures in MAX. These claims totaled \$32,904,582 and averaged \$1,474 per record.
GA	Race/Ethnicity	In 2003, 6% of eligibles were coded as 'unknown.'

State	Measure	Issue
GA	Restricted Benefits Flag	Only presumptive eligible pregnant women are assigned RBF 4 in 2003. In April 2003 there was a substantial decline in the number of persons assigned RBF 2 (aliens who only qualify for emergency Medicaid benefits) (cause unknown).
GA	SCHIP	In CY03, GA included S-SCHIP claims in its MSIS data by mistake. Of the 205,692 children with only S-SCHIP enrollment during CY03, 198,245 (96%) had MAX claims. These claims totaled over \$221 million and averaged \$1,117 per child, accounting for 4% of MAX expenditures. The additional 56,692 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 56,692 children with both S-SCHIP and Medicaid enrollment during the year.
GA	SCHIP	Georgia reports S-SCHIP children in MSIS. The number of S-SCHIP enrollees was about 4% greater in MSIS than the level of S-SCHIP enrollment reported in the CMS SEDS system. The state does not have an M-SCHIP program.
GA	SSN	GA had 147,554 enrollees (7.8%) with missing SSNs in 2003. About 65 percent of these enrollees were age 5 or younger, and 85 percent were age 20 or younger.
GA	SSN	GA had 22 enrollee SSNs with duplicate records in 2003 (affecting < 0.1% of enrollee records).
GA	TANF/1931	Georgia 9-fills the TANF field.
GA	Uniform Eligibility Groups	GA uniform eligibility group data showed some unusual patterns with enrollment often increasing noticeably in month 1 of each quarter.
GA	Uniform Eligibility Groups	Some date of birth (DOB) issues occurred. For example, about 30 individuals mapped to uniform eligibility group 34 have DOB values which indicated that they are age 65 or older. Another 40-50 individuals mapped to uniform eligibility group 35 have DOB values indicating they are age 85 or older. Either the DOB or the uniform eligibility group assignment for these individuals is in error.

State	Measure	Issue
HI	Dual Eligibility Codes	HI does not report any enrollment to dual code 6 (QI-1) in byte 2 of the annual crossover code (cause unknown). These enrollees are included in dual code 3 (SLMB only) reporting.
HI	Dual Eligibility Codes	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
HI	Managed Care	The BHP counts in the MSIS MC data are considerably higher than the CMS BHP counts (cause unknown).
HI	Managed Care	HI's PACE program is not a full PACE, rather it is a "Pre-PACE" program operating under a waiver. As a result, it is not reported as managed care type 06 (PACE). Instead, it is correctly reported to managed care plan type 01 (HMO).
HI	Missing Eligibility Data	In CY03, 2.2 percent of records (n=4,932) in the HI file were missing Medicaid eligibility information. Of these, 24.8 percent (n=1,221) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,193,183 and averaged \$977 per record.
HI	SCHIP	Hawaii has an M-SCHIP program, but no S-SCHIP program.
HI	SCHIP	In 2003, HI reports about 29% more M-SCHIP enrollees than SEDS. The state cannot explain this discrepancy.
HI	SSN	HI had 237 enrollee SSNs with duplicate records in 2003 (affecting 0.2% of enrollee records). The majority of these records are for children.
HI	TANF/1931	Hawaii 9-fills the TANF field for all eligibles.
HI	Uniform Eligibility Groups	Poverty-related pregnant women cannot be identified in HI's data. They are included with other adults reported to UEG 55.
HI	Uniform Eligibility Groups	HI's enrollment data has a slight seam effect, with enrollment higher in month 1 of each quarter and then declining in months 2 and 3.
HI	Uniform Eligibility Groups	Hawaii is a so-called 209(b) state, meaning that it uses more restrictive eligibility criteria for Medicaid than the SSI program uses. However, it appears that about 96% of SSI recipients are enrolled in Medicaid, when enrollment in uniform groups 11-12 is compared to SSI administrative data.

State	Measure	Issue
HI	Uniform Eligibility Groups	Hawaii extends full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL). As a result, the disabled poverty-related group included both dual eligibles and persons who were not dual eligibles.
HI	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
IA	Dual Eligibility Codes	In 2003, IA continues to have a small group of enrollees (<100 per month) assigned dual code 9 (in the 2nd byte of the crossover code). Iowa was not able to identify the dual group to which these people belonged.
IA	Managed Care	In Iowa, 35% of the full benefit EDB dual population were enrolled in PHPs or PHPs and PCCMs, a higher proportion than occurred in most states.
IA	Managed Care	In 2003, several HMOs were terminated in the second half of the year, with many (but not all) enrollees shifting to PCCMs.
IA	Missing Eligibility Data	In CY03, 0.1 percent of records (n=180) in the IA file were missing Medicaid eligibility information. Of these, 69.4 percent (n=125) had associated claims reflecting positive expenditures in MAX. These claims totaled \$22,907 and averaged \$183 per record.
IA	Private Health Insurance	Roughly 19 percent of Iowa's Medicaid population was reported to have private health insurance, a higher proportion than occurred in most states.
IA	Race/Ethnicity	In 2003, about 18% of eligibles were coded as "unknown".
IA	SCHIP	Iowa reported its M-SCHIP children in MSIS. The state did not report its S-SCHIP children, however.
IA	SSN	IA had 711 enrollee SSNs with duplicate records in 2003 (affecting 0.4% of enrollee records). The majority of these SSNs are for children.
IA	TANF/1931	IA's TANF data are 9-filled.

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State	Measure	Issue
IA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
ID	Date of Death	ID did not report any dates of death for its enrollees in 2003.
ID	Dual Eligibility Codes	In 2003, about 8% of dual eligibles in ID were identified through the EBD link, a much lower proportion than in previous years. However, this is still higher than occurred in most states. These individuals had not been previously identified as dual eligibles in MSIS data.
ID	Dual Eligibility Codes	SLMB only and QI duals eligibles were not included in the MSIS data.
ID	Managed Care	In ID, 34% of full benefit EDB duals were enrolled in PCCMs, a higher proportion than occurred in most states.
ID	Managed Care	The state does not have any fully capitated managed care. They do have PCCMs, however.
ID	Missing Eligibility Data	In CY03, 0.2 percent of records (n=357) in the ID file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$598,749 and averaged \$1,677 per record.
ID	Private Health Insurance	Idaho reports that over 20 percent of eligibles have private insurance. This proportion is much higher than occurred in most other states.
ID	SCHIP	Idaho reports its M-SCHIP enrollment. The state did not have an S-SCHIP program.
ID	SSN	ID had 5,658 enrollees (2.7%) with missing SSNs in 2003.
ID	SSN	ID had 40 enrollee SSNs with duplicate records in 2003 (affecting <0.1% of enrollee records).

State	Measure	Issue
ID	TANF/1931	Idaho 9-fills the TANF flag for all eligibles.
ID	Uniform Eligibility Groups	The number of eligibles in uniform groups 11 and 12 exceeded SSI counts by about 25%. Two factors may contribute to the difference. To start, ID has a state administered SSI supplement. Second, some individuals in state group 54 may be mistakenly identified as SSI recipients. It should be noted that ID requires SSI recipients to make a separate application for Medicaid.
ID	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
IL	1115 Waiver	Effective 2002, IL implemented two new types of coverage in an 1115 waiver. In June, IL began enrollment in a Senior Care Pharm Plus program, extending drug benefits to the aged to 200 percent FPL. These enrollees were reported to uniform eligibility group 51. In the fall of 2002, IL extended coverage to several groups of children and parents. Medicaid assists many of the newly covered children and parents in buying into employer-sponsored or private insurance.
IL	Dual Eligibility Codes	In IL, only 89% of persons 65 or older were EDB duals, a lower proportion than most states.
IL	Dual Eligibility Codes	In IL's 1115 Pharm Plus waiver program for seniors, most enrollees were reported to dual code 9 (in the second byte of the crossover code). However, some waiver enrollees were assigned dual code 00 in MSIS and not identified as duals until the link of MSIS data with the EDB files. As a result, 22% of EDB duals in 2003 were only identified as a result of the EDB link. They are assigned dual code 50. This is a higher proportion than occurred in most states.
IL	Length of Enrollment	In CY03, 62% of enrollees participated in Medicaid all 12 months, a higher proportion than occurred in most states.

State	Measure	Issue
IL	Managed Care	IL reported enrollment in plan type 08 (other). These plans consist of Primary Health Providers and Managed Care Community Networks (MCCN), and they provide different services than comprehensive plans. These plans appear to be reported as HMOs (not PHPs) in the CMS managed care data.
IL	Missing Eligibility Data	In CY03, 0.2 percent of records (n=4,317) in the IL file were missing Medicaid eligibility information. Of these, 85.8 percent (n=3,704) had associated claims reflecting positive expenditures in MAX. These claims totaled \$7,482,213 and averaged \$2,020 per record.
IL	Restricted Benefits Flag	Through June 2003, reporting to RBF 4 is always highest in month three of each quarter and then drops abruptly in the first month of the next quarter -- a RBF "seam effect". Then starting in July 2003, RBF 4 enrollment is relatively smooth from month to month.
IL	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefit code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualify for Medicare cost-sharing benefits. (In 2002, these enrollees were assigned restricted benefits code 5.)
IL	SCHIP	In CY03, IL included S-SCHIP claims in its MSIS data by mistake. Of the 60,470 children with only S-SCHIP enrollment during CY03, 28,895 (48%) had MAX claims. These claims totaled over \$60 million and averaged \$2,079 per child, accounting for 1% of MAX expenditures. The additional 81,114 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 81,114 children with both S-SCHIP and Medicaid enrollment during the year.
IL	SCHIP	IL is reporting both its M-SCHIP and S-SCHIP programs. In October 2002, IL implemented adult coverage under its S-SCHIP program. SEDs reporting for adults did not begin until July 2003, but MSIS reporting for S-SCHIP adults began in October 2002.

State	Measure	Issue
IL	SSN	IL had 54,662 enrollees (2.4%) with missing SSNs in 2003. In addition, IL had 25,404 enrollee SSNs with duplicate records in 2003 (affecting 2.3% of enrollee records). SSNs can be assigned to more than one record in IL due to the state's system of assigning Medicaid identification numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled into Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication problems can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.
IL	Uniform Eligibility Groups	Some shifts by adult UEG group continued in CY 2003. Medically needy adult enrollment increased substantially during the year, offsetting declines in UEG 35 and 45.
IL	Uniform Eligibility Groups	IL uses more restrictive rules to determine Medicaid eligibility for SSI recipients, under the 209(b) provisions. In addition, the state is not able to report all SSI recipients into uniform groups 11 and 12. SSI recipients, including SSI state supplement recipients, are reported into other uniform groups. As a result, the number of persons reported into uniform groups 11-12 was considerably less than the number of SSI recipients. In addition, IL extends full Medicaid benefits to all aged and disabled with income <85 percent FPL.
IL	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
IL	Uniform Eligibility Groups	Correction records caused enrollment in uniform eligibility group 51 (1115 aged enrolled in Senior Care prescription drug program) to decrease by 14% in October-December 2003. The reason for this decrease is unknown. This decline is also reflected in the numbers reported to restricted benefits codes X, Y, and Z.
IN	Missing Eligibility Data	In CY03, 0.7 percent of records (n=6,242) in the IN file were missing Medicaid eligibility information. Of these, 99.9 percent (n=6,235) had associated claims reflecting positive expenditures in MAX. These claims totaled \$110,943,903 and averaged \$17,794 per record.

State	Measure	Issue
IN	Private Health Insurance	About 13 percent of Indiana's Medicaid population were reported to have private health insurance, a higher than expected proportion.
IN	SCHIP	In CY03, IN included S-SCHIP claims in its MSIS data by mistake. Of the 11,821 children with only S-SCHIP enrollment during CY03, 10,630 (90%) had MAX claims. These claims totaled over \$3 million and averaged \$283 per child, accounting for <1% of MAX expenditures. The additional 16,418 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 16,418 children with both S-SCHIP and Medicaid enrollment during the year.
IN	SCHIP	IN reports M-SCHIP and S-SCHIP children in MSIS.
IN	SCHIP	In some quarters during 2003, MAX S-SCHIP counts were 13-14 percent lower than S-SCHIP counts in SEDS. The state was not able to explain why this level of difference occurred. M-SCHIP counts compared well with SEDs.
IN	SSN	IN had 28,028 enrollees (2.9%) with missing SSNs in 2003. In addition, IN had 146 enrollee SSNs with duplicate records in 2003 (affecting less than 0.1% of enrollee records). The majority of these records are for children.
IN	TANF/1931	In September 2003, there is a 23% discrepancy between MSIS and ACF TANF counts. The state's contractor responded that the ACF counts include some assisted guardianship enrollees that are not reported in MSIS data, as well as other enrollees in families where someone is getting SSI. As a result, TANF data should only be used with caution.
IN	Uniform Eligibility Groups	IN is a so-called 209(b) state. This explains why the total number of SSI eligibles reported into uniform groups 11-12 is somewhat lower than the number reported by SSA. IN reports the SSI disabled age 65 and older into uniform group 11.

State	Measure	Issue
IN	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
KS	Managed Care	Very few dual eligibles were enrolled in HIOs or PCCMs, a shift from 2002 (cause unknown).
KS	Managed Care	In December 2003, KS increased access to PCCM providers by changing the distance parameters of participation. This resulted in a large (9%) increase in enrollment.
KS	Missing Eligibility Data	In CY03, 10.1 percent of records (n=37,187) in the KS file were missing Medicaid eligibility information. Of these, 90.5 percent (n=33,647) had associated claims reflecting positive expenditures in MAX. These claims totaled \$61,944,364 and averaged \$1,841 per record.
KS	Private Health Insurance	About 14 percent of KS enrollees in 2003 had private insurance, a higher proportion than most states. Prior to 2003, private insurance was under reported in MAX data.
KS	Race/Ethnicity	KS reports Hispanic enrollees to Race Code 7 (Hispanic/Latino and 1+ races) instead of Race Code 5 (Hispanic/Latino). KS also began using Race Code 8 (more than 1 race, not Hispanic/Latino).
KS	SCHIP	Kansas is not reporting their S-SCHIP children. The state does not have an M-SCHIP program.
KS	SSN	KS had 434 enrollee SSNs with duplicate records in 2003 (affecting 0.3% of enrollee records).
KS	TANF/1931	KS cannot reliably identify their TANF recipients. This field is 9 - filled for eligibles.

State	Measure	Issue
KS	Uniform Eligibility Groups	Effective October 2002, some children and adults previously mapped to uniform eligibility groups 24-25 were remapped to uniform eligibility groups 44-45. KS believes uniform eligibility groups 24-25 enrollment was higher than it should have been in the past.
KS	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
KY	Length of Enrollment	About 60% of eligibles were enrolled all 12 months in 2003, a higher percentage than occurred in most states.
KY	Managed Care	In June 2003, MSIS data showed 12% fewer PCCM enrollees than are reported in CMS managed care data. However, the HMO and transportation counts in June 2003 are reasonably comparable for MSIS and CMS data.
KY	Managed Care	About 12 percent of full benefit EDB dual eligibles were enrolled in HMOs/HIOs and about 87% were enrolled in PHPs, or PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.
KY	Managed Care	KY added a new region to its transportation plan (plan type 08) in July 2002. However, MSIS reporting did not reflect this new region (about 100,000 enrollees) until October 2002. Then, from December 2002 to April 2003, the state temporarily shut down the transportation plan for this region before returning services in May 2003.
KY	Managed Care	The "other" managed care plan type (08) in KY was a special capitation plan for transportation benefits.
KY	Missing Eligibility Data	In CY03, 2.1 percent of records (n=17,728) in the KY file were missing Medicaid eligibility information. Of these, 99.3 percent (n=17,608) had associated claims reflecting positive expenditures in MAX. These claims totaled \$25,359,352 and averaged \$1,440 per record.

State	Measure	Issue
KY	Race/Ethnicity	Race was reported as unknown for about 5% of eligibles.
KY	SCHIP	KY reported M-SCHIP and S-SCHIP data into MSIS, but the S-SCHIP data are incomplete.
KY	SCHIP	In 2002, S-SCHIP enrollment dropped from about 19,000 in September to about 2,000 in October. This is an error. About 17,000 S-SCHIP children were mistakenly dropped by CMS from MSIS data in October, 2002. This error continued in 2003. The only S-SCHIP enrollment reported is for children who also had Medicaid enrollment during 2003. Thus, S-SCHIP enrollment is substantially undercounted in 2003 and is not reliable..
KY	SSN	KY had 16,440 enrollees (2%) with missing enrollee SSNs in 2003.
KY	TANF/1931	KY TANF enrollment data in MAX are about 13% lower than TANF administrative data (cause unknown).
KY	Uniform Eligibility Groups	KY has a state-administered SSI supplement which may cause the number reported to UEG 11-12 to be slightly higher than SSA data.
KY	Uniform Eligibility Groups	In October 2002, KY started reporting enrollees to uniform eligibility group 3A under the BCCPTA provisions.
KY	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
LA	Dual Eligibility Codes	About 30 percent of duals in 2003 only qualified for restricted benefits related to Medicare cost-sharing.
LA	Length of Enrollment	71% of enrollees were enrolled all 12 months in CY 2003, a higher proportion than most states.
LA	Managed Care	In 2003, Louisiana data shows significant growth in PCCM enrollment. This growth is also reflected in CMS managed care data.

State	Measure	Issue
LA	Missing Eligibility Data	In CY03, 6.5 percent of records (n=72,984) in the LA file were missing Medicaid eligibility information. Of these, 99.7 percent (n=72,741) had associated claims reflecting positive expenditures in MAX. These claims totaled \$160,827,637 and averaged \$2,211 per record.
LA	Race/Ethnicity	Race is reported as unknown for about 6% of enrollees.
LA	Restricted Benefits Flag	LA assigns the "other" restricted benefits flag (code 5) to about 5,000-6,000 enrollees/month. Most of these individuals are in the medically needy uniform group, while a few are in the poverty-related adult group. Since many in the poverty-related adult group are reported to have restrictions related to their pregnancy status (restricted benefits code 4), those in the "other" (code 5) group may have restrictions related to substance abuse.
LA	SCHIP	Louisiana reports its M-SCHIP children in MSIS. The state does not have an S-SCHIP program.
LA	SSN	LA did not have any duplicate SSNs in its MAX 03 file.
LA	Uniform Eligibility Groups	Almost 2 percent of aged enrollees (UEG 11, 21, 31, 41, 51) were under age 65, a higher percentage than in most states.
LA	Uniform Eligibility Groups	Most low-income infants are reported to uniform group 44 instead of 34, because the state deems these newborns are covered until age 1.
LA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
LA	Uniform Eligibility Groups	Most disabled SSI recipients age 65 and older are reported to uniform eligibility group 11
MA	1115 Waiver	Massachusetts operates an 1115 waiver program, extending Medicaid coverage to additional groups of low-income disabled, children, and adults.

State	Measure	Issue
MA	Dual Eligibility Codes	Massachusetts reports very few eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state provides full Medicaid benefits to all aged up to 100% FPL. Also, because Massachusetts provides full Medicaid benefits to all disabled up to 133% FPL in its 1115 Waiver program, the state reports very few disabled with dual codes 1 or 3 (also in the 2nd byte of the new annual crossover value).
MA	Foster Care	Massachusetts underreports foster care children in MSIS data.
MA	Length of Enrollment	MA had about 64% of eligibles with 12 months of enrollment, a higher proportion than most states.
MA	Missing Eligibility Data	In CY03, 1.0 percent of records (n=12,361) in the MA file were missing Medicaid eligibility information. Of these, 71.6 percent (n=8,850) had associated claims reflecting positive expenditures in MAX. These claims totaled \$24,000,428 and averaged \$2,712 per record.
MA	Race/Ethnicity	About 18 percent of eligibles are coded with an unknown race.
MA	Restricted Benefits Flag	MA does not extend full Medicaid benefits to all its expansion groups. Those with some restrictions are assigned restricted benefits code 5. It is unclear what these benefit restrictions include. Persons assigned RBF 5 dropped by over 30,000 in April 2003, probably related to a similar decline in uniform eligibility group 55 enrollment.
MA	SCHIP	In CY03, MA included S-SCHIP claims in its MSIS data by mistake. Of the 14,835 children with only S-SCHIP enrollment during CY03, 10,863 (73%) had MAX claims. These claims totaled over \$14 million and averaged \$1,347 per child, accounting for <1% of MAX expenditures. The additional 21,440 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 21,440 children with both S-SCHIP and Medicaid enrollment during the year.
MA	SCHIP	Massachusetts reports children in both its M-SCHIP and S-SCHIP programs. MSIS data on both programs do not exactly track the SEDS data. The state insists that the MSIS data are more reliable.

State	Measure	Issue
MA	SSI	Enrollment in uniform eligibility group 11 is about 2/3 of the SSI aged enrollment reported in SSA administrative data, while enrollment in uniform group 12 is about 25% higher than SSA administrative data (cause unknown). Total SSI enrollment is about 10 percent higher in MSIS compared to the SSA data.
MA	SSN	MA had 435 enrollee SSNs with duplicate records in 2003 (affecting <0.1% of enrollee records).
MA	SSN	MA had 88,636 enrollees (7.4%) with missing SSNs in 2003. About 66 percent of these enrollees were age 20 or younger.
MA	Uniform Eligibility Groups	Massachusetts provides full Medicaid benefits to aged enrollees up to 100% FPL and disabled enrollees up to 133% FPL.
MA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
MA	Uniform Eligibility Groups	Some changes by uniform eligibility group occurred in 2003. In January, enrollment increased noticeably in uniform eligibility group 15, with a decline in uniform eligibility group 55 of about the same number. Aged enrollment dropped about 5 percent in January, with almost all of the decline in uniform eligibility group 31. This decline primarily resulted from retro/correction records.
MA	Uniform Eligibility Groups	In April 2003, MA ended enrollment for about 33,000 persons previously coded to uniform eligibility group 55. This was part of a cost savings project. Finally, in October 2003, enrollment increased by about 10,000 in uniform eligibility group 55 (cause unknown).
MD	County Codes	Maryland reports eligibles with county code = 510. These are residents of the city of Baltimore. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "007."

State	Measure	Issue
MD	Dual Eligibility Codes	MD's dual reporting for enrollees in its 1115 pharmacy assistance and pharmacy discount programs was somewhat problematic in 2003. MD correctly reported many 1115 enrollees with dual codes 1, 3, 6, and 7 (in the 2nd byte of the crossover code). However, many aged and disabled in the 1115 program were not identified as duals until MSIS data were linked with the EDB. This accounts for the higher proportion of EDB duals reported to dual code 50. In 2003, MD also began assigning dual code 9 (in byte 2) to some Pharm Plus enrollees.
MD	Dual Eligibility Codes	EDB duals increased 6% in 2003. However, 15% of EDB duals were only identified as duals when MAX data were linked to the EDB file. This is a higher proportion than occurred in most states. It seems likely that many of these unidentified duals were persons participating in the newly implemented 1115 Pharm Plus program. The dual status was not known for some of the Pharm Plus enrollees until the EDB link.
MD	Length of Enrollment	Almost 61% of eligibles were enrolled all 12 months of 2003, a higher proportion than occurred in most states.
MD	Managed Care	Some persons in HMOs/HIOs have the PLAN ID field 9-filled.
MD	Missing Eligibility Data	In CY03, 0.3 percent of records (n=2,378) in the MD file were missing Medicaid eligibility information. Of these, 96.0 percent (n=2,283) had associated claims reflecting positive expenditures in MAX. These claims totaled \$4,479,798 and averaged \$1,962 per record.
MD	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefit code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualify for Medicare cost-sharing benefits. (In 2002, these enrollees were assigned restricted benefits code 5.)
MD	SCHIP	In CY03, MD included S-SCHIP claims in its MSIS data by mistake. Of the 4,962 children with only S-SCHIP enrollment during CY03, 4,753 (96%) had MAX claims. These claims totaled over \$5 million and averaged \$1,178 per child, accounting for <1% of MAX expenditures. The additional 15,125 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 15,125 children with both S-SCHIP and Medicaid enrollment during the year.

State	Measure	Issue
MD	SCHIP	In September through December 2003, some S-SCHIP enrollees have blank state specific codes. These enrollees should be in state group P14P.
MD	SCHIP	Maryland has both M-SCHIP and S-SCHIP programs, but its S-SCHIP program was not reported in MSIS until August 2001.
MD	SSN	MD had 26,593 enrollees (3.2%) with missing SSNs in 2003.
MD	TANF/1931	TANF counts in MSIS are 22% higher than expected compared to TANF administrative data. However, MD assigns the TANF flag to persons who are enrolled in TANF but may not receive cash benefits.
MD	Uniform Eligibility Groups	The 1115 pharmacy assistance programs cover two different groups. The MD Pharmacy Assistance Program (MPAP) is reported to state groups S08-S10, and covers all individuals to 116% FPL. QMB-only individuals getting MPAP coverage are reported to S08, while SLMB-only individuals are reported to S10. All other individuals, including children and adults, are reported to S09. Persons getting MPAP coverage have a \$5 copay per prescription. The MD Pharmacy Discount Program (MPDP), started in July 2003, covers beneficiaries with income <175% FPL who have too much income/resources to qualify for MPAP program. These individuals are reported to state codes S16-S18. Their cost sharing is higher. They have a 65% copay, plus a \$1 processing fee per prescription.
MD	Uniform Eligibility Groups	Many aged and disabled partial benefit duals shifted from uniform eligibility groups 31-32 to uniform eligibility groups 51-52 when the Pharm Plus program was implemented, so that they could receive Medicaid drug benefits, in addition to Medicare cost-sharing benefits.
MD	Uniform Eligibility Groups	Persons who only qualify for family planning benefits (state groups 'P10N' and 'S12N') are reported to uniform group 55.
MD	Uniform Eligibility Groups	Maryland reports more SSI recipients (uniform eligibility groups 11 and 12) each month than expected, based on a comparison to federal SSI administrative data. However, the state administers a SSI supplement program which may account for the difference.

State	Measure	Issue
MD	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
ME	Date of Death	The DOD is 8-filled for all eligibles.
ME	Dual Eligibility Codes	In CY03, the number of dual eligibles fell by over 35% because ME's prescription drug program ended effective January 2003.
ME	Dual Eligibility Codes	Maine extends full Medicaid benefits to the aged and disabled with income <100% FPL, accounting for the lower proportion of QMB only dual eligibles.
ME	Foster Care	Average Medicaid expenses for foster care children were about \$28,000 per child in 2003, significantly higher than in most other states. ME relied heavily on residential foster care in 2003, with over 50 percent of foster children in residential or treatment facilities. In more recent years, Maine has shifted its focus toward family settings and has decreased the number of foster care children in residential settings.
ME	Length of Enrollment	In CY03, 63% of enrollees were enrolled all 12 months of the year, a higher proportion than occurred in most states.
ME	Managed Care	ME's PCCM enrollment counts are about 16% lower than the PCCM counts in the CMS MC survey data for June 2003 (cause unknown).
ME	Missing Eligibility Data	In CY03, 1.0 percent of records (n=3,006) in the ME file were missing Medicaid eligibility information. Of these, 98.5 percent (n=2,960) had associated claims reflecting positive expenditures in MAX. These claims totaled \$9,820,884 and averaged \$3,318 per record.

State	Measure	Issue
ME	SCHIP	IN CY03, ME included S-SCHIP claims in its MSIS data by mistake. Of the 4,044 children with only S-SCHIP enrollment during CY03, 3,330 (82%) had MAX claims. These claims totaled over \$7 million and averaged \$2,118 per child, accounting for <1% of MAX expenditures. The additional 4,937 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 4,937 children with both S-SCHIP and Medicaid enrollment during the year.
ME	SCHIP	Maine has both M-SCHIP and S-SCHIP programs, and both are reported into MSIS.
ME	SSN	ME had 6,269 enrollees (2.1%) with missing SSNs in 2003; most of these eligibles were babies. In addition, ME had 24 enrollee SSNs with duplicate records.
ME	TANF/1931	The TANF flag is 9-filled for all eligibles.
ME	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL, which explains why some persons in uniform group 32 are not dual eligibles.
ME	Uniform Eligibility Groups	Maine's counts of SSI recipients in uniform eligibility groups 11-12 are somewhat higher than the counts reported in SSI administrative data. This probably occurs because Maine has a state-administered SSI supplement.
ME	Uniform Eligibility Groups	In June 2001, the state launched a Medicaid prescription drug program for the aged and disabled under an 1115 waiver. This program stopped at the end of December 2002 and contributed to a substantial decline (-90,000) in aged and disabled enrollment in January 2003. While some enrollees who qualified as partial duals were able to shift to uniform eligibility groups 31-32, most prescription drug enrollees were disenrolled.
ME	Uniform Eligibility Groups	In October 2002, a new 1115 waiver extended Medicaid to childless adults under 100% FPL (uniform eligibility group 55).
ME	Uniform Eligibility Groups	In CY03, all persons age 65 or older were reported to uniform eligibility groups 11, 21, 31, or 41. This caused some enrollment shifts from uniform eligibility groups 12, 22, 32, and 42.

State	Measure	Issue
ME	Uniform Eligibility Groups	By 2003, very few children qualified for Medicaid through the Section 1931 provisions (uniform eligibility group 14). Instead, ME used the poverty-related rules and M-SCHIP expansions (uniform eligibility group 34) to establish Medicaid eligibility for most children.
MI	Date of Death	The date of death is "8-filled" in MI.
MI	Dual Eligibility Codes	Almost 5 percent of EDB duals were not identified as duals in MI MSIS data.
MI	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in byte 2 of the dual code), since the state provides full Medicaid benefits to the aged and disabled with incomes less than 100% FPL.
MI	Length of Enrollment	MI had about 62 percent of eligibles with 12 months of enrollment, a higher proportion than occurred in most states.
MI	Managed Care	The state reports enrollment in HMOs, behavioral health plans, and a dental managed care plan. However, dental managed care reporting was erroneously omitted from MSIS reporting in 2003 for 15 counties (county codes 005, 023, 029, 033, 035, 053, 057, 061, 083, 111, 131, 143, 149, 155, and 159). All children <21 years in these counties were enrolled in dental managed care, according to state officials. Dental plan enrollment is not included in the CMS managed care report for Michigan.
MI	Missing Eligibility Data	In CY03, 4.0 percent of records (n=65,875) in the MI file were missing Medicaid eligibility information. Of these, 99.97 percent (n=65,852) had associated claims reflecting positive expenditures in MAX. These claims totaled \$116,268,962 and averaged \$1,766 per record.
MI	SCHIP	Michigan reports its M-SCHIP enrollment, but it does not report its S-SCHIP enrollment. However, MI's M-SCHIP counts in MAX are not reliable in 2003.
MI	SCHIP	In CY03, MI added unborn children (133 to 185% FPL) to its M-SCHIP coverage.
MI	SSN	MI had 81,111 enrollees (4.9%) with missing SSNs in 2003. About 54 percent of these enrollees were age 5 or younger, and 87 percent were age 20 or younger. In addition, 23 percent of those missing an SSN were aliens who only qualified for emergency coverage.

State	Measure	Issue
MI	SSN	MI had 81 enrollee SSNs with duplicate records in 2003 (affecting <1% of enrollee records).
MI	TANF/1931	Michigan is unable to provide TANF flags for its Medicaid population.
MI	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
MI	Uniform Eligibility Groups	Michigan has a higher than expected number of enrollees younger than age 15 in uniform groups 15, 25, 35 and 45. This is likely tied to the fact that the state mapped its state-specific eligibility groups directly to the uniform groups, rather than using any age sort. Researchers might want to remap enrollees under age 15 to uniform groups 14, 24, 34 and 44.
MI	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
MN	Date of Death	About 11 percent of EDB duals had a Medicare-reported date of death in 2003, a higher proportion than reported in most states.
MN	Dual Eligibility Codes	About 14,400 EDB only duals in MN in 2003 were identified as a result of the EDB link. They were 10.8% of all EDB duals. This is a higher proportion than occurred in most states. Most of these individuals were in the UN2854 group. These individuals had not been previously identified as dual eligibles in MSIS data.
MN	Managed Care	In MN, about 38% of full benefit EDB duals were enrolled in HMO/HIOs, a higher proportion than occurred in most states.
MN	Missing Eligibility Data	In CY03, 0.6 percent of records (n=4,447) in the MN file were missing Medicaid eligibility information. Of these, 95.3 percent (n=4,239) had associated claims reflecting positive expenditures in MAX. These claims totaled \$34,140,626 and averaged \$8,054 per record.

State	Measure	Issue
MN	Race/Ethnicity	MN reported about 5% of its enrollees to race code 9 ("unknown").
MN	Restricted Benefits Flag	Persons assigned restricted benefits code 5 only qualify for "access" services, since their eligibility has not yet been fully established.
MN	SCHIP	In CY03, MN included S-SCHIP claims in its MSIS data by mistake. Of the 25,200 children with only S-SCHIP enrollment during CY03, 52 (<1%) had MAX claims. These claims totaled \$93,994 and averaged \$1,808 per child, accounting for <1% of MAX expenditures. The additional 20,027 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 20,027 children with both S-SCHIP and Medicaid enrollment during the year.
MN	SCHIP	Minnesota reports its very small M-SCHIP program that covers only infants with income from 275-280% FPL.
MN	SCHIP	The state did not have an S-SCHIP program until July 2001, when it transferred adults from its 1115 waiver to S-SCHIP. In January 2003, MN expanded its S-SCHIP coverage to include unborn children (PC9900). However, MN does not appear to have included this group in its SEDS data in 2003.
MN	SSN	MN had 19,366 enrollees (2.5%) with missing SSNs in 2003.
MN	TANF/1931	Eligibles reported as TANF recipients in Minnesota's data are actually recipients of the Minnesota Family Income Program. The state reports this is nearly equivalent to the TANF code and is of greater interest to the state (from a data feedback perspective).
MN	TANF/1931	In 2003, the TANF numbers in MAX were about 45% higher than the TANF administrative data.
MN	Uniform Eligibility Groups	Minnesota is a 209(b) state, meaning that the state requires SSI recipients to apply for Medicaid, and the state uses somewhat more restrictive criteria. However, it appears the vast majority of SSI recipients qualify for Medicaid coverage.

State	Measure	Issue
MN	Uniform Eligibility Groups	Minnesota reports almost all of its poverty-related children and adults into uniform eligibility groups 54-55 as a part of its MinnesotaCare 1115 Waiver Program.
MN	Uniform Eligibility Groups	In July 2001, MN exercised the OBRA 86 option, extending full Medicaid benefits to the aged and disabled to 95% FPL. However, these individuals were not assigned a special eligibility code and were not reported to UEG 31-32 in MAX data until July 2003. In the first half of 2003, they were reported to uniform eligibility groups 21-22. This caused a major shift in enrollment from UEG 21-22 to 31-32.
MN	Uniform Eligibility Groups	Another major shift in enrollment occurring in July 2003 involved children and adults, when the state began reporting all children and adults to uniform eligibility groups 14-15 who qualified for Medicaid under expanded section 1931 criteria. This resulted in declines in uniform eligibility groups 24-25, 34-35 and 44-45.
MN	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
MO	1115 Waiver	In 1998, Missouri began an 1115 program that extended managed care coverage to children with income to 300% FPL (includes M-SCHIP group). In 1999, coverage was added for adults with income to 100% FPL who were transitioning off TANF (they qualified for up to 1-2 years of coverage). The waiver also included family planning only benefits for one year post-partum to all Medicaid mothers.
MO	County Codes	Eligibles with county code = 510 are residents of the city of St. Louis.
MO	Date of Death	MO reported about 1,584 persons with a date of death prior to 2003.

State	Measure	Issue
MO	Dual Eligibility Codes	About half of the dual population are assigned dual code 8 (in the 2nd byte of the new annual crossover value). According to the state, these are eligibles who might qualify under QMB or SLMB rules, but pay for their own Part B premiums as a part of a 209(b) spend down. The state also indicated that dual eligibles have to apply for QMB/SLMB coverage.
MO	Dual Eligibility Codes	By mistake, some persons (about 1,200) reported to uniform eligibility groups 31-32 have dual codes 2, 4 or 8 (in byte 2 of the annual cross over code) and are assigned RBF code 3. It is not known whether the dual code is incorrect or the uniform eligibility group and RBF codes are incorrect.
MO	Length of Enrollment	MO had 70% of eligibles with 12 months of enrollment in 2003, a higher proportion than occurred in most states.
MO	Managed Care	PACE enrollment (about 175) is reported in CMS managed care data in June 2003, but not reported in MAX data.
MO	Missing Eligibility Data	In CY03, 1.7 percent of records (n=20,183) in the MO file were missing Medicaid eligibility information. Of these, 17.1 percent (n=3,458) had associated claims reflecting positive expenditures in MAX. These claims totaled \$7,563,952 and averaged \$2,187 per record.
MO	Persons With No Enrollment	MO reported 17,115 persons with MAX eligibility records, but zero months of Medicaid enrollment in 2003 (cause unknown).
MO	Race/Ethnicity	Race/ethnicity was reported as "unknown" for close to 4% of enrollees in 2003.
MO	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits. In addition, some presumptively eligible pregnant women are assigned restricted benefits code 4.
MO	SCHIP	Missouri is reporting M-SCHIP eligibles into MSIS. The state does not have an S-SCHIP program.
MO	SSN	MO had 31,086 enrollees (2.6%) with missing SSNs in 2003. About 72 percent of these enrollees were age 5 or younger. In addition, 8 percent of enrollees missing an SSN were assigned to restricted benefit code 4 (only eligible for pregnancy-related services).

State	Measure	Issue
MO	Uniform Eligibility Groups	In July 2003, there was a noticeable increase in enrollment in uniform eligibility groups 34 and 55. Some families transferred out of uniform eligibility groups 14-15 when they hit the standard 12 months of TMA time limit.
MO	Uniform Eligibility Groups	Towards the end of 2002, MO added coverage for the working disabled (MAWD - Medical Assistance for Workers with Disabilities), resulting in increased enrollment in uniform eligibility group 42 in January 2003. These enrollees are in state groups 85M and 86M.
MO	Uniform Eligibility Groups	BCCPTA coverage was added for uniform eligibility group 3A in October 2003.
MO	Uniform Eligibility Groups	MO is a so-called 209(b) state. This explains why the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by the Social Security Administration.
MO	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
MO	Uniform Eligibility Groups	Missouri does not provide medically needy coverage.
MO	Uniform Eligibility Groups	Transitional medical assistance (TMA) enrollees are included in the 1931 group mapped to 14-15.
MS	1115 Waiver	MS had an 1115 family planning waiver approved for implementation in July 2002; however, data reporting did not begin in MAX until October 2003.
MS	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since the state provided full Medicaid benefits to the aged and disabled with income less than 135% FPL.
MS	Dual Eligibility Codes	Mississippi assigned dual code 2 (in the 2nd byte of the crossover code) to all full benefit duals, rather than distinguishing between dual code 2 (QMB plus), code 4 (SLMB plus) and code 8 (other full duals). This occurred because the state disregarded income between 100-135 percent FPL.

State	Measure	Issue
MS	Foster Care	Mississippi reports a smaller proportion of children in foster care than generally expected.
MS	Managed Care	MS had no managed care enrollment in 2003. MS's use of PCCMs was discontinued in April 2002.
MS	Missing Eligibility Data	In CY03, 0.3 percent of records (n=2,460) in the MS file were missing Medicaid eligibility information. Of these, 99.2 percent (n=2,441) had associated claims reflecting positive expenditures in MAX. These claims totaled \$3,900,344 and averaged \$1,598 per record.
MS	Private Health Insurance	In April 2003, MS reported a surge in private health insurance of about 4,000 (16 percent). The state believes they had been underreporting private health insurance prior to this time.
MS	Race/Ethnicity	About 7% of eligibles were coded as "unknown".
MS	Restricted Benefits Flag	In October 2003, approximately 15,000 children in uniform eligibility group 34 are assigned restricted benefits code 5. MS assigns this code to infants under the age of 1 whose family income is below 185% FPL. They are restricted from receiving dental services and eyeglasses. In addition, poverty-related women in uniform eligibility group 35 have benefit restrictions related to pregnancy (code 4) beginning in October 2003. Finally, RBF 6 is used beginning in October 2003 for family planning only waiver enrollees in uniform eligibility group 55.
MS	SCHIP	Mississippi had both an M-SCHIP and an S-SCHIP program; however, the M-SCHIP program phased out in 2002. The S-SCHIP program is not reported in MSIS.
MS	SSN	MS had 4701 enrollee SSNs with duplicate records in 2003 (affecting 1.4% of enrollee records).
MS	SSN	MS had 40,002 enrollees (5.2%) with missing SSNs in 2003. About 73 percent of these were "k" babies (state group kk), newborns yet to receive SSNs. About 96 percent of these enrollees were age 5 or younger.
MS	TANF/1931	The TANF field is 9 - filled.

State	Measure	Issue
MS	Uniform Eligibility Groups	In October 2003, SSI aged enrollment in uniform eligibility group 11 increased substantially (50 percent). Most, but not all of this increase resulted when some shifts were made in the age sort for aged and disabled. Total SSI enrollment also increased in October and may have resulted from more timely SSI information.
MS	Uniform Eligibility Groups	In October 2003, MS began reporting enrollment to its 1115 family planning waiver in uniform eligibility group 55. It also began reporting BCCPTA enrollees to uniform eligibility group 3A.
MS	Uniform Eligibility Groups	Mississippi provides full benefits to aged and disabled eligibles with less than 135% FPL.
MS	Uniform Eligibility Groups	Mississippi continues to report both 1931 eligibles and TMA enrollees to state group 85. As a result, TMA enrollees are no longer separately identifiable and state group 85 is mapped to uniform eligibility group 14-15. Only a small group of hospice recipients remain in uniform eligibility group 45.
MS	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
MT	Date of Death	< 100 persons are reported with a date of death prior to 2003.
MT	Dual Eligibility Codes	In June 2003, MT stopped reporting dual code 3 (SLMB only) in byte 2 of the crossover code by mistake (not included in MSIS), and persons who should have been reported to dual code 4 (SLMB plus) were converted to dual code 8.
MT	Dual Eligibility Codes	Dual eligibility groups QDWI and QI-1 duals are not included in MT's MSIS files.
MT	Missing Eligibility Data	In CY03, 0.7 percent of records (n=809) in the MT file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$587,037 and averaged \$726 per record.

State	Measure	Issue
MT	Restricted Benefits Flag	Montana's welfare reform program, called "FAIM," extends reduced Medicaid benefits to some adult eligibles. People with these restricted benefits are assigned code 5 (other). MT also assigned restricted benefits code 5 to its BCCPTA enrollees.
MT	SCHIP	Montana begins reporting its S-SCHIP data in October 1999. The state does not have an M-SCHIP program.
MT	SSN	MT's SSN information is not fully reliable. Many individuals had their Medicaid ID numbers or other numbers entered in the SSN field by mistake.
MT	TANF/1931	Montana 9-fills the TANF field.
MT	Uniform Eligibility Groups	MT appears to report many disabled SSI enrollees age 65 and older to uniform eligibility group 11.
MT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NC	Date of Death	A date of death prior to 2003 was reported for 2464 enrollees.
NC	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since North Carolina extended full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL).
NC	Missing Eligibility Data	In CY03, 0.05 percent of records (n=779) in the NC file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$717,890 and averaged \$922 per record.
NC	Race/Ethnicity	The race code is reported as "unknown" for about 8% of NC enrollees.

State	Measure	Issue
NC	Restricted Benefits Flag	The women in uniform eligibility group 35 who receive RBF = 2 (restricted benefits on the basis of alien status) are aliens who receive coverage for emergency services, including labor and delivery.
NC	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
NC	SCHIP	In CY03, NC included S-SCHIP claims in its MSIS data by mistake. Of the 98,325 children with only S-SCHIP enrollment during CY03, 126 (<1%) had MAX claims. These claims totaled \$61,739 and averaged \$490 per child, accounting for <1% of MAX expenditures. The additional 58,150 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 58,150 children with both S-SCHIP and Medicaid enrollment during the year.
NC	SCHIP	NC has opted to report its S-SCHIP group. The state does not have an M-SCHIP program.
NC	SSN	NC had 44,426 enrollees (2.8%) with missing SSNs in 2003. Close to 72 percent were under age 21; 57 percent were age 5 or younger. About 2 percent were enrolled in the state's S-SCHIP program. And 26 percent were unqualified aliens who were only eligible for emergency services.
NC	TANF/1931	TANF counts in MAX 2003 were about 13% higher than ACF TANF counts, suggesting they may not be reliable.
NC	Uniform Eligibility Groups	NC extended full Medicaid benefits to aged and disabled up to 100% FPL.
NC	Uniform Eligibility Groups	North Carolina's count of SSI recipients differs somewhat from SSA counts. Two factors may contribute. First, North Carolina administers its own SSI Supplement program. Second, the state appears to report most disabled persons age 65 and older to Uniform Eligibility Group 11.

State	Measure	Issue
NC	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NC	Uniform Eligibility Groups	Prior to 9/1/03, enrollees losing TANF coverage were provided an additional 12 months of Medicaid coverage before they were moved to traditional transitional Medicaid coverage. After 9/11/03, this 12-month extended coverage was ended by the state resulting in a portion of state group MAFCN being moved into traditional transitional coverage (state group AAFCN). Hence, there was a transfer of enrollees from uniform eligibility group 14-15 to uniform eligibility group 44-45 in September 2003.
ND	Dual Eligibility Codes	Most dual eligibles receive dual flag 8 (in the second byte of the crossover code), including SSI recipients. ND asserts that SSI duals should not be required to apply for QMB or SLMB status since Medicaid is already covering Medicaid premiums payments and cost-sharing.
ND	Missing Eligibility Data	In CY03, 3.2 percent of records (n=2,614) in the ND file were missing Medicaid eligibility information. Of these, 69.9 percent (n=1,828) had associated claims reflecting positive expenditures in MAX. These claims totaled \$2,081,189 and averaged \$1,139 per record.
ND	Private Health Insurance	North Dakota reports that about 22 percent of its eligibles have private insurance, a higher than expected proportion.
ND	Restricted Benefits Flag	Correction records caused a decline in the number of persons with RBF code 3 (restricted benefits related to Medicare cost-sharing) in April and July 2003. This is likely related to enrollment declines in uniform eligibility groups 31 and 32 in these months. This pattern did not occur in the original MSIS data.

State	Measure	Issue
ND	SCHIP	In CY03, ND included S-SCHIP claims in its MSIS data by mistake. Of the 3,135 children with only S-SCHIP enrollment during CY03, 3,091 (99%) had MAX claims. These claims totaled over \$3 million and averaged \$1,169 per child, accounting for 1% of MAX expenditures. The additional 23 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 23 children with both S-SCHIP and Medicaid enrollment during the year.
ND	SCHIP	North Dakota reports its M-SCHIP children. The state also has an S-SCHIP program.
ND	SSN	ND had 308 enrollee SSNs with duplicate records in 2003 (affecting 0.8% of enrollee records). In addition, ND had 391 enrollees (0.5%) with missing SSNs in 2003.
ND	Uniform Eligibility Groups	In September 2003, ND reduced the earned income disregards used for Section 1931 enrollees. As a result, enrollment declined in UEG 14, 15, 16, and 17. A decline also occurred in UEG 44. These declines were offset (for the most part) by increases in other UEG groups.
ND	Uniform Eligibility Groups	MSIS correction records for 2003 caused some unusual patterns in monthly enrollment for a few UEG groups. In April, and July, correction records caused noticeable declines in UEG 31 and 32. Correction records also caused a decline in UEG 25 that began in April and continued through December. Original MSIS records did not show these declines for UEG 31, 32, or 25. The cause for these changes made by correction records is not known.
ND	Uniform Eligibility Groups	In January 2003, there was a decline in UEG 16-17 and a commensurate increase in UEG 44-45. This resulted from a more stringent definition of underemployment accounting for income and the number of hours per month worked, instead of only accounting for income. For those who did not qualify for transitional coverage, the children were able to qualify under the poverty-related provisions, while adults became ineligible for Medicaid.

State	Measure	Issue
ND	Uniform Eligibility Groups	ND is a 209(b) state that uses more restrictive eligibility rules for SSI recipients. In addition, ND has a state-administered SSI supplement and most disabled SSI recipients age 65 and older are reported to Uniform Eligibility Group 11. These policies may cause the number of persons reported to Uniform Eligibility Groups 11-12 to differ from the number of SSI recipients reported by the Social Security Administration.
ND	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NE	Date of Birth	The coding of unborn children in NE complicates MSIS records for infants <1 year and pregnant women. NE considers that an unborn child can qualify for Medicaid, but not the pregnant mother, unless she otherwise qualifies. Unborn children in NE are assigned MSIS IDs, along with a 9-filled SSN, "U" sex and a 9-filled or expected DOB. Once the child is born, the DOB, sex and SSN fields are updated. Unless otherwise eligible, the mother of the unborn child is not reported to MSIS. The prenatal and delivery charges are assigned to the child, if the mother is not otherwise eligible. Thus, some unborn children will also have mothers in the MSIS file, while others will not. Making it even more complicated, some unborn children are reported to child uniform groups 14, 16, 34, and 44 but most are reported to the adult uniform group 35 (they can also be in 15, 25 and 45). Unborn children can also have (expected) DOBs that are later than the enrollment month.
NE	Dual Eligibility Codes	NE assigns dual flag 9 (in byte 2 of the annual crossover code) to 100 - 200 enrollees per quarter. In addition, the state does not use dual flags 4, 6, and 7. QI-1 (code 6) duals are included with the dual code 3 group.
NE	Dual Eligibility Codes	Nebraska does not report any eligibles with dual code 1 (in the 2nd byte of the crossover code), since the state extends full Medicaid to all aged/disabled <100 percent FPL.

State	Measure	Issue
NE	Missing Eligibility Data	In CY03, 0.4 percent of records (n=952) in the NE file were missing Medicaid eligibility information. Of these, 70.2 percent (n=668) had associated claims reflecting positive expenditures in MAX. These claims totaled \$3,508,153 and averaged \$5,252 per record.
NE	Persons With No Enrollment	611 persons were included in the NE file with no reported months of enrollment in 2003 (cause unknown).
NE	Private Health Insurance	NE 9-filled the insurance field for about 2,000 enrollees each month in 2003.
NE	SCHIP	Nebraska reports its M-SCHIP children. The state does not have an S-SCHIP program.
NE	Sex	See Unborn Child note.
NE	SSN	NE had 8,675 enrollees (3.3%) with missing SSNs in 2003.
NE	TANF/1931	NE's TANF enrollment in MSIS was about 23 percent higher than ACF data. The state believes this is because there is a separate TANF plan that is not reported to ACF.
NE	Unborn Children	Pregnant women who are only eligible for Medicaid as a result of their unborn child are not entered into the MSIS system. Instead, an MSIS ID is assigned to the unborn child. The unborn child's SSN is 9-filled and the sex is Unknown. The DOB is the expected date of birth.
NE	Uniform Eligibility Groups	Early in 2003, NE imposed cuts in eligibility for working families causing declines in child and adult enrollment. However, in the fall 2003, NE settled a lawsuit restoring Medicaid eligibility for 6-12 months for a group of enrollees whose eligibility had been terminated as a result of a new state law (LB8). This caused an enrollment increase in UEG 44-45 in October 2003.
NE	Uniform Eligibility Groups	See DOB note above regarding uniform group coding for unborn children.
NE	Uniform Eligibility Groups	NE extends full Medicaid benefits for all aged/disabled up to 100% FPL.
NE	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NE requires them to separately apply for Medicaid coverage.

State	Measure	Issue
NE	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NH	Dual Eligibility Codes	In 2003, 57 percent of disabled enrollees in NH were dual eligibles, a higher proportion than occurred in most states.
NH	Dual Eligibility Codes	Just over five percent of EDB duals in NH were not identified as duals until the EDB link.
NH	Managed Care	In July 2003, NH terminated its only HMO managed care program.
NH	Managed Care	NH reported about 500 individuals in dental managed care from October 2002 through September 2004. This was incorrect as NH does not have a dental MC program.
NH	Missing Eligibility Data	In CY03, 0.1 percent of records (n=105) in the NH file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$44,115 and averaged \$420 per record.
NH	SCHIP	In CY03, NH included S-SCHIP claims in its MSIS data by mistake. Of the 5,415 children with only S-SCHIP enrollment during CY03, 32 (1%) had MAX claims. These claims totaled \$14,298 and averaged \$447 per child, accounting for <1% of MAX expenditures. The additional 4,337 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 4,337 children with both S-SCHIP and Medicaid enrollment during the year.
NH	SCHIP	NH operates both M-SCHIP and S-SCHIP programs, and reports both to MSIS.
NH	SSN	NH had 8 enrollee SSNs with duplicate records in 2003 (affecting 0.01% of enrollee records).

State	Measure	Issue
NH	TANF/1931	All persons in uniform groups 14-17 were reported to be TANF eligibles. It is unclear whether any persons other than TANF recipients qualified for Medicaid under 1931 rules.
NH	Uniform Eligibility Groups	New Hampshire is a 209(b) state, explaining in part why the number of eligibles reported in uniform groups 11 and 12 was substantially lower than the number receiving SSI, according to the SSA.
NH	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NJ	Date of Death	484 enrollees had a date of death prior to 2003.
NJ	Dual Eligibility Codes	Only 89% of persons age 65 or older are dual eligibles, a lower proportion than occurred in most states.
NJ	Dual Eligibility Codes	About 7.5 percent of EDB duals were identified as a result of the EDB link. This is a higher proportion than occurred in most states. These Medicaid enrollees had not previously been identified in MSIS data as dual eligibles.
NJ	Dual Eligibility Codes	New Jersey does not report any eligibles with dual eligibility code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits for all aged/disabled up to 100% FPL.
NJ	Dual Eligibility Codes	CMS approved NJ to limited use of dual code 9 for aged/disabled medically needy duals in nursing homes who do not get drug benefits (<800 enrollees/month).
NJ	Length of Enrollment	About 63% of NJ enrollees had 12 months of enrollment in 2003, a higher proportion than occurred in most states.

State	Measure	Issue
NJ	Managed Care	About 30,000 persons each month receive the Plan Type value 08 (other). These persons are residents of long term care facilities, and are receiving capitated payments for the costs associated with dispensing prescription drugs. The actual drugs are paid FSS. Related to this issue, we do not have Plan IDs for these capitated pharmaceutical plans since the payments are made to pharmacies, not nursing home providers. Finally, this type of managed care is not reported to the CMS Medicaid managed care survey.
NJ	Missing Eligibility Data	In CY03, 2.0 percent of records (n=23,561) in the NJ file were missing Medicaid eligibility information. Of these, 71.5 percent (n=16,854) had associated claims reflecting positive expenditures in MAX. These claims totaled \$56,048,355 and averaged \$3,326 per record.
NJ	Race/Ethnicity	NJ reports 11% of its eligibles with an unknown race.
NJ	Restricted Benefits Flag	Some persons with restricted benefits flag 5 are in waivers and do not qualify for full Medicaid benefits. RBF 5 is also used for nursing home recipients with dual code 9 (in the 2nd byte of the crossover code) who do not qualify for prescription drug coverage.
NJ	SCHIP	NJ reports both M-SCHIP and S-SCHIP children and adults in MSIS. M-SCHIP parents are reported to uniform eligibility group 55. S-SCHIP parents are reported to uniform eligibility group 00, with SCHIP code 3.
NJ	SCHIP	In CY03, NJ included S-SCHIP claims in its MSIS data by mistake. Of the 109,191 children and adults with only S-SCHIP enrollment during CY03, 166 (<1%) had MAX claims. These claims totaled \$492,839 and averaged \$2,969 per person, accounting for <1% of MAX expenditures. The additional 21,163 children and adults who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child and adult expenditures in CY03 are likely overstated in MAX CY03 data for the 21,163 children and adults with both S-SCHIP and Medicaid enrollment during the year.
NJ	SSN	NJ had 96,212 enrollees (8.4%) with missing SSNs in 2003. About 55 percent of these enrollees were age 5 or younger, and 74 percent were age 20 or younger. In addition, seven percent of those with a missing SSN were enrolled in the state's S-SCHIP program, and twelve percent were aliens who only qualified for emergency coverage.

State	Measure	Issue
NJ	TANF/1931	Some persons in Uniform Eligibility Group 44 receive TANF. This is not an error. The state reports that they do receive TANF, but that they are not 1931 eligible (i.e. they are mapped correctly, and do not belong in Uniform Eligibility Group 14).
NJ	Uniform Eligibility Groups	NJ provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.
NJ	Uniform Eligibility Groups	Effective January 2001, NJ added M-SCHIP coverage for parents as part of an 1115 waiver (uniform eligibility group 55).
NJ	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NM	County Codes	NM uses two even numbered county codes as valid FIPS codes. Code 006 = Cibola and 028 = Los Alamos.
NM	Dual Eligibility Codes	NM is still not able to include SLMB-only or QI enrollees (dual codes 3, 6, or 7 in the second byte of the crossover code) in MSIS as this information is not in the state's MMIS.
NM	Length of Enrollment	About 62% of eligibles were enrolled in Medicaid all 12 months of 2003, a higher proportion than occurred in most states.
NM	Missing Eligibility Data	In CY03, 1.0 percent of records (n=5,114) in the NM file were missing Medicaid eligibility information. Of these, 90.8 percent (n=4,646) had associated claims reflecting positive expenditures in MAX. These claims totaled \$9,961,024 and averaged \$2,144 per record.
NM	Restricted Benefits Flag	Persons (in state group 29) with restricted benefits code 6 only qualify for family planning benefits. They are reported to Uniform Eligibility Groups 54-55.
NM	SCHIP	NM implemented an 1115 waiver in March, 1999 for its M-SCHIP program. An 1115 was used to facilitate the use of copayments. The state does not have an S-SCHIP program.

State	Measure	Issue
NM	SSN	NM had 10,502 enrollees (2.1%) with missing SSNs in 2003.
NM	TANF/1931	The TANF flag is 9-filled.
NM	Uniform Eligibility Groups	NM has an 1115 program that extends family planning only benefits, in addition to coverage for M-SCHIP children.
NM	Uniform Eligibility Groups	The number of enrollees reported to the Uniform Eligibility Group 11-12 is about 8% higher than the number of SSI recipients according to data from SSA. This may occur because NM has a state administered optional SSI supplement program.
NM	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NV	County Codes	Nevada reports eligibles with County Code = 510. These are residents of Carson City. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "025."
NV	Dual Eligibility Codes	The following dual eligibility groups are not reported separately in Nevada's MSIS file: QDWI (dual code 5), QI-1 (dual code 6), or QI-2 (dual code 7) until October 2003. Until then, these groups were included with dual code 3 (SLMB only) in byte 2 of the dual code. In addition, until October 2003, NV only used dual code 2 (QMB plus full Medicaid) for full benefit duals.
NV	Managed Care	In October 2003, a non-emergency transportation waiver went into effect. Enrollees are reported to Plan Type code 08 in MSIS. Prior to 2005, enrollment in this waiver was not reported in the June CMS managed care counts. Also, effective October 2003, NV switched to a new managed care plan ID system.

State	Measure	Issue
NV	Missing Eligibility Data	In CY03, 3.4 percent of records (n=8,680) in the NV file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$15,964,919 and averaged \$1,839 per record.
NV	Race/Ethnicity	In October 2003, NV began reporting to Race Code 07 (Hispanic/Latino & more than one race) and Code 08 (not Hispanic/Latino & more than one race).
NV	Restricted Benefits Flag	In October 2003, NV greatly increased the number of aliens reported to qualify for emergency Medicaid benefits (RBF 2). The reason for this increase is unknown.
NV	SSN	Not all of the SSNs reported in the SSN field are valid SSNs. NV used "dummy" SSNs (leading zeros and birthdates) for undocumented aliens and newborns in the SSN field instead of 8-filling the SSN field (and assigning a temporary ID number in the MSIS ID field) until a permanent SSN became available. In addition, NV did not assign a temporary ID in the MSIS ID field to provide the link between the temp ID and the SSN. It is uncertain what percent of the data in the SSN field is not valid.
NV	SSN	In NV, there were no duplicate enrollee SSNs during the year.
NV	TANF/1931	In 2003, NV's TANF enrollment data in MAX are 15% higher than the official TANF counts (cause unknown).
NV	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, Nevada requires them to apply separately for Medicaid coverage. This might explain why monthly data show enrollment in uniform eligibility groups 11-12 to be lower than SSI enrollment levels reported in SSA data.
NV	Uniform Eligibility Groups	By mistake, a few individual (<10) were reported to uniform eligibility group 49, an invalid group.
NV	Uniform Eligibility Groups	Nevada began a BCCPTA program in July 2002, but those persons were not reported to MSIS until October 2003.

State	Measure	Issue
NV	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NV	Uniform Eligibility Groups	In October 2003, NV changed its state specific eligibility coding system.
NY	1115 Waiver	NY has an 1115 demonstration extending full Medicaid benefits to childless adults. Effective October 2002, family planning only coverage was also added.
NY	County Codes	County code 061 was used for the NYC boroughs. This includes persons in Bronx County (005), Kings County (047), Queens County (081), or Richmond County (085).
NY	Date of Birth	A date of birth was not assigned for over 115,000 enrollees. Most, but not all, of these enrollees were reported to child eligibility groups. The state believes that most, if not all, of the enrollees who do not have dates of birth are unborn children. The state assigns Medicaid ID numbers to unborn children to make sure they are eligible for services at birth.
NY	Dual Eligibility Codes	Only 87% of aged in NY are dual eligibles, a lower proportion than occurred in most states. This may relate to NY's higher proportion of aged non-citizens on Medicaid.
NY	Dual Eligibility Codes	New York has significant problems identifying its QMB only (Dual eligible flag = 51), SLMB only (Dual eligible flag =53) populations, and QI (dual eligible flag 51) populations. Only a relatively small number are reported in MSIS until late 2004.
NY	Missing Eligibility Data	In CY03, 0.6 percent of records (n=30,300) in the NY file were missing Medicaid eligibility information. Of these, 99.3 percent (n=30,073) had associated claims reflecting positive expenditures in MAX. These claims totaled \$255,411,703 and averaged \$8,493 per record.
NY	Private Health Insurance	NY was likely underreporting the number of enrollees with private insurance prior to October 2004.

State	Measure	Issue
NY	Race/Ethnicity	About 19% of eligibles in NY have an unknown race code.
NY	Restricted Benefits Flag	Persons in state groups 68-69 (Family Health Plans) are reported to uniform eligibility groups 34 and 55 and assigned RBF code 5, since they qualify for a somewhat more restrictive benefits package (no LTC for example). Persons in state group 56, reported to uniform eligibility groups 54-55, are assigned RBF code 6 since they only qualify for family planning services. Finally, some duals with RBF code 3 are reported to uniform eligibility groups 21-22.
NY	SCHIP	New York reported M-SCHIP eligibles through 2002, but did not report its S-SCHIP eligibles. However, in 2003, NY mistakenly did not report any M-SCHIP eligibles in MSIS. Researchers can identify M-SCHIP enrollees by using state-specific codes 71 and 81. No M-SCHIP enrollment was reported to SEDS in 2003 either. It now appears that children in state group 71 and 81 should have been reported as M-SCHIP children in 2003 MAX.
NY	Sex	Sex was reported as "unknown" for about 77,000 enrollees. These are probably in the unborn group.
NY	SSI	Relative to the number of aged SSI recipients, NY is reporting about 20% more eligibles under uniform eligibility group 11. NY has a state administered SSI supplement program for some SSI recipients which may account for the difference.
NY	SSN	NY had 388,277 enrollees (8.3%) with missing SSNs in 2003, compared to 16 percent in 2002. The improved rate probably occurred as the number of enrollees related to September 11 coverage declined. Half were children <21 years of age. Another 27 percent did not have a date of birth, and were probably in the unborn group.
NY	SSN	NY had 91,374 enrollee SSNs with duplicate records in 2003 (affecting 4% of enrollee records).

State	Measure	Issue
NY	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NY	Uniform Eligibility Groups	For many years, NY has had an extensive 1115 demonstration, extending Medicaid benefits to many low-income individuals. This 1115 coverage began with adults in the state's Home Relief (Safety Net) population in 1997 (including state groups 17, 18, 19, 21, and 39). In October 2001, another group of low-income uninsured adults were added under the Family Health Plus program (state groups 68 - 69), although this population qualified for a more restricted set of benefits (not LTC, for example). Finally, in October 2002, NY's 1115 was expanded to cover family planning only coverage (state group 56).
NY	Uniform Eligibility Groups	In October 2001, major increases in child and adult enrollment (uniform eligibility groups 41, 44-45) occurred as a result of the September 11 terrorist attack. These persons were reported to new state code 36. In January 2002, new state group 80 (Disaster Relief) also began to be used for September 11 coverage. The use of state group 36 was generally phased out by May 2002. The use of state group 80 was generally phased by early 2003. This caused a noticeable decline in enrollment for uniform eligibility groups 41, 44-45.
OH	Foster Care	Several thousand children in foster care have two records with different MSIS IDs and the same SSN.
OH	Length of Enrollment	About 61% of OH enrollees were enrolled all 12 months of 2003, a higher proportion than occurred in most states.
OH	Managed Care	PACE enrollment is reported in the CMS managed care survey for June 2003, but is not separately reported in MAX managed care data.
OH	Missing Eligibility Data	In CY03, 0.02 percent of records (n=477) in the OH file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,663,035 and averaged \$3,486 per record.

State	Measure	Issue
OH	SCHIP	OH has an M-SCHIP program, but no S-SCHIP program. Ohio is somewhat unusual in that some M-SCHIP children are reported into uniform group 12. Since Ohio is a 209(b) state, some disabled children do not qualify for Medicaid through the SSI-related provisions. However, they are able to qualify for SCHIP coverage.
OH	SSN	OH had 29,814 enrollees (1.5%) with missing SSNs in 2003. In addition, OH had 12,878 enrollee SSNs with duplicate records in 2003 (affecting 1.3% of enrollee records). Part of the SSN duplication occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSN; researchers may want to combine these records.
OH	Uniform Eligibility Groups	In CY 2003, enrollment in UEG 31-32 shifted somewhat as a result of a new age sort reporting all partial duals age 65 and older to UEG 31. In addition, some partial duals reported to other UEG groups by mistake were remapped to UEG 31-32, beginning in CY03.
OH	Uniform Eligibility Groups	OH is a 209(b) state using more restrictive Medicaid eligibility rules for SSI recipients. This may explain in part why the number of SSI eligibles reported into uniform groups 11 and 12 is considerably lower than the number reported by the Social Security Administration (-19%). In addition, enrollment for the SSI disabled (uniform eligibility group 12) declined somewhat in 2003, but was more than offset by an increase in uniform eligibility group 32 and 42. This may have occurred in part because some SSI recipients who were partial duals were remapped to UEG 31-32. It also appears that many disabled SSI recipients age 65 and older are reported to uniform eligibility group 11.
OH	Uniform Eligibility Groups	OH has an unusually large proportion of children and adults in uniform groups 44-45. Some 1931 children and adults may be reported here in error, instead of being reported to uniform groups 14-15.
OH	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
OK	Date of Death	Almost 500 persons have a reported date of death prior to 2003.
OK	Dual Eligibility Codes	Since OK provides full Medicaid benefits to aged and disabled with income <100% FPL, no enrollment is reported to dual code 1 (in byte 2 of the crossover code).
OK	Dual Eligibility Codes	Beginning in January 2003, the state implemented a new system that allowed them to begin full reporting of QI-1s (dual code 6 in byte 2 of the crossover code) in MSIS.
OK	Managed Care	Two types of managed care are reported to the "other" (08) managed care plan type in Oklahoma. The first is a hybrid PCCM (SoonerCare) in which the capitation fee to physicians also covers a limited number of common office procedures and lab work. These providers are reported as PCCMs in the 2003 CMS Managed care data.
OK	Managed Care	The second type of managed care reported to "other" in MAX data involves transportation. The number of enrollees in plan type 08 showed a significant increase when the state added a non-emergency transportation (NET) waiver in January 2003 with Metropolitan Tulsa Transit as the provider. Another provider, Logisticare, began providing services in 8/1/03. Many clients are enrolled in both the hybrid PCCM and a transportation plan, so they have two plan 08s. The transportation managed care enrollment was not reported in the CMS managed care data in June 2003.
OK	Missing Eligibility Data	In CY03, 0.3 percent of records (n=1,694) in the OK file were missing Medicaid eligibility information. Of these, 54.3 percent (n=921) had associated claims reflecting positive expenditures in MAX. These claims totaled \$2,529,857 and averaged \$2,747 per record.
OK	Restricted Benefits Flag	Most medically needy enrollees have restricted benefits code 5 (other).
OK	SCHIP	Oklahoma reports its M-SCHIP children in MSIS (codes A7 and A8 in bytes 3-4 of the state specific code). The state does not have an S-SCHIP program.
OK	SCHIP	In 2003, M-SCHIP reporting in MSIS fluctuated month-to-month, with unusual drops in enrollment from March through July and then again in December. OK confirmed that there were problems with M-SCHIP coding during this time, making this data unreliable. OK also reported problems with the SEDS M-SCHIP reporting during 2003.

State	Measure	Issue
OK	SSN	OK had 4,007 enrollee SSNs with duplicate records in 2003 (affecting <1% of enrollee records). Most of these records are for children.
OK	TANF/1931	Beginning in January 2003, OK's TANF data are reliable.
OK	Uniform Eligibility Groups	OK provides full Medicaid benefits to aged and disabled to 100% FPL.
OK	Uniform Eligibility Groups	In October 2002, some significant corrections were made to OK's UEG crosswalk. In particular, many enrollees were moved from MASBOE 34 and 45 to MASBOE 14-15 and 48. Part of the UEG shift occurred because all 1931s were not mapped to UEG 14 and 15 until October 2002.
OK	Uniform Eligibility Groups	Oklahoma is a 209(b) state, using more restrictive rules for Medicaid than SSI. This explains, in part, why the number of SSI eligibles reported to uniform groups 11-12 is lower than the number reported by the Social Security Administration.
OK	Uniform Eligibility Groups	OK began phasing out its medically needy program at the end of 2002. This was completed in 2003.
OK	Uniform Eligibility Groups	There were some changes in enrollment by uniform eligibility group in January 2003 when the state transitioned to a new reporting system. The state believes they were underreporting enrollment in uniform eligibility group 12 prior to this change. In addition, enrollment shifts between uniform eligibility group 34 and 14 in March and December are probably related to problems with M-SCHIP coding.
OK	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
OR	County Codes	OR's county code data were reliable starting in CY 2003. However, OR did not have FIPS codes for 8,746 persons (1.3%) in the year and reported them to county code 0.

State	Measure	Issue
OR	Dual Eligibility Codes	About 7% of all EDB duals were only identified as a result of the EDB link. This is a higher proportion than occurred in most states. These individuals had not been previously identified as dual eligibles in MSIS data.
OR	Length of Enrollment	OR had less than 39% of eligibles with 12 months of enrollment, a lower proportion than occurred in most states.
OR	Managed Care	About 38% of full benefit EDB duals were enrolled in HMO/HIOs in OR, a higher proportion than most states.
OR	Managed Care	Managed care enrollment declined in CY 2003 primarily due to declines in adult 1115 eligibility (uniform eligibility group 55).
OR	Managed Care	OR reported 400-500 persons in a PACE plan. However, PACE enrollment was not included in the CMS data 2003 Medicaid managed care data for OR.
OR	Missing Eligibility Data	In CY03, 0.3 percent of records (n=2,049) in the OR file were missing Medicaid eligibility information. Of these, 76.9 percent (n=1,576) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,460,563 and averaged \$927 per record.
OR	Persons With No Enrollment	About 3.2% of persons included in the OR MAX 03 file did not have any reported months of eligibility in 2003 (cause unknown).
OR	Restricted Benefits Flag	The number of partial duals assigned restricted benefits code 3 increased substantially in 2003. In 2002, problems were reported for this code, but the 2003 data appear reliable.
OR	Restricted Benefits Flag	Through 1/03, persons with restricted benefits code 5 (other) were generally medically needy enrollees. Beginning with 2/03 data (after the medically needy program ended), restricted benefits code 5 was used for 1115 waiver adults in uniform eligibility group 55.

State	Measure	Issue
OR	SCHIP	In CY03, OR included S-SCHIP claims in its MSIS data by mistake. Of the 20,620 children with only S-SCHIP enrollment during CY03, 19,900 (97%) had MAX claims. These claims totaled over \$14 million and averaged \$708 per child, accounting for 1% of MAX expenditures. The additional 24,818 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 24,818 children with both S-SCHIP and Medicaid enrollment during the year.
OR	SCHIP	Oregon reports its child S-SCHIP data in MSIS. Its adult S-SCHIP program, which began in 2/03, is not being reported to MSIS. The state does not have an M-SCHIP program.
OR	SSN	OR had 40,194 enrollees (6.3%) with missing SSNs in 2003. About 4 percent of these enrollees were infants (age 0). Just over 56% were under age 21. In addition, 67 percent of individuals missing an SSN were aliens who only qualified for emergency coverage.
OR	SSN	OR had 1,525 enrollee SSNs with duplicate records in 2003 (affecting 0.5% of enrollee records).
OR	TANF/1931	OR's TANF data in MAX 2003 are only reliable in November and December 2003.
OR	Uniform Eligibility Groups	Oregon generally maps SSI disabled persons age 65 and older to uniform group 11.
OR	Uniform Eligibility Groups	Since 1994, OR has had an 1115 program--the Oregon Health Plan--that expanded eligibility, prioritized health benefits, and relied heavily on managed care. This 1115 waiver eliminated the spend-down component of the state's medically needy program and it also eliminated retroactive coverage, but it expanded coverage to all low-income individuals, including childless adults and eventually college students. Expansion enrollees are reported to uniform eligibility group 55.
OR	Uniform Eligibility Groups	Beginning in 1999, OR had a family planning only waiver (called FPEP by state); however, these individuals have not been reported to MSIS (through FY04). Their enrollment and claims are handled in a separate system operated by OR's public health department.

State	Measure	Issue
OR	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
OR	Uniform Eligibility Groups	OR's medically needy program ended 1/31/2003. At that time, some recipients were determined eligible for other programs and shifted to uniform eligibility groups 31-32 (poverty-related aged and disabled) and some to uniform eligibility group 42 (other disabled).
OR	Uniform Eligibility Groups	In November 2003, some reprogramming by the state caused a shift in enrollment from uniform eligibility groups 16-17 to 14-15.
OR	Uniform Eligibility Groups	Budget cuts caused OR to postpone eligibility expansions. There was a dramatic decline in the 1115 adult population (uniform eligibility group) in 2003 due to reduced benefits and new premiums.
PA	Date of Death	Over 3,800 persons were reported with a date of death prior to 2003.
PA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, PA stopped using dual code 9 (in the second byte of the crossover code). It appears that most of these dual eligibles shifted to dual code 8. There were also reported increases in enrollment to dual codes 1-7.
PA	Dual Eligibility Codes	About 31% of disabled persons in PA were linked to the EDB file, a lower proportion than occurred in most states.
PA	Dual Eligibility Codes	PA provides full Medicaid benefits to aged and disabled up to 100% FPL. This explains the low number reported as QMB only (dual code 1 in the 2nd byte of the crossover code).
PA	Length of Enrollment	PA had 66% of eligibles with 12 months of enrollment, a higher proportion than occurred in most states.
PA	Managed Care	PA uses different Plan IDs in its claims and EL files. The state has submitted a crosswalk matching the two sets of IDs.

State	Measure	Issue
PA	Managed Care	PACE enrollees are reported to managed care plan type 05 (long term care) in 2003, along with other individuals in long term care managed care plans.
PA	Managed Care	In PA, about 52% of the full benefit EDB duals were enrolled in HMO/HIOs, a higher proportion than occurred in most states.
PA	Missing Eligibility Data	In CY03, 2.4 percent of records (n=44,162) in the PA file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$62,192,709 and averaged \$1,408 per record.
PA	Restricted Benefits Flag	In PA, restricted benefits code 5 (other) is assigned to many persons with medically needy coverage.
PA	SCHIP	Pennsylvania has an S-SCHIP program, but no M-SCHIP program. The state does not report its S-SCHIP enrollment in MSIS.
PA	SSN	PA had 30 enrollee SSNs with duplicate records in 2003 (affecting <0.1% of enrollee records).
PA	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, SSI disabled age 65 and older are mapped to uniform eligibility group 11.
PA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
RI	1115 Waiver	Beginning in 1994, Rhode Island had an 1115 program for children and adults. This 1115 plan has always covered infants with income 185-250% FPL, children 1-5 years with income 133-250% FPL, children 6-7 years with income 100-250% FPL, and family planning only recipients with income up to 250% FPL. Until 1/97, it also covered children 8-19 years with income 100-250% FPL, but then that group became the first M-SCHIP population. It also covered children and pregnant women with income 185-250% FPL, but in 1/01 this group was transferred to M-SCHIP as well. Finally, from 1/98 to 1/01, RI covered parents with income 110-185% FPL under the state's 1931 provisions; however, this group was transferred to the 1115 program and M-SCHIP effective 1/01.
RI	County Codes	Medicaid enrollees living out of state are reported under county FIPS code 000. About 89% of eligibles have valid county codes, a lower proportion than occurred in most states.
RI	Length of Enrollment	RI had 68% of eligibles with 12 months of enrollment, a higher proportion than occurred in most states.
RI	Managed Care	HMO enrollment dropped by about 6 percent in January 2003 (cause unknown) and did not return to the December 2002 level until December 2003.
RI	Missing Eligibility Data	In CY03, 2.8 percent of records (n=6,183) in the RI file were missing Medicaid eligibility information. Of these, 23.8 percent (n=1,472) had associated claims reflecting positive expenditures in MAX. These claims totaled \$994,560 and averaged \$676 per record.
RI	Race/ethnicity	In 2003, 27% of eligibles were coded as "unknown."
RI	Restricted Benefits Flag	Adults in state specific eligibility groups 71, 73, and 74 who qualify for family planning benefits under an 1115 waiver were assigned restricted benefits code 6. Pregnant women were assigned restricted benefits flag 4. Medically needy enrollees were generally assigned restricted benefits code 5 (other).
RI	SCHIP	Rhode Island reports its M-SCHIP children. The state does not have an S-SCHIP program. In addition to children, RI's M-SCHIP program covers low-income parents with income 110-185% FPL and pregnant women with income of 185-200% FPL.
RI	TANF/1931	RI TANF data are not reliable.

State	Measure	Issue
RI	Uniform Eligibility Groups	Enrollment in uniform eligibility group 32 declined by about 50 percent in January 2003 when the QI-2 program expired.
RI	Uniform Eligibility Groups	Rhode Island does not report all of its 1931 eligibles into uniform eligibility groups 14 and 15. Some are currently mapped to uniform eligibility groups 44 and 45.
RI	Uniform Eligibility Groups	In December 2003, RI reported about 17% more SSI enrollees than the count reported in SSA data (cause unknown).
SC	Date of Death	About 2324 persons had a year of death prior to 2003.
SC	Dual Eligibility Codes	Over 30 percent of EDB duals were only identified as a result of the EDB link. This is a higher proportion than occurred in most states. Most of these were participants in the Pharm Plus program whose dual status had not been determined.
SC	Dual Eligibility Codes	SC's 1115 Silvercard drug program (also referred to as "SilverRxCard"), began in January 2003. Enrollment was close to 50,000 right away. For the vast majority of SilverCard enrollees, SC defaulted to dual code 0 (in byte 2) since the state did not determine whether an individual was Medicare eligible. Dual code 9 was used if the state knew the Silver Rx enrollee was dual eligible. A small group of SilverCard enrollees were assigned dual code 3 or 6 (SLMB only or QI).
SC	Dual Eligibility Codes	South Carolina does not report any eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits to all aged/disabled up to 100% FPL.
SC	Length of Enrollment	SC had 66% of eligibles with 12 months of enrollment, a higher proportion than occurred in most states.
SC	Managed Care	South Carolina's Physician's Enhanced Program (PEP) is a hybrid managed care program. In MSIS, it is coded as Plan Type 08. In CMS managed care data for June 2003, it is reported as a prepaid ambulatory health plan.
SC	Missing Eligibility Data	In CY03, 0.1 percent of records (n=1,233) in the SC file were missing Medicaid eligibility information. Of these, 76.0 percent (n=937) had associated claims reflecting positive expenditures in MAX. These claims totaled \$25,884,449 and averaged \$27,625 per record.
SC	Race/ethnicity	About 8% of records in SC are reported as "unknown."

State	Measure	Issue
SC	Restricted Benefits Flag	Enrollees in the 1115 prescription drug program are assigned restricted benefits codes X, Y, or Z indicating they only qualify for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing.
SC	Restricted Benefits Flag	Enrollees in state group 3055 are assigned restricted benefits code 6 because they only receive family planning benefits.
SC	SCHIP	SC has an M-SCHIP program, but not an S-SCHIP program.
SC	SSN	SC had 44,839 enrollees (4.3%) with missing SSNs in 2003. About 90 percent of the enrollees missing SSNs were children under age 6. In addition, SC had 1,175 enrollee SSNs with duplicate records in 2003 (affecting 0.2% of enrollee records).
SC	TANF/1931	SC 9-filled the TANF data element in 2003.
SC	Uniform Eligibility Groups	In the fall of 2002, SC implemented a SLMB-only program for 135 to 175 percent FPL (state code 1049 mapped to UEG 31). However, this program only lasted until December 2002.
SC	Uniform Eligibility Groups	SC reports many more aged SSI recipients to UEG 11 compared to the SSI administrative data. Two factors likely contribute. First, SC has a state-administered SSI supplementation program. Second, in SC, all disabled SSI recipients > 64 years are reported to UEG 11.
SC	Uniform Eligibility Groups	In the summer and fall of 2003, child and adult enrollment dropped in SC, as the state implemented a new automated eligibility redetermination system. This system seems to have reduced participation.
SC	Uniform Eligibility Groups	In January 2003, SC implemented a prescription drug only program for low income seniors up to 200 percent FPL. This program -- called SilverRXCard program -- is reported as state-specific eligibility code 1092 and is mapped to UEG 51. To be on Silvercard, an individual must be over 65 and not have any other pharmacy coverage through private health insurance. Some SLMB only and QI persons fall in this category and remain with a dual code 3 or 6 (in byte 2).
SC	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.

State	Measure	Issue
SC	Uniform Eligibility Groups	Enrollees receiving only family planning benefits are reported to uniform eligibility groups 54-55.
SC	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
SD	County Codes	The state has some enrollees (<2,000) mapped to county code 999; according to the state, some of these are inappropriately mapped to this code while others are appropriately assigned this code because they are beneficiaries who reside out-of-state.
SD	Dual Eligibility Codes	About 6.4 percent of EDB duals were only identified as a result of the EDB link. This is a higher proportion than occurred in most states. These individuals had not been previously identified as dual eligibles in MSIS data.
SD	Missing Eligibility Data	In CY03, 0.2 percent of records (n=266) in the SD file were missing Medicaid eligibility information. Of these, 5.6 percent (n=15) had associated claims reflecting positive expenditures in MAX. These claims totaled \$3,582 and averaged \$239 per record.
SD	Private Health Insurance	About 16 percent of the persons in the MAX 2003 file are coded as receiving third party insurance. This number is higher than expected, but the state confirms it is correct.
SD	SCHIP	In CY03, SD included S-SCHIP claims in its MSIS data by mistake. Of the 1,541 children with only S-SCHIP enrollment during CY03, 9 (1%) had MAX claims. These claims totaled \$1,525 and averaged \$169 per child, accounting for <1% of MAX expenditures. The additional 2,213 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 2,213 children with both S-SCHIP and Medicaid enrollment during the year.

State	Measure	Issue
SD	SCHIP	SD reports its M-SCHIP children and S-SCHIP children.
SD	SSN	SD had 1,675 enrollee SSNs with duplicate records in 2003 (affecting 2.7% of enrollee records). The majority of these records are for children, and 29 percent are for foster children.
SD	TANF/1931	South Dakota cannot identify their TANF recipients. This field is 9-filled for all eligibles.
SD	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
TN	1115 Waiver	TN has had a long-standing 1115 demonstration to extend eligibility to low-income persons (including the aged and disabled) who would not otherwise have qualified for Medicaid. For many years, the waiver also moved the vast majority of Medicaid enrollees to managed care, although this changed over time.
TN	County Codes	About 2% of enrollees were assigned county code 000 (cause unknown).
TN	Dual Eligibility Codes	TN had some problems with its dual eligible reporting through September 2002. Many duals were incorrectly assigned dual codes 1 and 3 (in byte 2 of the dual code), as well as restricted benefits code 3. Instead, they qualified for full Medicaid benefits and should have been assigned dual codes 2, 4, or 8 and restricted benefits code 1. This resulted in a decline in partial duals from the end of 2002 to the beginning of 2003.
TN	Dual Eligibility Codes	Roughly half of Tennessee's dual eligibles were assigned MSIS dual code 8 (in the 2nd byte of the new annual crossover value) in 2003. Many of these duals qualified through the TennCare 1115 Waiver expansion.
TN	Length of Enrollment	TN had 71% of eligibles with 12 months of enrollment, a higher proportion than occurred in most states.

State	Measure	Issue
TN	Managed Care	Beginning in July 2002, TN converted its managed care system so that its HMOs and BHPs were no longer bearing risk. Instead, TN paid their network providers a capitated fee to process FFS claims for their enrollees. These enrollees were reported to Plan Type 8 (other) from July - December 2002. However, starting in January 2003, TN's managed care reporting was corrected to remove all non-risk plans. This resulted in a complete end to all managed care reporting.
TN	Missing Eligibility Data	In CY03, 1.7 percent of records (n=27,839) in the TN file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$17,963,209 and averaged \$645 per record.
TN	Private Health Insurance	Prior to August 2004, TN was not able to verify 3rd party insurance status. TN implemented a new computer system in 8/04 allowing the state to start verifying this status. It was determined that only a small percent of enrollees would be flagged as "verified", causing a significant decrease in the reporting of private insurance. Thus, the rate of private insurance may have been overreported in 2003 and part of 2004.
TN	Race/Ethnicity	Race/ethnicity information was reported as "unknown" for about 5% of enrollees in 2003.
TN	SCHIP	Tennessee reports its M-SCHIP children; however, the M-SCHIP program phased out by September 2002. The state does not have an S-SCHIP program.
TN	TANF/1931	TANF field is 9-filled due to data quality problems.
TN	Uniform Eligibility Groups	Tennessee reported a much higher number of eligibles in uniform eligibility groups 11 and 12 than expected, given the number of SSI recipients in the state. This may relate to a long-standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Uniform Eligibility Groups	Many persons age 65 and older are mapped to uniform eligibility group 12.

State	Measure	Issue
TN	Uniform Eligibility Groups	As a result of a major reverification effort, there were enrollment declines in uniform eligibility groups 44-45 and 52-55 in November and December 2002. Many, but not all, of these enrollees appeared to shift to uniform eligibility groups 14-15, 24-25 and 34-35. Nevertheless, there were still noticeable declines in child and adult enrollment in the last two months of 2002. In 2003, declines continued in uniform eligibility groups 51-55. For children and adults, these declines were largely offset by increases in uniform eligibility groups 14-17. And, disabled declines in uniform eligibility group 52 were offset by increases in uniform eligibility groups 12 and 22.
TX	Dual Eligibility Codes	In 2003, about 48,467 individuals were only identified as dual eligibles when MAX data were linked to the Medicare EDB file. They represented almost 9% of all EDB duals, a higher proportion than occurred in most states. The State had not identified these persons as duals. Many may have been enrolled in the 1929(b) waiver program. Dual status information was not available for many individuals in this program and they were assigned dual code 0.
TX	Dual Eligibility Codes	TX had about 2,500 - 5,000 individuals each month who were reported to uniform eligibility group 31-32 and assigned restricted benefits code 3 (indicating they were only qualified for restricted benefits related to Medicare cost-sharing). By mistake, these individuals were assigned dual code 0 (in the 2nd byte of the annual dual code). Presumably, these individuals should have been assigned restricted benefits flag 1, 3 or 6.
TX	Dual Eligibility Codes	Texas assigns the dual eligibility code 8 (in the 2nd byte of the new annual crossover value) to about 15% of its dual eligible population. Most are reported to uniform groups 41 and 42. Texas does not automatically buy-in to Medicare for persons in these groups. In addition, some dual code 8s are SSI recipients in uniform groups 11 and 12 whose exact dual status was not yet determined.
TX	Dual Eligibility Codes	TX assigns dual codes 9 and 0 (in byte 2) to enrollees in its 1929(b) waiver. These aged and disabled individuals only qualify for a limited set of personal care services. They do not qualify for prescription drug coverage and most are reported to uniform eligibility groups 41-42. TX agreed to use dual code 9 (in byte 2) for this group effective October 2002 when the dual status was known. It appears that the remaining 1929(b) enrollees were assigned dual code 0 (indicating they were not duals), even though many were probably found to be duals in the EDB match (especially those who were aged).

State	Measure	Issue
TX	Managed Care	Texas has a PACE program, but PACE enrollment is not separately reported in the managed care data.
TX	Missing Eligibility Data	In CY03, 0.5 percent of records (n=18,062) in the TX file were missing Medicaid eligibility information. Of these, 97.6 percent (n=17,621) had associated claims reflecting positive expenditures in MAX. These claims totaled \$28,226,721 and averaged \$1,602 per record.
TX	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally long-term care recipients in uniform eligibility groups 41-42 who are allowed to stay at home as a result of a 1929(b) waiver (community supported living arrangement), as well as medically needy recipients in uniform eligibility groups 24-25 whose date of initial coverage is complicated by a spend-down. However, in September 2003, Texas changed the financial rules for medically needy adults, so that fewer adults qualified as a result of spend-down. This caused a reduction in uniform eligibility groups 24-25 enrollees assigned restricted benefits code 5.
TX	SCHIP	Texas reported its M-CHIP children until it phased out at the end of 2002. The state's S-SCHIP program, which began in April 2000, is not reported into MSIS.
TX	SSN	TX had 6,499 enrollee SSNs with duplicate records in 2003 (affecting 0.3% of enrollee records). The majority of these duplicate records are for children.
TX	SSN	TX had 171,394 enrollees (4.6%) with missing SSNs in 2003. About 58 percent of these enrollees were age 5 or younger, and 39 percent were aliens who only qualified for emergency coverage.
TX	Uniform Eligibility Groups	Most disabled SSI recipients age 65 or older are reported to uniform eligibility group 11.
TX	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
TX	Uniform Eligibility Groups	TX also has a so-called 1929b waiver group. These aged and disabled individuals (mapped to uniform eligibility group 41-42) only qualify for a very limited set of personal care services (and no prescription drugs) under Medicaid. These individuals are assigned program type code "T" in byte 5 of the state specific eligibility code.
TX	Uniform Eligibility Groups	In September 2003, TX implemented a TANF sanction policy that caused many adults (about 20,000) to lose Medicaid coverage, but not their children. Enrollment declined in uniform eligibility groups 14-17, but most children appeared to have transferred to uniform eligibility group 44.
TX	Uniform Eligibility Groups	Also in September 2003, TX changed the medically needy financial rules, causing an enrollment decline in uniform eligibility groups 24-25. In effect, the changed rules eliminated spend-downers.
UT	1115 Waiver	Utah's 1115 Waiver program is its Primary Care Network, approved for implementation in July 2002. This network provides reduced benefit packages to adults previously ineligible for Medicaid. The program expands Medicaid coverage to cover adults up to 150 percent FPL and pregnant women with assets exceeding the allowable levels for traditional Medicaid. MSIS reporting to Uniform Eligibility Group 55 began in October 2002.
UT	Dual Eligibility Codes	About 7.2 % of EDB duals were only identified as a result of the EDB link. This is a higher proportion than occurred in most states. These individuals had not previously been identified as duals in MSIS data.
UT	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Utah provides full Medicaid benefits up to 100% FPL for its aged and disabled recipients. Utah does not buy into Part A Medicare coverage for duals. Also, the state reported a larger-than-expected number of eligibles with dual code 8 (in the 2nd byte of the new annual crossover value).
UT	Dual Eligibility Codes	Only about 88% of Utah's aged enrollees were identified as dual eligibles in the EDB file, a somewhat lower than expected proportion.
UT	Length of Enrollment	Utah had 37% of eligibles enrolled all 12 months of the year, a lower proportion than most other states.

State	Measure	Issue
UT	Managed Care	UT shows PCCM enrollment in MAX through October 2003, however, the state indicated that they do not make capitation payments for PCCMs (UT only pays when a service occurs), and, thus, no managed care enrollment should be reported for PCCMs in MAX.
UT	Managed Care	In Utah, about 48% of the full benefit EDB duals were enrolled in HMO/HIOs and about 40% were enrolled in PHPs during the year. These proportions were higher than occurred in most states.
UT	Managed Care	Even though UT is reported to have a transportation managed care plan in the CMS data, it is not reported in MSIS. It is unknown why this enrollment was not included in MSIS.
UT	Managed Care	UT reported 3 plans (Molina, Molina+, UHN) as HMOs in MAX, but these plans were reported as prepaid inpatient health plans (PIHPs) in CMS data.
UT	Managed Care	HMO and PCCM enrollment start out high in month 1 of each quarter and then drop about 10% by month 3 of the quarter. In month 1 of the next quarter, the enrollment numbers are back up to what was reported in month 1 of the previous quarter, but then drop again by month 3. The cause for this pattern is unknown.
UT	Managed Care	In July 2002, UT switched to no-risk managed care which affected the way the state HMO plans operated in Medicaid. Prior to that time, the plans operated as standard HMOs; however, the change to no-risk HMOs meant that the plans were paid on a FFS basis with an administrative fee attached. The state continued to report in MSIS these individuals as being enrolled in HMOs (Plan Type 01) through September 2003 when they corrected the reporting to be FFS. However, UT continued to report a small number of HMO enrollees from October - December 2003 that included LTC demonstration and former S-SCHIP enrollees. The state's Long Term Care capitation demonstration enrollees in Healthy U Flex Care (Plan ID 330211132000) should have been reported to Plan Type 5 (LTC). The remaining enrollees reported to Plan Type 01 from October - December 2003 were former S-SCHIP enrollees that moved to Medicaid. The Plan Type and ID fields should have been 8-filled for these former S-SCHIP enrollees.

State	Measure	Issue
UT	Managed Care	IHC was an HMO (Plan Type 01) until October 2002 when it changed to a PCCM. It was reported in MAX to Plan Type 07 (PCCM) through September 2003; however, as indicated above, no managed care enrollment should be reported for PCCMs in UT. Therefore, the Plan Type and Plan ID fields should have been 8-filled for this plan (Plan ID 870419884000) from October 2002 through September 2003.
UT	Missing Eligibility Data	In CY03, 5.1 percent of records (n=16,984) in the UT file were missing Medicaid eligibility information, and all of these records had associated claims reflecting positive expenditures in MAX. These claims totaled \$15,408,684 and averaged \$907 per record.
UT	Private Health Insurance	Utah reported about 13 percent of its eligibles with private health insurance, a somewhat higher than expected proportion. The state has confirmed that this proportion is correct. In addition, a small group of enrollees (about 1,500 month) have invalid insurance codes (9).
UT	Restricted Benefits Flag	Some enrollees in UT's Primary Care Network 1115 waiver program receive a reduced benefit package of Medicaid services, while others--high risk pregnant women--receive the full Medicaid benefits package. UT's data, however, shows that ALL of these waiver enrollees are assigned a Restricted Benefits Flag = 1 (full benefits). Some of these enrollees should have been reported to RBF 5 (restricted benefits--other) to reflect the reduced package of services.
UT	Restricted Benefits Flag	Some eligibles outside of uniform groups 31 and 32 receive RBF=3 (restricted benefits based on dual eligibility status). These may be medically needy spend-downers and persons who contribute to the cost of their institutional care each month.
UT	SCHIP	In CY03, UT included S-SCHIP claims in its MSIS data by mistake. Of the 30,210 children with only S-SCHIP enrollment during CY03, 10 (<1%) had MAX claims. These claims totaled \$1,639 and averaged \$164 per child, accounting for <1% of MAX expenditures. The additional 6,549 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 6,549 children with both S-SCHIP and Medicaid enrollment during the year.

State	Measure	Issue
UT	SCHIP	Utah reported enrollment in its S-SCHIP program in MSIS. The state did not have an M-SCHIP program.
UT	SSN	UT had 11,545 enrollees (3.5%) with missing SSNs in 2003. In addition, UT had 9 enrollee SSNs with duplicate records in 2003 (affecting <1% of enrollee records).
UT	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, Utah requires SSI recipients to apply separately for Medicaid. As a result, the number of eligibles in uniform groups 11-12 is considerably less than the number of SSI recipients.
UT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
VA	1115 Waiver	In late 2002, VA added an 1115 waiver for family planning. These persons are reported to uniform eligibility group 55 (state group 080).
VA	County Codes	Virginia assigns even numbered FIPS codes (510-840) to independent cities. In addition, the state did not use standard codes for some institutionalized enrollees, for whom the FIPS code is 9-filled.
VA	Date of Death	About 180 persons have dates of death prior to 2003.
VA	Missing Eligibility Data	In CY03, 1.9 percent of records (n=15,920) in the VA file were missing Medicaid eligibility information. Of these, 78.4 percent (n=12,482) had associated claims reflecting positive expenditures in MAX. These claims totaled \$14,015,185 and averaged \$1,123 per record.
VA	Restricted Benefits Flag	In 2003, VA began assigning persons in state group "66 I" (BCCPTA women) to restricted benefits code 5. Persons in medically needy groups are also assigned restricted benefits code 5.

State	Measure	Issue
VA	SCHIP	In CY03, VA included S-SCHIP claims in its MSIS data by mistake. Of the 36,848 children with only S-SCHIP enrollment during CY03, 122 (<1%) had MAX claims. These claims totaled \$28,680 and averaged \$235 per child, accounting for <1% of MAX expenditures. The additional 13,917 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 13,917 children with both S-SCHIP and Medicaid enrollment during the year.
VA	SCHIP	In 2003, VA had both M-SCHIP and S-SCHIP programs reported in MSIS.
VA	SSN	VA had 1,829 enrollee SSNs with duplicate records (affecting 0.5% of enrollee records).
VA	SSN	VA had 22,878 enrollees (2.8%) with missing SSNs in 2003.
VA	State-Specific Eligibility	Effective October 2002, VA inserted a leading '0' before all its state specific codes.
VA	TANF/1931	Virginia's TANF data are not reliable. The state began 9-filling the TANF code in October 2002.
VA	Uniform Eligibility Groups	Effective October 2002, VA added an 1115 program to extend family planning services to enrollees in uniform eligibility group 55 (state group 080).
VA	Uniform Eligibility Groups	VA provided full benefits to all aged and disabled to 80% FPL.
VA	Uniform Eligibility Groups	Virginia is a 209(b) state. As a result, SSI recipients are required to fill out separate applications for Medicaid, and are required to meet stricter standards. Because of this, the number of persons in uniform groups 11 and 12 is less than the number of SSI recipients reported by the SSA.
VA	Uniform Eligibility Groups	The state bypasses the 1931 rules for children and determines eligibility for children based on the more simplified poverty-related provisions. The state has continued to use the 1931 rules to determine eligibility for adults, but they are unable to separate 1931 eligibles from other transitional assistance recipients. Both groups are under one state-specific eligibility group that is mapped to uniform group 45.

State	Measure	Issue
VA	Uniform Eligibility Groups	Child enrollment under the poverty-related provisions (uniform eligibility group 34) was growing quite dramatically in 2003 and 2004, but there do not seem to be any specific policy-related changes that would have contributed to this growth, except for a joint application for Welfare, Medicaid, and SCHIP.
VA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
VT	1115 Waiver	Vermont has an 1115 waiver, Vermont Health Access Plan (VHAP), that extends eligibility (with full benefits) to various groups of children and adults. In addition, low-income aged and disabled individuals, many of whom ordinarily would only qualify for Medicare cost-sharing, also receive limited pharmacy benefits under the waiver.
VT	Dual Eligibility Codes	Most QMB only, SLMB only, and QI1 eligibles are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). Over a third of the enrollees reported to the 1115 program are reported to have an "unknown" dual type (code 9 in the 2nd byte of the new annual crossover value). As a result, 38% of total EDB duals are reported to dual code 59.
VT	Missing Eligibility Data	In CY03, 1.7 percent of records (n=2,843) in the VT file were missing Medicaid eligibility information. Of these, 88.0 percent (n=2,501) had associated claims reflecting positive expenditures in MAX. These claims totaled \$2,450,169 and averaged \$980 per record.
VT	Private Health Insurance	Roughly 17 percent of Vermont's Medicaid population was reported to have private health insurance, a higher proportion than occurred in most states.
VT	Race/ethnicity	About 40 percent of Vermont's Medicaid population have the race field coded as "unknown".

State	Measure	Issue
VT	Restricted Benefits Flag	Beginning in 2003, restricted benefits flags X, Y, and Z are assigned to enrollees in uniform eligibility groups 51-52 of Vermont's 1115 demonstration, which provides low-income aged and disabled enrollees with pharmacy benefits only (in addition to Medicare cost-sharing for those in code Y). (In 2002, these individuals were assigned restricted benefits code 5.) In addition, some persons in uniform eligibility group 55 are assigned restricted benefits code 5. The exact nature of these restrictions have changed over time, but have at points involved no dental coverage and higher copays.
VT	SCHIP	In CY03, VT included S-SCHIP claims in its MSIS data by mistake. Of the 2,118 children with only S-SCHIP enrollment during CY03, 7 (<1%) had MAX claims. These claims totaled \$538 and averaged \$77 per child, accounting for <1% of MAX expenditures. The additional 4,507 children who had both S-SCHIP and regular Medicaid enrollment during CY03 may also have S-SCHIP claims (as well as Medicaid claims) in the MAX data. These S-SCHIP claims were counted as Medicaid claims by mistake. Thus, Medicaid child expenditures in CY03 are likely overstated in MAX CY03 data for the 4,507 children with both S-SCHIP and Medicaid enrollment during the year.
VT	SCHIP	Vermont reports its S-SCHIP eligibles into MSIS. The state does not have an M-SCHIP program.
VT	SSN	In VT, there are no duplicate enrollee SSNs.
VT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
VT	Uniform Eligibility Groups	No eligibles are mapped to uniform groups 31 and 32, because most QMB only, SLMB only, and QI1 eligibles are reported into uniform groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate).

State	Measure	Issue
VT	Uniform Eligibility Groups	The children and adults reported to uniform groups 54 and 55 generally qualify for full Medicaid benefits. Aged and disabled in uniform groups 51-52 only qualify for prescription drug benefits.
WA	0-Filling	Some current enrollees (<100) had the TANF, restricted benefit flag, and plan type field 0-filled by mistake.
WA	Date of Death	In 2003, about 700 individuals were reported to have a DOD before 2003.
WA	Dual Eligibility Codes	About 7.2% of EDB duals were only identified as a result of the EDB link. This is a higher proportion than occurred in most states. These individuals had not been previously identified as duals in MSIS data.
WA	Dual Eligibility Codes	Due to a state programming error, there is a drop in UEG 31-32 enrollment in July through September 2003. This caused a drop in dual enrollment as well. Then, in October, enrollment in UEG 31-32 retruns to the levels reported earlier in the year.
WA	Dual Eligibility Codes	About 89% of persons age 65 and older were EDB duals, a somewhat lower proportion than occurred in most states (cause unknown).
WA	Managed Care	The Department of Social and Health Services administers the BHP program and provides only one plan ID in MSIS in contrast to what is reported in CMS data.
WA	Missing Eligibility Data	In CY03, 1.7 percent of records (n=19,852) in the WA file were missing Medicaid eligibility information. Of these, 86.5 percent (n=17,177) had associated claims reflecting positive expenditures in MAX. These claims totaled \$37,031,037 and averaged \$2,156 per record.
WA	Race/ethnicity	In 2003, about 11% of eligibles were coded as "unknown."
WA	Restricted Benefits Flag	Restricted benefits code 5 (other) is primarily used for medically needy enrollees, as well as some pregnant women reported to UEG 35.
WA	Restricted Benefits Flag	Restricted benefits flag 6 was assigned to women in uniform eligibility group 55 who only qualify for family planning benefits in the post-partum period.
WA	SCHIP	Washington operates an S-SCHIP program, but does not report enrollment in MSIS. The state does not have an M-SCHIP program.

State	Measure	Issue
WA	SSN	WA had 106 enrollee SSNs with duplicate records in 2003 (affecting <1% of enrollee records).
WA	SSN	WA had 86,784 enrollees (7.3%) with missing SSNs in 2003. About 87 percent of these enrollees were age 20 or younger, and 64 percent were age 5 or younger. In addition, 11 percent of those with missing SSNs only qualified for family planning benefits, and 15 percent were aliens who only qualified for emergency coverage.
WA	TANF/1931	Almost all eligibles in uniform eligibility group 14-15 are TANF recipients.
WA	TANF/1931	In CY 2003, WA TANF data are about 14% lower than ACF counts (cause unknown), meaning that the TANF data may not be reliable.
WA	Uniform Eligibility Groups	In Washington, enrollment was always lowest in month 3 of each quarter compared to month 1. However, month 1 enrollment of each quarter always exceeded month 1 enrollment of the previous quarter. This recurring pattern of monthly enrollment per each quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level.
WA	Uniform Eligibility Groups	WA enrollment data for SSI recipients (uniform eligibility groups 11-12) are higher than expected relative to SSA data; this may occur because of a state-administered SSI supplement.
WA	Uniform Eligibility Groups	Effective July 2001, WA extended family planning benefits to adults in an 1115 demonstration.
WA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
WA	Uniform Eligibility Groups	Due to a state programming error, there is a drop on uniform eligibility groups 31-32 enrollment in July through September 2003. Then, in October, enrollment in uniform eligibility groups 31-32 returns to the levels reported earlier in the year.

State	Measure	Issue
WI	County Codes	For about 1,180 eligibles in CY03, Wisconsin did not report standard FIPS codes, and this data element is 9-filled in MAX. These eligibles include those served through Relief to Needy Indian Person (RNIP) agencies, juvenile correction agencies, Division of Children and Family Services agencies, and Katie Beckett eligibles. Also, county code 078 is Menominee County.
WI	Dual Eligibility Codes	Some disabled duals in uniform eligibility group 32 may have full Medicaid benefits. They are in waiver programs allowing them to pay premiums for full Medicaid coverage.
WI	Dual Eligibility Codes	Effective October 2002, WI assigned dual code 9 (in byte 2 of the crossover code) to aged persons in its Pharmacy Plus Program who did not qualify under other dual codes. About 35% of EDB duals in 2003 were in the dual code 59 group. Some Pharm Plus enrollees were also identified as dual codes 1, 3, or 6.
WI	Managed Care	Individuals in Plan Type 08 are enrolled in a voluntary managed care program in Milwaukee County called "The Independent Care Plan." The plan provides medical and social services to individuals with physical, developmental, or emotional disabilities and can also take care of short-term physician-ordered nursing home stays, typically for rehabilitative purposes. This program is reported as an HMO in CMS managed care data.
WI	Missing Eligibility Data	In CY03, 0.3 percent of records (n=2,747) in the WI file were missing Medicaid eligibility information. Of these, 47.2 percent (n=1,296) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,737,257 and averaged \$1,340 per record.
WI	Private Health Insurance	Wisconsin reported about 27 percent of its eligibles with private health insurance, which is somewhat higher than other states report. The proportion increased in September 2002 with the implementation of the Pharmacy Plus program.
WI	Race/ethnicity	In 2003, over 17% of eligibles were coded as "unknown."

State	Measure	Issue
WI	Restricted Benefits Flag	Some enrollees assigned restricted benefits code 5 (other) are eligible for TB-related services only. Some may also have other restrictions. From September to December 2002, restricted benefits flag 5 was assigned to prescription drug only enrollees. However, in 2003, individuals in the perscription drug program were assigned restricted benefits code X, Y, or Z, indicating that they only qualify for prescription drug benefits, although those with code Y also qualified for Medicare cost sharing benefits.
WI	SCHIP	WI has an M-SCHIP program, but not an S-SCHIP program.
WI	SCHIP	In January 2001, Wisconsin began to cover some of its Badger Care adults under its SCHIP program. M-SCHIP adults are reported to uniform eligibility group 55. M-SCHIP adult counts in MSIS are lower than the SEDS counts because Badger Care adults with income <100% FPL (state group GP) are not considered to be M-SCHIP enrollees in MSIS.
WI	SSN	WI had 5,718 enrollee SSNs with duplicate records in 2003 (affecting 1.2% of enrollee records). The majority of these records are for children.
WI	TANF/1931	Wisconsin is unable to identify TANF recipients.
WI	Uniform Eligibility Groups	Wisconsin has an 1115 Badger Care program, covering M-SCHIP children and M-SCHIP adults and other adults. The M-SCHIP adult enrollment began in 2001.
WI	Uniform Eligibility Groups	Wisconsin has a state-administered SSI supplement program, which explains why the counts in uniform eligibility groups 11-12 are higher than the number of SSI recipients reported by SSA.
WI	Uniform Eligibility Groups	Effective September 2002, WI added a SeniorCare program (Pharm Plus) to its 1115 demo, extending prescription drug benefits to low income aged with an income < 200% FPL not otherwise qualified for full Medicaid benefits.
WI	Uniform Eligibility Groups	Effective January 2003, WI expanded its 1115 waiver to cover family planning only benefits.

State	Measure	Issue
WI	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
WV	Dual Eligibility Codes	WV did not include partial benefit duals in codes 3, 6, and 7 (in byte 2) in its MSIS reporting.
WV	Dual Eligibility Codes	WV reports all full benefit duals to dual code 8 (in the second byte of the crossover code) in its MSIS data.
WV	Managed Care	In June 2003, the PCCM counts in MSIS were about 12% lower than those reported in CMS managed care data. WV indicates the MSIS counts are more reliable.
WV	Missing Eligibility Data	In CY03, 5.0 percent of records (n=19,381) in the WV file were missing Medicaid eligibility information. Of these, 99.9 percent (n=19,367) had associated claims reflecting positive expenditures in MAX. These claims totaled \$36,521,353 and averaged \$1,886 per record.
WV	SCHIP	WV does not report its S-SCHIP enrollment. Its M-SCHIP program had phased out by late 2000. Nevertheless, the SCHIP data field is 9-filled for all enrollees.
WV	SSN	WV had 55 enrollee SSNs with duplicate records (affecting < 0.1% of enrollee records).
WV	TANF/1931	WV does not have a reliable TANF flag. The TANF flag is 9-filled for all eligibles.
WV	Uniform Eligibility Groups	In October 2002, WV began using a new set of state specific eligibility codes as it moved to a new MMIS contractor. This resulted in some redistribution by uniform eligibility groups as some previous mapping errors were discovered. Uniform eligibility groups 35 and 45 increased while group 15 declined. This suggests that poverty-related women were undercounted in the past. In addition, aged nursing home recipients previously mapped to uniform eligibility group 11 were moved to group 41.

State	Measure	Issue
WV	Uniform Eligibility Groups	Enrollment in uniform groups 11-12 is about 15 percent higher than the number of SSI recipients reported by SSA. This may be caused by persons receiving state supplemental SSI benefits administered by the state. The state also appears to report most disabled SSI recipients age 65 and older to uniform eligibility group 11.
WV	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
WY	Dual Eligibility Codes	WY reports <200 persons to dual code 9 (in byte 2) each month whose eligibility for Medicare could not be confirmed by the state.
WY	Managed Care	WY has no MC enrollment.
WY	Missing Eligibility Data	In CY03, 3.2 percent of records (n=2,532) in the WY file were missing Medicaid eligibility information. Of these, 24.2 percent (n=614) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,531,805 and averaged \$2,495 per record.
WY	Persons With No Enrollment	By mistake, about 1,800 records were included in the 2003 MAX data for persons in state-only groups. These individuals (state codes B05 and D05) did not have any Medicaid eligibility during the year.
WY	SCHIP	Wyoming has an S-SCHIP program, but is not reporting its eligibles into MSIS. The state does not have an M-SCHIP program.
WY	SSN	WY had 139 enrollee SSNs with duplicate records in 2003 (affecting <1% of enrollee records).
WY	SSN	WY had 2,202 enrollees (2.8%) with missing SSNs in 2003.
WY	TANF/1931	Wyoming's TANF data are 9 - filled.

State	Measure	Issue
WY	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
WY	Uniform Eligibility Groups	The number of SSI recipients (uniform eligibility groups 11-12) is about 13% lower than the counts in SSI administrative data. Enrollees in state groups S46 and S93 should have been mapped to uniform eligibility group 12 instead of uniform eligibility group 42. Most SSI disabled over age 65 appear to be reported to uniform eligibility group 11.
WY	Uniform Eligibility Groups	In October 2003, WY shifted newborn children (state group A53) from uniform eligibility group 34 to uniform eligibility group 44. In addition, the state implemented some improved age sorts for groups mapped to uniform eligibility group 34-35.