

MAX 2001 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	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	Managed Care	AK is one of the few states without any MC enrollment.
AK	Private Health Insurance	AK's rate of private insurance coverage - close to 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".
AK	SCHIP Code	Alaska reports its M-SCHIP eligibles in MSIS. The state does not have an S-SCHIP program. M-SCHIP counts in MAX are lower than M-SCHIP counts reported in the CMS SEDS system and are probably an undercount of M-SCHIP enrollment.
AK	TANF/1931	AK 's TANF data are not reliable.
AK	Uniform Eligibility Groups	A small number of persons age >64 years are mapped to uniform eligibility group 12, 32 and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
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	AK's data show a slight seam effect, with enrollment lowest in month 1 of each quarter.

State	Measure	Issue
AK	Uniform Eligibility Groups	Alaska has a 6 months continuous eligibility guarantee for children. Enrollment for children and adults usually falls in July, a time of peak employment.
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 county code 100.
AL	Date of Death	AL DOD data are incomplete.
AL	Dual Eligibility Codes	Through September 2002, AL assigned dual flag 00 ("not Medicare eligible") to approximately 2,500 - 3,000 persons in uniform groups 31-32. These persons should have received dual flag 07 ("QI-2").
AL	Managed Care	Persons who are only reported to plan type code 04 (prenatal care) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
AL	Managed Care	The United Medicare Complete is classified by the state as a Health Maintenance Organization (HMO) for dual eligibles, but the average capitation rate is only \$15 indicating that it is very limited coverage. This plan does not include drug benefits. This plan is not reported in CMS managed care data.
AL	Managed Care	More than 300,000 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 (17% lower PCCM counts), AL maintains that the MSIS counts are more accurate.
AL	Restricted Benefits Flag	Persons in uniform groups 54 and 55 only qualify for family planning benefits and are assigned restricted benefits code 6, while pregnant women are assigned restricted benefits code 4.
AL	Restricted Benefits Flag	Effective 2001, the restricted benefits code is changed from 4 to 6 for family planning only enrollees.

State	Measure	Issue
AL	SCHIP Code	AL reported its M-SCHIP children, but 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	In Alabama, 2,408 SSNs have duplicate records; this represents 0.3% of records in CY01. The majority of these records are for children.
AL	TANF/1931	Alabama experienced major problems with its TANF flag and, as a result, the monthly TANF information was not reliable.
AL	Uniform Eligibility Groups	No MSIS retroactive coverage or correction records were used for AL's 2001 MAX data since they did not appear to be reliable.
AL	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
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, as well as other 1931 enrollees.
AL	Uniform Eligibility Groups	Throughout 2001, the vast majority of adult enrollees in AL were reported to uniform group 55 and only qualified for family planning benefits.
AR	1115 Waiver	Arkansas has an 1115 Waiver program and reported many of its poverty related children into uniform group 54. The adults in uniform group 55 only qualify for family planning benefits.
AR	County Codes	AR county code data are not reliable until 2003.
AR	Date of Death	Just over 1,800 enrollees had a year of death prior to 2001.
AR	Dual Eligibility Codes	AR reported 30,344 duals in 2001 who were not found in the EDB files.
AR	Managed Care	Managed care enrollment was undercounted for Arkansas. Arkansas only reported PCCM enrollment for ARKids, a subset of PCCM enrollees.
AR	Managed Care	AR did not report enrollment into MSIS for its transportation PHP; however, CMS managed care data show over half of Medicaid eligibles enrolled in a PCCM and a transportation PHP.

State	Measure	Issue
AR	Missing Eligibility Data	More than 3% of persons in AR for whom Medicaid claims were paid did not have any reported months of eligibility. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
AR	Private Health Insurance	AR's private insurance data are not reliable.
AR	Restricted Benefits Flag	Enrollees in State groups 691 and 692 mapped to in uniform group 54-55 should have been assigned restricted benefits code 6 (other) since they only qualify for family planning benefits. However, by mistake a large number of these enrollees were not assigned restricted benefits code 6.
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 Code	Arkansas reported its M-SCHIP eligibles in MSIS. Its M-SCHIP program covers older children to 100% FPL. The state did not have an S-SCHIP program.
AR	SCHIP Code	Arkansas reports about 14% more M-SCHIP enrollees in MSIS than in the CMS SEDS system. However, the state reports that the SEDS data are more reliable.
AR	SSN	In Arkansas, 451 SSNs had duplicate records; this represented 0.2% of records in CY01.
AR	TANF/1931	Arkansas did not report TANF data into MSIS.
AR	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
AR	Uniform Eligibility Groups	AR's data show a seam effect each quarter with enrollment highest in month 1 and then declining in months 2 and 3. Then month 1 of the next quarter shows a noticeable increase.
AR	Uniform Eligibility Groups	About 14 persons were incorrectly reported to MAS/BOE 49 each month.
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 to be EDB duals, a lower proportion than most states.

State	Measure	Issue
AZ	Dual Eligibility Codes	Arizona shifted many dual eligibles from 01 (QMB only) to 02 (QMB plus full Medicaid) between March and April 2001 when it expanded eligibility.
AZ	Dual Eligibility Codes	SLMB only and QI enrollees were generally not included in MSIS data until late 2002.
AZ	Long Term Care	In the PSF valids tables, AZ show 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	Persons who are only reported to plan type code 05 (LTC) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
AZ	Managed Care	In AZ, about 60% of EDB duals were ever enrolled in HMO/HIOs. In addition, about 31% of EDB duals in 2001 were enrolled in PHP only or PHP/PCCM only, higher proportions than most states.
AZ	Managed Care	In June 2001, CMS Medicaid managed care data showed higher HMO enrollment than MSIS; however, the CMS data may have included S-SCHIP managed care enrollment, while S-SCHIP children were not included in the MSIS managed care counts.
AZ	Managed Care	AZ did not report enrollment in any Behavioral Health Plans (BHPs) in 2001. According to CMS data, there were about 34,000 BHP enrollees in AZ in June, 2001. However, there may be BHP capitation claims in MSIS.
AZ	Missing Eligibility Data	About 0.5% of persons in AZ for whom Medicaid claims were paid did not have any reported months of eligibility in CY 2001. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS eligibility files.
AZ	Restricted Benefits Flag	In April 2001, AZ extended full Medicaid benefits to many individuals who previously qualified for only partial benefits related to Medicare cost-sharing.
AZ	Restricted Benefits Flag	Beginning in CY01, persons who qualify for only family planning benefits (state group 960) are assigned restricted benefits code 6.
AZ	SCHIP Code	Arizona is not reporting their S-SCHIP program into MSIS. The state does not have an M-SCHIP program.

State	Measure	Issue
AZ	SSN	In Arizona, 8,311 SSNs have duplicate records; this represents 2.0% of records in CY01. The vast majority of records with duplicate SSNs involved infants and children under age 6.
AZ	Uniform Eligibility Groups	In 2001, Arizona had a considerable amount of shifting between uniform eligibility groups. The shifts stemmed from the introduction of new Key Codes, as well as a new hierarchy for determining Medicaid eligibility. Growth continued in 2002 across several of the child and adult groups.
AZ	Uniform Eligibility Groups	Some persons age >64 years are mapped to 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
AZ	Uniform Eligibility Groups	During 2001, several changes in enrollment occurred. First, family planning only enrollees (state group 960) were shifted from uniform groups 34-35 to 54-55 beginning in 2001. Second, adult enrollment increased by 18% in April, when AZ extended full Medicaid coverage to a new group of adults under 1115 demonstration (uniform group 55). State groups 585 (<100% FPL), 587 (<40% FPL) and 595 (spenddown to 100% FPL or less) are for adults with no children who are not otherwise eligible for Medicaid, except for the 1115 demo. In addition, adult enrollment increased by 14% in July and 15% in October. The state attributed these increases to rising unemployment. Increases in child enrollment occurred as well, but they were smoother across the year. Finally, in 2001 AZ opted to extend full benefits coverage for aged and disabled to 100% FPL. There were also some change in distribution by uniform eligibility group for children and adults, particularly in July. These related to changes in how the state assigned eligibility groups.
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 was close to two million during 2001 and 2002.
CA	Date of Death	California did not report any date of death data.
CA	Dual Eligibility Codes	In CA, only 87% of persons over 64 years of age were EDB duals, a lower proportion than in most states.
CA	Foster Care	In July and August 2001, there is an unusual dip in foster care enrollment (cause unknown).

State	Measure	Issue
CA	Managed Care	In CA, about 85% of the EDB duals were enrolled in PHPs, a higher proportion than most states.
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	About 5% of persons in the CA file for whom Medicaid claims were paid did not have any reported months of eligibility in the year. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS eligibility files. According to the state, most of these persons were 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	Restricted Benefits Flag	FPACT eligibles are only eligible for family planning benefits. Effective January 2001, they were assigned 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 Code	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	Roughly one-third of eligibles have 9-filled SSNs. This results in part from the fact that SSNs are not reported for the 1.9 million persons who are 1115 FPACT Waiver eligibles. In addition, SSNs are often not available for unborns, newborns, undocumented aliens and immigrants.
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.

State	Measure	Issue
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	Women receiving family planning benefits who are under age 18 are mapped to uniform group 54.
CA	Uniform Eligibility Groups	Some persons over 64 years are reported to uniform groups 12, 22, 32, and 42. Researchers may want to map these individuals to 11, 21, 31 and 41.
CO	County Codes	In November 2001, Broomfield county (FIPS code 014) was officially created in Census. The new county took parts of Boulder County (013), Jefferson County (059), and Weld County (123).
CO	Date of Death	The state does not report dates of death for any eligibles.
CO	Dual Eligibility Codes	A specific dual eligibility flag code could not be assigned to about 22 percent of the dual population. These persons had "9" in the second byte of the amended dual code.
CO	Managed Care	About 16% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 67% were enrolled in PHPs or PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.
CO	Managed Care	There is an unusual drop in all types of managed care enrollment (comprehensive, PCCM, and behavioral) during January - March 2001 (cause unknown).
CO	Race/Ethnicity	9% of eligibles have an "unknown" race ethnicity code.
CO	SCHIP Code	Colorado's S-SCHIP program is not reported in the MSIS data. Colorado does not have an M-SCHIP program.
CO	SSN	In Colorado, 12% of SSNs, or 48,906 records, are 9-filled in CY 2001. 90 SSNs have duplicate records; this represents 0.0% of records in CY 01.
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.
CO	Uniform Eligibility Groups	Each month, about 150 persons were mapped to the invalid uniform group combination of 99.

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CO	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
CT	Dual Eligibility Codes	In CY 2001, enrollment in QMB only, SLMB only, and QI programs increased, following a special outreach effort.
CT	Persons With No Enrollment	About 1,679 persons had eligibility records, but no months of Medicaid enrollment in 2001.
CT	SCHIP Code	Connecticut has both M-SCHIP and S-SCHIP programs for children. CT is not able to identify M-SCHIP eligibles. Currently, M-SCHIP children belong to certain state specific groups that also include non-SCHIP children. As a result, these state-specific groups are coded as 9 (SCHIP status unknown) for the SCHIP indicator. The state does not report its S-SCHIP eligibles either.
CT	SSI	CT is a 209(b) state and only reports 50 percent of the SSI population in uniform groups 11-12. Part of the problem is that the state does not report disabled children who qualify for Medicaid in uniform group 12.
CT	SSN	In 2001, 1,711 SSNs have duplicate records; this represents <1% of records in CY01. The majority of these records are for children.
CT	TANF/1931	Connecticut cannot identify its TANF population. The field is 9-filled for all eligibles.
CT	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
CT	Uniform Eligibility Groups	In 2001, enrollment in uniform eligibility group 34 declined, while uniform eligibility groups 44-45 enrollment increased. This was due in part to changes in financial rules.
CT	Uniform Eligibility Groups	Foster care enrollment (uniform group 48) declined 18% from December 2000 to January 2001 (cause unknown). This reduction resulted from MSIS correction records.

State	Measure	Issue
DC	Dual Eligibility Codes	DC is not able to assign a specific dual eligibility code to 52% of its dual population. Instead, these eligibles are assigned dual code value 9 (in the 2nd byte of the new annual crossover value). Also, D.C. does not include the following groups of duals in its MSIS data: SLMB only, QI, QII, QWDI. Information on these eligibles was not retained in the District's MMIS. Since D.C. provides full Medicaid benefits to 100% FPL for the aged and disabled, there are not any QMB only eligibles.
DC	Dual Eligibility Codes	In DC, only 83% of persons greater than 64 years of age and 30% of disabled persons were EDB duals, lower proportions than most states.
DC	Length of Enrollment	DC had 64% of eligibles enrolled all 12 months of the year, a higher proportion than 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	Just over 6% of persons in the DC MAX 01 file who used services in 2001 did not have any reported months of eligibility in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
DC	Private Health Insurance	DC reports a lower than expected proportion of eligibles with private health insurance (<2%).
DC	SCHIP Code	DC is reporting its M-SCHIP data. DC does not have an S-SCHIP program. MSIS M-SCHIP counts are considerably higher (about 50% more) than those reported by DC in the CMS reporting system for SCHIP. DC maintains that the MSIS data on M-SCHIP enrollment are more reliable.
DC	SSI	Relative to the number of aged and disabled SSI recipients reported to SSA, DC reported 10% more eligibles under uniform groups 11 and 12. Part of this difference may result because DC has a state-administered SSI supplement.
DC	Uniform Eligibility Groups	DC extends full Medicaid benefits to all aged and disabled with income <100% FPL.
DC	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.

State	Measure	Issue
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	Managed Care	In CY01, the majority of eligibles were enrolled in two HMOs as part of the state's 1115 demonstration.
DE	Missing Eligibility Data	Almost 2% of persons in DE for whom Medicaid claims were paid did not have any reported months of eligibility in 2001. These records did not have MSIS IDs or SSNs that linked with the identifies in the MSIS eligibility files.
DE	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits.
DE	SCHIP Code	Delaware's S-SCHIP program is not being reported into MSIS. DE did not have an M-SCHIP program in 2001.
DE	SSN	In DE, 15 SSNs have duplicate records; this represents <1.0% of records in CY01.
DE	SSN	In DE, 15 SSNs have duplicate records; this represents 0.0% of records in CY01.
DE	TANF/1931	DE 9-filled TANF status.
DE	Uniform Eligibility Groups	Most disabled SSI beneficiaries over age 64 are reported to uniform eligibility group 11.
DE	Uniform Eligibility Groups	DE reports most children and adults to uniform eligibility groups 14-15 as a result of expanded section 1931 rules. However, persons qualify for transitional medical assistance are also reported to uniform groups 14-15; they should have been reported to uniform eligibility groups 44-45.
DE	Uniform Eligibility Groups	Due to state coding constraints, not all eligibles in 1619(b) waivers and foster care could be separately identified and mapped to the correct uniform eligibility groups.
DE	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 32 and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
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.

State	Measure	Issue
FL	Dual Eligibility Codes	EDB-only dual eligibles (code 0 in byte 2 of the annual crossover value) were 7.3% of total EDB duals in CY 2001, compared to 4.2% in CY 2000. In addition, the number of duals with partial Medicaid benefits more than doubled from CY 2000 to CY 2001.
FL	Managed Care	Florida generally codes enrollees in its MediPass plan to Plan Type 07 (PCCM). However, enrollees with mental health MediPass providers are coded to Plan Type 03 (BHP). MSIS reports approximately 15,000 fewer enrollees in Plan Type 03 than CMS reports in its PHP count for 6/01, but the state maintains that the MSIS figure is accurate.
FL	Persons With No Enrollment	About 15,000 persons had eligibility records, but no months of Medicaid enrollment in CY01. 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	Persons with restricted benefits code 6 (state group 'FP') only qualify for family planning benefits. In addition, some persons qualifying through the medically needy provisions are assigned code 5 (other).
FL	Restricted Benefits Flag	Beginning in 2001, persons with restricted benefits code 6 (state group 'FP') only qualify for family planning benefits. In addition, some persons qualifying through the medically needy provisions are assigned code 5 (other).
FL	SCHIP Code	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.
FL	SCHIP Code	In 2001, M-SCHIP counts in MSIS are about 14% higher than M-SCHIP counts in SEDS; however, both MSIS and SEDS show declining M-SCHIP enrollment during this year.
FL	SSN	In Florida, 1,817 SSNs have duplicate records; this represents 0.1% of records in CY01. 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.

State	Measure	Issue
FL	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 90% FPL.
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. In September 2001, enrollment in uniform group 55 dropped by over 25% (cause unknown)
FL	Uniform Eligibility Groups	In all disabled uniform eligibility groups (12, 22, 32 and 42), a sizeable proportion of enrollees are over age 65. Researchers may want to remap these individuals to the aged groups (11, 21, 31 and 41).
FL	Uniform Eligibility Groups	Some of the eligibles across the aged uniform groups (11, 21, 31, and 41) were younger than age 65. Researchers may want to remap these individuals to uniform groups 12, 22, 32, and 42.
FL	Uniform Eligibility Groups	In January 2001, enrollment in poverty-related disabled (uniform group 32) fell about 8% (cause unknown).
GA	County Codes	GA's county code data were not reliable in 2001.
GA	Dual Eligibility Codes	Georgia coded the majority of its dual eligible population with dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicaid eligibility is unknown.
GA	Managed Care	Managed care is under-reported in MSIS 2001 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 800,000 individuals were enrolled in NET each month during 2001, according to CMS managed care data. In addition, the CMS managed care report included about 2000 individuals in a Mental Health BHP that was not reported in MSIS because it is a 1915c waiver program. Finally, PCCM enrollment looks unusually high in February and March relative to other months in 2001 (cause unknown).
GA	Missing Eligibility Data	Just over 2% of persons in GA for whom 2001 Medicaid claims were paid did not have any reported months of eligibility in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
GA	Race/Ethnicity	In 2001, 7% of eligibles were coded as 'unknown.'

State	Measure	Issue
GA	Restricted Benefits Flag	From October through December 2001, about 60,000 children each month MASBOE 34 were mistakenly assigned restricted benefits code 9 instead of code 1 (full benefits).
GA	Restricted Benefits Flag	Beginning in January 2001, women in state group 77 who are qualified for family planning benefits were assigned restricted benefits code 6.
GA	SCHIP Code	Georgia reports S-SCHIP children in MSIS. However, the number of S-SCHIP enrollees was erratic month to month in 2001 and was considerably greater than the level of S-SCHIP enrollment reported in the CMS SEDS system. The S-SCHIP counts appear not to be reliable and mistakenly included some regular Medicaid children, according to GA Medicaid officials. The state does not have an M-SCHIP program.
GA	SSN	In GA, 24,610 SSNs have duplicate records; this represents 1.4% of records in CY01. The majority of these records are for children. The state reports that this is caused by outside agencies providing data to MSIS.
GA	TANF/1931	Georgia 9-fills the TANF field.
GA	Uniform Eligibility Groups	Some persons in the aged uniform groups (11, 21, 31, and 41) were younger than age 65. Researchers may want to remap these individuals to uniform groups 12, 22, 32, and 42.
GA	Uniform Eligibility Groups	GA data continued to show some quarterly 'seam effect' problems. In several quarters, enrollment declined from the first month to the third month, and then increased abruptly in the first month of the next quarter.
GA	Uniform Eligibility Groups	Beginning in June 2000, as part of an 1115 program, GA extended family planning benefits to women in state eligibility group 77. Beginning in January 2001, persons in state group 77 were mapped to uniform group 55, instead of uniform group 35. However, in August 2001, GA terminated its special family planning program causing an abrupt decline in uniform group 55.
GA	Uniform Eligibility Groups	During January to April 2001, GA reinstated a large group of former TANF recipients into Medicaid in uniform eligibility groups 14-15, accounting for a short-term dramatic increase in enrollment.

State	Measure	Issue
GA	Uniform Eligibility Groups	Child and adult enrollment increased noticeably in July 2001. While some of the increase may be related to the TANF reinstatement, more likely most of the increases occurred as GA corrected earlier reporting problems. No policy changes were identified that would account for these major enrollment increases.
GA	Uniform Eligibility Groups	In the second half of CY01, GA mistakenly 0-filled the Plan ID, Plan Type, and restricted benefits fields for about two thousand persons (per month, per field) who were assigned a uniform group other than 00.
HI	Dual Eligibility Codes	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
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	Managed Care	By mistake, some persons were mapped to plan type 08 in 2001. However, these persons were actually FFS.
HI	Managed Care	Most dental managed care ended 10/01 with only low levels of dental managed care reported subsequently. Persons remaining in plan type 02 after October 2001 are a mistake.
HI	Missing Eligibility Data	About 2.7% of persons in the HI MAX 01 file who used services in 2001 did not have any reported months of eligibility in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
HI	Missing Eligibility Data	About 2.5% of persons in HI for whom Medicaid claims were paid in 2001 did not have any reported months of eligibility in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
HI	Race/Ethnicity	About 8% of enrollees were reported to be 'unknown' for the race/ethnicity code.
HI	SCHIP Code	Hawaii has an M-SCHIP program, but no S-SCHIP program.
HI	SSN	In Hawaii, 252 SSNs have duplicate records; this represents 0.3% of records in CY01. The majority of these records are for children.
HI	TANF/1931	Hawaii 9-fills the TANF field for all eligibles.

State	Measure	Issue
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 90% of SSI recipients are enrolled in Medicaid, when enrollment in uniform groups 11-12 is compared to SSI administrative data.
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	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
HI	Uniform Eligibility Groups	In October 2000, foster care enrollment dropped from about 3850 children per month to less than 300 children per month (these children are reported into state groups H41 and H42 and mapped to uniform group 48). Then, in January 2001, foster care enrollment rebounded with 3,984 children. This level is steady (and increasing somewhat) through 2001.
IA	Dual Eligibility Codes	About 5% of dual eligibles are assigned dual code 9 (in the 2nd byte of the new annual crossover value). IA is not able to identify the dual group to which these people belong.
IA	Managed Care	In Iowa, 33% of the EDB dual population were enrolled in PHPs or PHPs and PCCMs, a higher proportion than most states.
IA	Private Health Insurance	Roughly 17% of Iowa's Medicaid population each month was reported to have private health insurance, a higher proportion than most states.
IA	Race/Ethnicity	In 2001, about 8% of eligibles were coded as "unknown".
IA	SCHIP Code	Iowa reported its M-SCHIP children in MSIS. The state did not report its S-SCHIP children, however.
IA	SSN	460 SSNs have duplicate records, these represent 0.3% of total records in CY01. The majority of these SSNs are for children.
IA	TANF/1931	Effective 2001, IA's TANF data are 9-filled.

State	Measure	Issue
IA	Uniform Eligibility Groups	Some persons aged >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
ID	County Codes	By mistake, no enrollees were reported to reside in Blaine County (County Code 013). ID failed to report to county code 013 until 2003 when about 900 enrollees were reported in this county.
ID	Dual Eligibility Codes	ID only reported 2 types of dual eligibility -- QMB only (byte 1 in the dual field) and QMB plus Medicaid (byte 2 in the dual field). SLMB only and QI duals eligibles were not included in the MSIS data.
ID	Dual Eligibility Codes	About 40% of dual eligibles in ID were identified through the EBD link (not MSIS data).
ID	Managed Care	The state does not have any fully capitated managed care. They do have PCCMs, however.
ID	Managed Care	In ID, 19% of EDB duals were enrolled in PCCMs, a higher proportion than most states.
ID	Private Health Insurance	Idaho reports that over 20 percent of eligibles have private insurance. This proportion is much higher than in most other states.
ID	SCHIP Code	Idaho reports its M-SCHIP enrollment. The state did not have an S-SCHIP program.
ID	SSN	99 SSNs have duplicate records. This represents 0.1% of records in CY01.
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 because of a state administered SSI supplement.
ID	Uniform Eligibility Groups	A small number of persons age >64 are reported to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.

State	Measure	Issue
ID	Uniform Eligibility Groups	Through December 2000, ID reported a lower than expected number of enrollees to uniform groups 14-15 because many section 1931 enrollees were reported to uniform groups 44-45. This was corrected in January 2001, resulting in a shift from uniform groups 44-45 to 14-15. A few persons (<10) in state group 53H remained in uniform group 45 who should have shifted to uniform group 15.
IL	Dual Eligibility Codes	In IL, only 89% of persons >64 years were EDB duals, a lower proportion than most states.
IL	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
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	SCHIP Code	IL reported both M-SCHIP and S-SCHIP enrollment in MSIS.
IL	SCHIP Code	In CY 2001, MSIS data generally show more person months of enrollment than SEDS data for both M-SCHIP and S-SCHIP. The state maintains that the MSIS data are more reliable.
IL	SSN	Roughly 3.1% (57,443) of IL's eligibles had 9-filled SSNs. In addition, 13,019 SSNs had duplicate records; this represents about 1.4% of records in CY 2001. 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.

State	Measure	Issue
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.
IL	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
IL	Uniform Eligibility Groups	In June 2001, enrollment among the poverty-related aged and disabled (uniform groups 31-32) increased by 28% following state outreach efforts to enroll more partial duals. However, enrollment in these groups were still much lower than average CY 2000 levels.
IL	Uniform Eligibility Groups	In Oct 2001, IL experienced several dramatic shifts in uniform eligibility group enrollment which the state believes are the result of its move to a new database. The shifts included a decline in uniform eligibility groups 14-17, which was offset by increases in other groups, particularly in uniform eligibility groups 44-45. In addition, there were some increases in 41-42 due to a more accurate reporting of waiver participants.
IN	Dual Eligibility Codes	IN assigned dual code 8 (in the 2nd byte of the new annual crossover value) to about 24% of its dual population. IN explained that these persons have Medicare Part B, but don't fall into one of the other dual categories.
IN	Managed Care	In January 2001, two new HMOs were introduced, causing a shift in HMO enrollment by plan. This may also have contributed to some fluctuations in HMO enrollment levels in the first six months of 2001.
IN	Private Health Insurance	Roughly 12% of Indiana's Medicaid population was reported to have private health insurance, a higher than expected proportion.
IN	SCHIP Code	IN reports M-SCHIP and S-SCHIP children in MSIS.
IN	SSN	In Indiana, 3.0% of SSNs, or 25,889 records, are 9-filled in CY2001. 483 SSNs have duplicate records; this represents 0.1% of records in CY01. The majority of these records are for children.

State	Measure	Issue
IN	TANF/1931	In September 2001, there is an 14% discrepancy between MSIS and ACF TANF counts. EDS 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.
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 lower than the number reported by SSA. IN reports the SSI disabled over age 64 into uniform group 11.
IN	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility group 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
IN	Uniform Eligibility Groups	In July 2001, Indiana began enrolling women in uniform eligibility group 3A under the BCCPTA provisions.
KS	Dual Eligibility Codes	Kansas uses the MSIS dual code 8 (in the 2nd byte of the new annual crossover value) for persons whose income and resources are too high to qualify for QMB plus, or SLMB plus, but who still receive full Medicaid benefits.
KS	Managed Care	Kansas continued to over report managed care enrollment in 2001 relative to CMS data. Both the HMO and PCCM enrollment numbers are about 60 percent greater than the comparable counts in the CMS managed care reports. In addition, about 28% of the EDB duals were enrolled in HIOs and 38% of the EDB duals were enrolled in PCCMs, higher proportions than reported by most other states.
KS	Private Health Insurance	KS private insurance data are not reliable.
KS	SCHIP Code	Kansas is not reporting their S-SCHIP children. The state does not have an M-SCHIP program.
KS	SSN	35 SSNs have duplicate records. This represents 0.0% of records in CY01.
KS	TANF/1931	Kansas TANF data are not reliable. The reported number in MSIS is below the number of expected recipients.
KS	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.

State	Measure	Issue
KS	Uniform Eligibility Groups	In January 2001, Kansas took steps to reinstate Medicaid coverage to persons inappropriately terminated during welfare reform. These persons were mapped to uniform groups 24-25. This coverage only lasted 3 months unless persons were otherwise eligible.
KS	Uniform Eligibility Groups	Toward the end of 2001, KS changed how it reported its Work Transition program so that more eligibles qualified under the 1931 provisions, causing a shift in enrollment from uniform groups 44-45 to uniform groups 14-15.
KY	Managed Care	About 9% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 62% 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	The "other" managed care plan type in Kentucky was a special capitation plan for transportation benefits. In, 2001, over half of eligibles each month were in the transportation plan.
KY	Race/Ethnicity	Race was reported as unknown for about 4% of eligibles.
KY	Restricted Benefits Flag	In Feb 2001, 268 persons are assigned restricted benefits code 9 (cause unknown). In addition, beginning in November, 2001, about 500 persons were assigned restricted benefits code 4 related to pregnancy.
KY	SCHIP Code	KY reported M-SCHIP and S-SCHIP data into MSIS.
KY	SSN	About 3% of eligibles have 9-filled SSNs.
KY	TANF/1931	KY TANF enrollment data in MAX are about 12% lower than TANF administrative data.
KY	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
LA	Dual Eligibility Codes	In LA, about 29% of the disabled were reported to be EDB duals, a lower proportion than most states.
LA	Length of Enrollment	64% of enrollees were enrolled all 12 months in CY 2001, a higher proportion than most states.
LA	Managed Care	LA's PCCM enrollment showed substantial growth in the last 6 months of CY2001.

State	Measure	Issue
LA	Missing Eligibility Data	Eligibility records were not found in MSIS data for 2.9% of records with claims in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
LA	Persons With No Enrollment	544 persons in the MAX 01 PSF file did not have any reported months of enrollment (cause unknown).
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 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 Code	Louisiana reports its M-SCHIP children in MSIS. The state does not have an S-SCHIP program. The M-SCHIP data differed greatly from the numbers in SEDS in CY01, but the state asserts that the MSIS data were more reliable.
LA	SSN	LA did not have any duplicate SSNs in its MAX 01 file.
LA	TANF/1931	TANF enrollment data for 2001 was over reported. This problem results from the fact that Medicaid does not automatically disenroll TANF individuals when notified. The Medicaid policy is to extend eligibility for TANF individuals until they are able to determine an appropriate Medicaid disposition.
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	A small number of persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
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	Dual Eligibility Codes	Almost 60 percent of the persons identified by the state in MSIS data as dual eligibles were assigned dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the records are for duals, but their dual group (e.g., QMB, SLMB, etc) cannot be determined.
MA	Foster Care	Massachusetts underreports foster care children in MSIS data.
MA	Length of Enrollment	MA had about 69% of eligibles with 12 months of enrollment, a higher proportion than most states.
MA	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
MA	Race/Ethnicity	About 20 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.
MA	SCHIP Code	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.
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 20% higher than SSA administration (cause unknown).
MA	SSN	In Massachusetts, 1,030 SSNs have duplicate records; this represents 0.1% of records in CY01.
MA	SSN	68,706 records had their SSN 9-filled in 2001. This represents 5.9% of records.

State	Measure	Issue
MA	TANF/1931	The number of monthly TANF recipients reported in MSIS is considerably higher than the number reported in ACF administrative data on TANF for the same period.
MA	Uniform Eligibility Groups	Starting in January 2001, all persons mapped to uniform eligibility group 35 were moved to group 55. Enrollees mapped to group 35 in all previous years were incorrectly mapped.
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	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MA	Uniform Eligibility Groups	Starting in January 2001, all persons mapped to uniform eligibility group 35 were moved to group 55. Enrollees mapped to group 35 in all previous years were incorrectly mapped.
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."
MD	Date of Death	MD reported about 400 persons with a date of death prior to 2001.
MD	Dual Eligibility Codes	In MD, only 88% of persons over 64 years of age were identified as EDB duals, a lower proportion than most states.
MD	Length of Enrollment	Over 63% of eligibles were enrolled all 12 months of 2001, a higher proportion than most states.
MD	Managed Care	Some persons in HMOs/HIOs have the PLAN ID field 9-filled.
MD	Restricted Benefits Flag	Persons with restricted benefits code 6 (other) only qualify for family planning benefits. By mistake, about 200 persons in state group "S12" are assigned restricted benefits code '5'. They should be assigned code 6.
MD	SCHIP Code	Maryland has both M-SCHIP and S-SCHIP programs, but its S-SCHIP program was not reported in MSIS until August 2001.

State	Measure	Issue
MD	SSN	28,456 persons have the SSN field 9-filled (4% of the population). 10 SSNs have duplicate records; this represents <1% of the records in CY01. The majority of these records are for children.
MD	TANF/1931	TANF counts in MSIS are 13% higher than expected based on TANF administrative data.
MD	Uniform Eligibility Groups	Some persons age >64 years were mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MD	Uniform Eligibility Groups	Starting in January 2001, persons who only qualify for family planning benefits (state group 'P10N') were moved from uniform group 35 to group 55. However, about 200 persons in state group 'S12N' who also qualify for only family planning benefits remained in uniform group 34-35 by mistake.
ME	County Codes	In 2001, the number of enrollees with county code 999 increased to over 27,000 persons (from 1,000 in 2000) as a result of enrollees in the new prescription drug program.
ME	Date of Death	The DOD is 8-filled for all eligibles.
ME	Dual Eligibility Codes	When the 1115 prescription drug program started in June 2001, many of the enrollees in the program were assigned dual code 00 and 8 (in the 2nd byte of the crossover code), in addition to 1, 3, 6, and 7. The high number of dual code 00 enrollees caused a drop in the percent of aged who were found to be EDB dual eligibles. It went from 95% in 2000 to 79% in 2001. Presumably, SSNs were not provided for many of the aged prescription drug enrollees, making a link to the EDB file impossible. A drop also occurred in the rate of disabled EDB duals, which went from 51% in 2000 to 27% in 2001. Finally, there was a large increase in the number of enrollees identified as duals in MSIS who could not be linked to the EDB files.
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	Long Term Care	ME's LTC user rates for aged and disabled are lower than most states because the denominator of aged and disabled enrollees includes a large group of enrollees in the state's 1115 prescription drug plan.

State	Measure	Issue
ME	Restricted Benefits Flag	Restricted benefits code 5 was assigned to persons in the state's 1115 prescription drug program, implemented in July 2001. For persons in dual codes 01, 03, 06 and 07 enrolled in the waiver program, the restricted benefits code changed from 03 to 05. A few persons (<10) in uniform eligibility group 54 appear to be assigned restricted benefits code 5 by mistake. They should have been assigned restricted benefits code 1.
ME	SCHIP Code	Maine has both M-SCHIP and S-SCHIP programs, and both are reported into MSIS.
ME	SSN	Roughly 2.0 percent of Maine's eligibles had 9-filled SSNs; most of these eligibles are babies. Also, 22 SSNs have duplicate records; this represents <1% of records in CY01.
ME	TANF/1931	Maine's TANF numbers are consistently higher than ACF numbers. The state believes MSIS is over counting the TANF enrollees.
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 accounts for a large proportion of overall aged and disabled enrollees.
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	A small group of children (<40) who did not qualify for S-SCHIP were mapped to uniform eligibility group 54.
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	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, 42, and 52. Researchers may want to recode these persons into groups 11, 21, 31, 41, and 51.
ME	Uniform Eligibility Groups	ME foster care children (uniform group 48) are undercounted until October 2003, due to state reporting complexities.

State	Measure	Issue
ME	Uniform Eligibility Groups	In January 2001, child enrollment shifted between from uniform eligibility group 34 to group 44. Adult enrollment shifted from uniform eligibility group 45 to group 15 in July 2001 when Maine expanded its Section 1931 eligibility provisions to include parents with income to 150% FPL (state specific eligibility group "4Y").
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 caused a major increase in enrollment.
MI	Date of Death	All dates of death are "8-filled".
MI	Dual Eligibility Codes	Roughly half of Michigan's dual eligibles are reported with dual code 9 (in byte 2 of the dual code); also, few eligibles are assigned dual code 1, since the state provides full Medicaid benefits to the aged and disabled with incomes less than 100% FPL.
MI	Managed Care	The state reports enrollment in HMOs, behavioral health plans, and a dental managed care plan; however, dental plan enrollment is not included in the CMS managed care report for Michigan.
MI	Missing Eligibility Data	Just over 2% of persons in the MI MAX 01 file who used services in 2001 did not have any reported month of eligibility in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
MI	SCHIP Code	Beginning in January 2002, the state changed its SEDs reporting to accurately report enrollees that have aged out of the M-SCHIP group. This resulted in a decline in the number of reported M-SCHIP enrollees. MSIS data did not reflect this change in 2001. Thus, there is an overcount of M-SCHIP eligibles in 2001.
MI	SCHIP Code	Michigan reports its M-SCHIP enrollment. It does not report its S-SCHIP enrollment, however.
MI	SSN	About 6.5% of Michigan's eligibles had 9-filled SSNs. Also, 209 SSNs have duplicate records; this represents 0.07% of records in CY01.
MI	TANF/1931	Michigan is unable to provide TANF flags for its Medicaid population.
MI	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.

State	Measure	Issue
MI	Uniform Eligibility Groups	MI reports 200-300 persons to uniform eligibility group 99 each month.
MI	Uniform Eligibility Groups	Michigan has a higher than expected number of enrollees younger than age 16 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 sort of age sort. Researchers might want to remap enrollees under age 16 to uniform groups 14, 24, 34 and 44.
MI	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MN	Managed Care	In MN, about 33% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
MN	Missing Eligibility Data	Eligibility records were not found in MSIS data for 1.4% of records with claims in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
MN	Race/Ethnicity	In 2001, MN reports 5.1% 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 Code	Minnesota reports its very small M-SCHIP program that covers only infants with income from 275-280% FPL.
MN	SCHIP Code	The state did not have an S-SCHIP program until July 2001, when it transferred adults from its 1115 waiver to S-SCHIP. Then S-SCHIP enrollees are reported to uniform eligibility group 00.
MN	SCHIP Code	SEDS data for S-SCHIP parents are not reliable in 2001.
MN	TANF/1931	Eligibles reported as TANF recipients in Minnesota's data are actually recipients of the Minnesota Family Income Program. For their Medicaid population, this is nearly equivalent of the TANF code and is of greater interest to the state (from a data feedback perspective).
MN	TANF/1931	In 2001, the TANF numbers in MAX were 15% higher than the TANF administrative data.

State	Measure	Issue
MN	Uniform Eligibility Groups	About 3,000 - 4,000 persons age 65 and older each month in state group UN2854 were mapped to uniform eligibility group 45 by mistake. They should have been reported to uniform eligibility group 41.
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.
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	Some persons over 64 years are reported to uniform groups 12, 22, and 32. Researchers may want to map these individuals to 11, 21, and 31.
MN	Uniform Eligibility Groups	About 8,500 enrollees were added to the 1115 waiver program in January 2001 when the state added MNCare parents in the 175-275% group.
MN	Uniform Eligibility Groups	About 24,000 adults transferred out of uniform eligibility group 55 to the S-SCHIP parent program in July 2001 (mapped to uniform group 00). As a result adult Medicaid enrollment declined.
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 will not be identified in MAX data until mid 2003. They are probably reported to uniform eligibility groups 21-22. In addition, in 2001, MN began extending "access" services to persons whose eligibility was not yet finally established
MO	1115 Waiver	Adults and children are covered under an 1115 program. Some of the adults only qualify for family planning benefits.
MO	County Codes	Eligibles with county code = 510 are residents of the city of St. Louis.
MO	Date of Death	MO reported >2,000 persons with a date of death prior to 2001.

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	Length of Enrollment	MO had 65% of eligibles with 12 months of enrollment in 2001, a higher proportion than most states.
MO	Persons With No Enrollment	MO reported 1,179 persons with zero months of enrollment in 2001 (cause unknown).
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 Code	Missouri is reporting M-SCHIP eligibles into MSIS. The state does not have an S-SCHIP program.
MO	SSN	About 7% of SSNs are 9-filled. 96 SSNs have duplicate records; this represents < 1% of records in 2001.
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 Social Security Administration.
MO	Uniform Eligibility Groups	Missouri does not provide medically needy coverage.
MO	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
MO	Uniform Eligibility Groups	Enrollment in uniform groups 14-15 jumped by about 40,000 persons in July 2000. This shift was caused by the reinstatement of persons who lost Medicaid because their welfare benefits were terminated. This special initiative ended in March 2001 and enrollment in these uniform groups dropped by about 25,000 persons.
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 QMB plus (2s), SLMB plus (4s) and other full duals (8s). This occurred because the state disregarded income between 100-135 percent FPL.

State	Measure	Issue
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. This change in coverage led to a 7,000 drop in the number of SLMB only dual eligibles.
MS	Foster Care	Mississippi reports a smaller proportion of children in foster care than generally expected.
MS	Managed Care	MS's only managed care enrollment involved PCCMs.
MS	Private Health Insurance	The state believes they under-reported private health insurance enrollment in 2001.
MS	Race/Ethnicity	About 5% of eligibles were coded as "unknown".
MS	SCHIP Code	Mississippi's state-specific eligibility group "91" encompasses M-SCHIP children, non-SCHIP poverty-related children and poverty-related pregnant women. The state cannot accurately determine which individuals in state group "91" are M-SCHIP children so the state elected to assign SCHIP code "9" (SCHIP status unknown) to all individuals under age 19 in code "91". MS has an S-SCHIP program, but it is not reported into MSIS.
MS	SSN	Roughly 5.3 percent of Mississippi's eligibles had 9-filled SSNs. Presumably, most of these eligibles are "K Babies" (state-specific eligibility group "KK") or newborns who have yet to receive SSNs. Also, 33 SSNs have duplicate records. This represents 0.0% of records in CY01.
MS	TANF/1931	MS TANF data may not be reliable. In September 2001, the number of TANF recipients was about 20% less than the number reported in ACF administrative data.
MS	Uniform Eligibility Groups	Mississippi provides full benefits to aged and disabled eligibles with less than 135% FPL.
MS	Uniform Eligibility Groups	Throughout 2001, MS reported some individuals to uniform eligibility group 99. The number was small most months (<100); however, in July and August, the numbers reported to 99 were much larger (2,405 and 1,459, respectively). This July and August problem may have been related to a change in the state's coding system.

State	Measure	Issue
MS	Uniform Eligibility Groups	During June 2001, Mississippi changed its reporting system as part of the welfare delinking process so that now state group 85 includes 1931 eligibles and TMA enrollees. As a result, TMA enrollees are no longer separately identifiable and no longer reported to uniform eligibility group 44-45. They are now mapped to uniform eligibility group 14-15. Only a small group of hospice recipients remain in uniform eligibility group 45 in 2001.
MT	Date of Death	< 100 persons are reported with a date of death prior to 2001.
MT	Dual Eligibility Codes	Dual eligibility groups QDWI, QI1, and QI2 duals are not included in MT's MSIS files.
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 Code	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 state 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 of disabled SSI >64 years of age to uniform eligibility group 11.
MT	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MT	Uniform Eligibility Groups	Montana had an age calculation problem in 2001, causing some persons > 20 years to be reported to uniform eligibility groups 14 and 44.
MT	Uniform Eligibility Groups	When MT delinked its Medicaid and cash assistance programs in February 2001, persons were no longer mapped to uniform eligibility groups 16-17. It appears these persons shifted to uniform groups 14-15.
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).

State	Measure	Issue
NC	Managed Care	In October 2001, the Wellness Plan of North Carolina was terminated, causing a noticeable drop in HMO enrollment.
NC	Race/Ethnicity	The race code is reported as "unknown" for about 6% of NC enrollees.
NC	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
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	SCHIP Code	NC has opted to report its S-SCHIP group. The state does not have an M-SCHIP program.
NC	SSN	39,588 persons have the SSN field 9-filled (2.7% of the population). 754 SSNs have duplicate records; this represents 0.1% of records in CY01.
NC	TANF/1931	TANF counts in MAX 2001 were about 15% higher than ACF TANF counts, suggesting they may not be reliable.
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 over age 64 to Uniform Eligibility Group 11.
NC	Uniform Eligibility Groups	NC extended full Medicaid benefits to aged and disabled up to 100% FPL.
NC	Uniform Eligibility Groups	NC reports most disabled SSI recipients >64 year to uniform group 11.
NC	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
NC	Uniform Eligibility Groups	Beginning in October 2000, North Carolina reinstated a large group of former AFDC welfare enrollees into uniform eligibility groups 14-15. These enrollees may have been inappropriately terminated from Medicaid as a result of welfare reform. At the peak in April 2001, this reinstated group was more than 70,000 persons. By October 2001, it dropped to about 10,500 persons, according to the data provided by the state. This policy accounts for the increase in adult and child uniform groups in 2001.

State	Measure	Issue
ND	Correction Records	MSIS retroactive coverage and correction records were not used for ND's 2001 MAX data because the state determined these records had problems.
ND	Dual Eligibility Codes	ND asserts that SSI duals should not be required to apply for QMB or SLMB status since Medicaid is already covering Medicare premium payments and cost sharing.
ND	Dual Eligibility Codes	Until September 2001, the vast majority of dual eligibles were assigned dual code 9 (in the 2nd byte of the new annual crossover value), since ND could not correctly identify the dual groups to which they belonged. Effective October 2001, these duals were reported to dual code 8 in byte 2.
ND	Private Health Insurance	North Dakota reports that about 20% of its eligibles have private insurance, a higher than expected proportion.
ND	SCHIP Code	North Dakota reports its M-SCHIP children. The state also has an S-SCHIP program, but full S-SCHIP data were not reported to MSIS until October 2000.
ND	SSN	280 SSNs had a duplicate record in 2001.
ND	TANF/1931	ND reports fewer TANF recipients than are reported in ACF data; state officials cannot explain why the counts differ.
ND	Uniform Eligibility Groups	In July 2001, ND made changes to its 1931 policies that resulted in increased enrollment in uniform eligibility group 17, with declines in other child/adult groups.
ND	Uniform Eligibility Groups	In July 2001, ND made changes to its 1931 policies that resulted in increased enrollment in uniform eligibility groups 14-17, with declines in other child/adult groups.
ND	Uniform Eligibility Groups	Because ND is a 209(b) state, they reported a somewhat lower proportion of SSI recipients in uniform groups 11 and 12 than usually expected.
ND	Uniform Eligibility Groups	A small number of persons age > 64 years are mapped to uniform eligibility groups 12, 22, and 32. Researchers may want to recode these persons into groups 11, 21, and 31.

State	Measure	Issue
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 does not include QI-1 partial duals (6 in byte 2 of the crossover code) in its MSIS data.
NE	Dual Eligibility Codes	Nebraska does not report any eligibles with the dual code 1 (in the 2nd byte of the crossover code), since the state extends full Medicaid to all aged/disabled <100 percent FPL.
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 duals are included with the dual code 3 group.
NE	Persons With No Enrollment	860 persons were included in the NE file with no reported months of enrollment in 2001.
NE	Restricted Benefits Flag	In July - September 2001, the number of persons assigned restricted benefits code 3 dropped to 1, compared to 1500-1800 for other months of the year. This appears to be an error caused by correction records.
NE	SCHIP Code	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 the SSN 9-filled for about 3% of the records in CY 01.

State	Measure	Issue
NE	TANF/1931	Over time, TANF enrollment in MSIS has been about 15-25 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	NE extends full Medicaid benefits for all aged/disabled up to 100% FPL.
NE	Uniform Eligibility Groups	See DOB note above regarding uniform group coding for unborn children.
NE	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NE requires them to separately apply for Medicaid coverage.
NE	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
NE	Uniform Eligibility Groups	In 2001, NE phased out enrollment in uniform eligibility groups 16-17, presumably switching to uniform eligibility groups 14-15.
NE	Uniform Eligibility Groups	In July - September 2001, enrollment in uniform eligibility groups 31-32 dropped somewhat. This pattern is not seen in the original MSIS data and must have been caused by correction records. This seems likely to be an error.
NH	Dual Eligibility Codes	New Hampshire is not including dual eligibles in the SLMB only, QI-1, QI-2, and QDWI groups in its MSIS data. In addition, all full benefit duals were reported to dual code 2 (in the 2nd byte of the crossover code).
NH	Managed Care	Managed care continued to be undercounted during 2001. The HMO managed care numbers in MAX were 19% below CMS counts for the same time period.
NH	Missing Eligibility Data	Eligibility records were not found in MSIS data for 0.5% of records with claims in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
NH	SCHIP Code	New Hampshire operates both M-SCHIP and S-SCHIP programs, but it only reported its M-SCHIP eligibles in MSIS.

State	Measure	Issue
NH	SSN	7 SSNs have duplicate records; this represents 0.0% of records in CY01.
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	A small number of persons over 64 years are reported to uniform groups 12, 22, 32 and 42. Researchers may want to map these individuals to 11, 21, 31, and 41.
NJ	Date of Death	Under 1,000 enrollees had a date of death prior to 2001.
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	Only 89% of persons age > 64 years are dual eligibles, a lower proportion than most states.
NJ	Length of Enrollment	About 63% of NJ enrollees had 12 months of enrollment in 2001, a higher proportion than most states.
NJ	Managed Care	Beginning in February 2001, NJ corrected its undercount of persons assigned Plan Type value 08 (Other). The correct number is about 30,000/month. Plan type 08 is used for residents of long term care facilities, who received capitated pharmaceutical coverage.
NJ	Race/Ethnicity	NJ reports 11% of its eligibles with an unknown race.
NJ	Restricted Benefits Flag	Persons with restricted benefits flag 5 (other) are generally in waivers and do not qualify for full Medicaid benefits
NJ	SCHIP Code	NJ reports both M-SCHIP and S-SCHIP enrollees in MSIS. In the last few months of 2000, NJ added M-SCHIP coverage for parents as well. Then, in January 2001, coverage for S-SCHIP parents began as well. M-SCHIP parents are reported to uniform eligibility group 55. S-SCHIP parents are reported to uniform eligibility group 00, with SCHIP code 3.

State	Measure	Issue
NJ	SSN	In NJ, 10.4% of SSNs were 9-filled in CY 2001. 119 SSNs have duplicate records.
NJ	Uniform Eligibility Groups	NJ provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.
NJ	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
NJ	Uniform Eligibility Groups	Beginning in 2001, some aged and disabled waiver enrollees mistakenly mapped to uniform eligibility group 45 in the past were moved to uniform eligibility group 41-42. This resulted in some noticeable shifts by uniform eligibility group from 2000 to 2001.
NJ	Uniform Eligibility Groups	Effective January 2001, NJ added M-SCHIP coverage for parents as part of an 1115 waiver (uniform eligibility group 55).
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	New Mexico does not include SLMB only or QI enrollees in its MSIS data (dual code 3, 6 & 7 in byte 2). NM reports most of its duals to code 9 (Medicare type unknown).
NM	Restricted Benefits Flag	Persons (in state group 29) with restricted benefits code 6 only qualify for family planning benefits.
NM	SCHIP Code	NM implemented an 1115 waiver in March, 1999 for its M-SCHIP program. The state does not have an S-SCHIP program.
NM	SSN	The SSN field is 9-filled for 13,234 persons, about 3% of all records.
NM	TANF/1931	TANF enrollment in MSIS data is lower than reported in TANF administrative data, indicating it may not be reliable.
NM	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.

State	Measure	Issue
NM	Uniform Eligibility Groups	NM has an 1115 program that extends family planning only benefits, in addition to coverage for M-SCHIP children. Beginning in January 2001, enrollees receiving family planning only benefits moved from uniform groups 44-45 to groups 54-55. In addition, these enrollees moved from restricted benefits code 5 to restricted benefits code 6.
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 (5), QI-1 (6), or QI-2 (7). These are included with dual code 3 (SLMB only) in byte 2 of the dual code. In addition, NV only used dual code 2 (QMB plus full Medicaid) for full benefits duals.
NV	Managed Care	NV incorrectly identified about 30 Hospice care enrollees as receiving comprehensive managed care.
NV	Managed Care	In June 2001, HMO enrollment in MAX is 24% lower than NV reported to the CMS managed care system. Lower than expected enrollment occurred for all three HMOs. This discrepancy may have been caused in part by the drop in enrollment from April through June. In July 2001, reported HMO enrollment increased so that the difference with CMS managed care data was reduced to 13%.
NV	Missing Eligibility Data	About 14% of persons in the NV MAX 01 file who used services in 2001 did not have any reported months of eligibility in 2001. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
NV	Private Health Insurance	NV undercounted the number of enrollees with private insurance.
NV	SCHIP Code	Nevada does not report its S-SCHIP enrollment. The state does not have an M-SCHIP program.
NV	SSN	In NV, there were no duplicate SSNs during the year.
NV	Uniform Eligibility Groups	It appears that infants and children were somewhat underreported in 2001 MAX data. NV has indicated that some underreporting occurred prior to 2002, especially involving state group '48 105'.

State	Measure	Issue
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	A small number of persons (between 5-30) are reported to invalid uniform eligibility group codes most months.
NV	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
NV	Uniform Eligibility Groups	Prior to 2001, persons in state group '48 105' should have been mapped to uniform eligibility groups 14-15, dependent on age. This was corrected starting in January 2001, causing a shift from uniform eligibility group 35 to group 14-15.
NV	Uniform Eligibility Groups	In CY 2001, over 40% of eligibles in uniform eligibility group 35 are younger than 21.
NV	Uniform Eligibility Groups	During 2001, total enrollment dropped in April by about 4,000 and then it increased by about 10,000 in July. There is an especially dramatic drop in the number of infants. There appears to have been a reporting problem from April to June.
NY	1115 Waiver	NY has a 1115 demonstration extending full Medicaid benefits to childless adults.
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 130,000 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	New York has significant problems identifying its QMB only (Dual eligible flag = 51) and SLMB only (Dual eligible flag =53) populations. The state identifies only a handful of QMB onlies and does not identify any SLMB onlies.

State	Measure	Issue
NY	Dual Eligibility Codes	New York codes 58% of its dual eligible population with dual flag 9 (byte 2 of the dual code) defined as individual is entitled to Medicare, but the type of Medicare eligibility is unknown.
NY	Dual Eligibility Codes	Only 86% of aged in NY are dual eligibles, a lower proportion than most states. This may relate to NY's higher proportion of aged non-citizens on Medicaid.
NY	Race/Ethnicity	More than 25% of eligibles in NY have an unknown race code. This increased as a result of enrollment increases due to the September 11th terrorist attack.
NY	Restricted Benefits Flag	From about 30,000 - 40,000 enrollees each month were incorrectly assigned restricted benefits flag 5 in the 1999 to 2001 MAX data. Almost all these persons should have been assigned restricted benefits code 1. The only persons correctly assigned RBF 5 are those in state groups 68 - 69.
NY	Restricted Benefits Flag	Most of the enrollees with "other" restricted benefits (code 5) are in the medically needy groups.
NY	SCHIP Code	New York reports its M-SCHIP eligibles, but does not report its S-SCHIP eligibles.
NY	Sex	Sex was reported as "unknown" for over 100,000 enrollees. These are probably in the unborn group.
NY	SSI	Relative to the number of aged SSI recipients, NY is reporting about 15- 20% more eligibles under uniform eligibility group 11. NY has a state administered SSI supplement program of emergency assistance for SSI recipients which may account for the difference.
NY	SSN	53,621 SSNs have duplicate records. This represents about 3% of records in CY 01.
NY	TANF/1931	The number of enrollees reported as receiving TANF in MAX drops by about 80,000 in November 2001. This is consistent with TANF enrollment reported to ACF. The cause of this drop is unknown.
NY	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, and 42. Researchers may want to recode these persons into groups 11, 21, and 41.

State	Measure	Issue
NY	Uniform Eligibility Groups	Many corrections to the uniform eligibility group mapping were made in January 2001, moving many children and adults from uniform eligibility groups 24-25 to 14-15 or 44-45 and some aged and disabled from various uniform eligibility groups to groups 41-42. Large state groups whose uniform eligibility group mapping was changed included 17, 18, 19, 21, 32, 62, 68, and 69. Other changes occurred as well that involved some age sort differences, resulting in decreases in child enrollment and increases in adult enrollment.
NY	Uniform Eligibility Groups	In October 2001, major increases in child and adult (uniform eligibility groups 41, 44-45) occurred as a result of the September 11th terrorist attack. These persons were reported to state code 36 and mapped to uniform eligibility groups 41, 44, and 45.
OH	Dual Eligibility Codes	OH is only able to code two values for dual eligibles: 1 (QMB only) and 9 (eligible is entitled to Medicare, but reason for Medicaid eligibility is unknown). (These dual codes are assigned to the 2nd byte of the new annual crossover value.)
OH	Foster Care	Several thousand children in foster care have two records with different MSIS IDs and the same SSN.
OH	Foster Care	Through the beginning of 2001, a higher than expected proportion of OH's foster care children were over age 21 years. The percentage reaches as high as 7% in 2001, but is within the expected range of less than one percent by the end of the year.
OH	Restricted Benefits Flag	OH has a sizeable group of eligibles (about 3,000) in uniform groups 11-12 with restricted benefits related to Medicare, which seems odd. This may be related to the state's 209(b) coverage.
OH	SCHIP Code	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.

State	Measure	Issue
OH	SSN	About 3% of SSNs, or 50,544 records, are 9-filled. 16,039 SSNs have duplicate records; this represents <1% of records in CY01. 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	TANF/1931	The TANF flag for OH has some limitations. Ohio is only able to update this data element quarterly, not monthly.
OH	Uniform Eligibility Groups	OH is a 209(b) state. As such, the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by the Social Security Administration.
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	Each month, <50 persons are reported to the invalid uniform group combination of 49.
OH	Uniform Eligibility Groups	Some persons aged > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
OH	Uniform Eligibility Groups	In January 2001, child and adult enrollment increased by about 163,000 for an overall gain of 20%. About 133,000 recipients were added through a Medicaid Reinstatement project (in response to problems with Medicaid disenrollment related to welfare reform) that ran from January 2001 through March 2001. As a result, MAX data show a dramatic increase in enrollment in January 2001 and a dramatic decrease in April 2001.
OK	Date of Death	About 100 persons have a reported date of death prior to 2001.
OK	Dual Eligibility Codes	Oklahoma does not report any QDWIs, QI-1s, or QI-2s in its MSIS data. This information is maintained on a separate file not reported into MSIS.
OK	Foster Care	Foster care children are under-reported in Oklahoma MSIS data because the state was unable to identify foster care children on Medicaid qualifying under the Title IV-E provisions.

State	Measure	Issue
OK	Managed Care	The "other" managed care plan type in Oklahoma is a hybrid PCCM in which the capitation fee to physicians also covers a limited number of common office procedures and lab work.
OK	Managed Care	In 2001, OK began a traditional PCCM program for Native Americans.
OK	Restricted Benefits Flag	Most medically needy enrollees have restricted benefits code 5 (other).
OK	SCHIP Code	Oklahoma reports its M-SCHIP children in MSIS. The state does not have an S-SCHIP program.
OK	SCHIP Code	In 2001, MSIS M-SCHIP counts were higher than M-SCHIP counts in SEDS data. The state believes the SEDS numbers are inaccurate.
OK	SSN	In OK, 11,967 SSNs have duplicate records. This represents 3.8% of records in CY 01. The majority of these records are for children.
OK	SSN	About 4.2% of SSNs, or 26,577 records are 9-filled.
OK	TANF/1931	Oklahoma 9-fills the TANF field.
OK	Uniform Eligibility Groups	OK provides full Medicaid benefits to aged and disabled to 100% FPL.
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	Some persons age > 64 years are reported to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
OR	County Codes	Oregon's county code data are not reliable.
OR	Date of Death	Just under 40 persons were reported with a date of death prior to 2001.
OR	Dual Eligibility Codes	In 2001, OR had just over 6,000 persons who were identified as dual eligibles but were not confirmed as duals when the EDB link occurred.

State	Measure	Issue
OR	Dual Eligibility Codes	Until October 2002, many persons with 3, 6, or 7 in byte 2 of the dual code (SLMB only or QIs) were reported to uniform eligibility groups 21-22 and 41-42 and they were assigned restricted benefits code 1 or 5. Partial benefit duals are ordinarily assigned restricted benefits code 3. It is unclear whether the dual codes were incorrect, or the uniform group and restricted benefit code assignment were incorrect since partial benefit duals should not be reported to uniform eligibility groups 21-22 or 41-42 or assigned restricted benefits code 1 or 5.
OR	Length of Enrollment	OR had about 38% of eligibles with 12 months of enrollment, a lower proportion than most states.
OR	Managed Care	About 47% of EDB duals were enrolled in HMO/HIOs in OR, a higher proportion than most states.
OR	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
OR	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
OR	Restricted Benefits Flag	Many persons with dual codes 51, 53, 56, and 57 were assigned restricted benefits code 1 or 5. It is not clear which information is correct--the dual code or the restricted benefits code.
OR	SCHIP Code	Oregon reports its S-SCHIP data in MSIS. The state does not have an M-SCHIP program.
OR	SSN	1,887 SSNs have duplicate records; this represents < 1% of records in CY 01.
OR	TANF/1931	Oregon's TANF data are overreported beginning in July 2001, and do not appear to be reliable.
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	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 UEG 55.
OR	Uniform Eligibility Groups	Oregon generally maps SSI disabled persons >64 years to uniform group 11.
OR	Uniform Eligibility Groups	The numbers of enrollees in uniform eligibility groups 54-55 are undercounted. Effective January 1999, OR included family planning only enrollees under an 1115 waiver; however, these enrollees have not been included in its MSIS reporting.
OR	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
OR	Uniform Eligibility Groups	Some partial benefit duals may have been incorrectly reported to uniform eligibility groups 21-22 and 41-42. However, it is also possible the uniform eligibility group coding was correct and the dual coding was wrong.
PA	Date of Death	Over 3,000 persons were reported with a date of death prior to 2001.
PA	Dual Eligibility Codes	About 30% of disabled persons in PA were linked to the EDB file, a lower proportion than 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.
PA	Length of Enrollment	PA had 65% of eligibles with 12 months of enrollment, a higher proportion than most states.
PA	Managed Care	In PA, about 40% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
PA	Restricted Benefits Flag	Restricted benefits code 5 (other) is assigned to many persons with medically needy coverage.
PA	SCHIP Code	Pennsylvania has an S-SCHIP program, but no M-SCHIP program. The state does not report its S-SCHIP enrollment in MSIS.

State	Measure	Issue
PA	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, SSI disabled > 64 years are mapped to uniform eligibility group 11.
PA	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
PA	Uniform Eligibility Groups	In 2001, a mapping error was corrected. Prior to this time, state group PU27 was incorrectly mapped to uniform eligibility group 15 instead of group 17. This caused an upward shift in uniform eligibility group 17 enrollment in 2001.
RI	1115 Waiver	Beginning in 1994, Rhode Island had an 1115 program for children and adults. This 1115 plan has always covered infants 185-250% FPL, children 1-5 years 133-250%, children 6-7 years 100-250% FPL, and family planning only recipients 250%. Until 1/97, it also covered children 8-19 years 100-250%, but then that group became the first M-SCHIP population. Until 1/01, it also covered children pregnant women 185-250% when this group was transferred to M-SCHIP as well. Finally, from 1/98 to 1/01, RI covered parents 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. 88% of 2001 eligibles have valid county codes, a lower proportion than most states.
RI	Dual Eligibility Codes	Through 2001, the vast majority of Rhode Island's dual eligible population received the dual code 9 (in the 2nd byte of the new annual crossover value). Starting in January 2002, the state made considerable improvements to its dual code reporting. A significant number of duals previously reported to code 9 were shifted to other dual codes.
RI	Length of Enrollment	RI had 68% of eligibles with 12 months of enrollment, a higher proportion than most states.
RI	Managed Care	RI overreported HMO enrollment in 2000 and 2001. This overreporting was because the state continued reporting enrollees to Plan IDs HCO8064' and PHO08260. There should not have been any enrollees in these plans after 12/31/99. The plan type code should have been 8-filled.

State	Measure	Issue
RI	Managed Care	Some people with PLAN TYPE = 01 (comprehensive) are inappropriately assigned 8-filled PLAN IDs. This is caused by a problem with the program used to generate MSIS data.
RI	Missing Eligibility Data	About 2% of persons in the RI file for whom Medicaid claims were paid during the year did not have any reported months of eligibility during the year. These records did not have MSIS ID or SSNs that linked with identifiers in the MSIS eligibility file.
RI	Race/Ethnicity	In 2001, 23% of eligibles were coded as "unknown."
RI	Restricted Benefits Flag	Starting in January 2001, adults in state specific eligibility groups 71, 73, and 74 who qualify for family planning benefits under an 1115 waiver are assigned restricted benefits code 6 instead of restricted benefits flag 4. Pregnant women are still assigned restricted benefits flag 4. Medically needy enrollees are generally assigned restricted benefits code 5 (other). About 600 - 5,700 persons are reported to restricted benefits code 9 each month in 2001 (cause unknown).
RI	SCHIP Code	Rhode Island reports its M-SCHIP children. The state does not have an S-SCHIP program.
RI	SCHIP Code	Effective January 2001, RI added two new adult groups to its M-SCHIP program--parents with family income 110-185% FPL and pregnant women with income 185-250% FPL. The pregnant women were previously covered as an expansion group under the state's 1115 waiver. They continued to be reported to uniform eligibility group 55. The parents at 110-185% FPL were part of the state's 1931 coverage and were previously reported to uniform eligibility group 45.
RI	SCHIP Code	The MAX S-SCHIP count differs from SEDS in some quarters, but the MSIS numbers appear to be more reliable.
RI	SSN	7 SSNs have duplicate records; this represents < 1% of records in CY 01.
RI	TANF/1931	RI TANF data are not reliable.
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.

State	Measure	Issue
RI	Uniform Eligibility Groups	A small number of persons (between 1 to 53) are mapped to uniform eligibility group 29 (an invalid group) each month.
RI	Uniform Eligibility Groups	By mistake, about 350 persons (state groups GA and GC) were included in uniform eligibility groups 44-45 who were state-only enrollees, not Title XIX enrollees.
RI	Uniform Eligibility Groups	In January 2001, RI moved a large group of adults (state group CN) previously reported in uniform eligibility group 45 to group 55 as the state implemented M-SCHIP coverage for adults.
RI	Uniform Eligibility Groups	In December 2001, RI reported about 11% more SSI enrolled than the count reported in SSA data (cause unknown).
SC	County Codes	4,639 persons were assigned to county code 999 (an invalid FIPS code).
SC	Date of Death	< 700 persons had a year of death prior to 2001.
SC	Dual Eligibility Codes	Through 2000, South Carolina generally reported only two values for dual eligibles - 2 (QMB plus full Medicaid) and 9 (eligible is entitled to Medicare, but reason for Medicaid eligibility is unknown) in the second byte of the crossover code. However, starting in 2001, SC reported a few enrollees (fewer than 50) with dual eligibility flags 3, 6, and 7.
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 64% of eligibles with 12 months of enrollment, a higher proportion than most states.
SC	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
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 other external data sources, it may be reported as PCCM. In addition, SC does not report the Channeling Project as managed care in MSIS, even though it reports the Channeling Project to the CMS managed care report.

State	Measure	Issue
SC	Persons With No Enrollment	SC has 2,422 persons with no months of enrollment in 2001. These persons were originally mapped to uniform eligibility group 99 in MSIS.
SC	Race/ethnicity	About 5% of records in SC are reported as "unknown."
SC	Restricted Benefits Flag	Effective January 2001, enrollees in state group 3055 are assigned restricted benefits code 6 because they only receive family planning benefits. Previously, they were assigned code 5.
SC	SCHIP Code	SC has an M-SCHIP program, but not an S-SCHIP program.
SC	SSN	95 SSNs have duplicate records; this represents 0.0% of records in CY01.
SC	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
SC	Uniform Eligibility Groups	A small number of persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
SC	Uniform Eligibility Groups	Beginning in January 2001, enrollees receiving only family planning benefits moved from uniform eligibility groups 44-45 to group 54-55.
SC	Uniform Eligibility Groups	Beginning in May 2001, South Carolina reinstated approximately 45,000 persons whose Medicaid eligibility was improperly terminated when they lost welfare benefits. Most of these persons were in uniform eligibility groups 14-15.
SD	County Codes	There are a small number of records (<50) assigned to the invalid county code 131. In addition, the state has some enrollees (<500) 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	South Dakota assigns the dual code 9 (in the 2nd byte of the new annual crossover value) to over 50% of their dual eligibles, because they cannot correctly identify the dual groups to which these people belong.
SD	Private Health Insurance	About 13% of the persons in the MAX 2001 file are coded as receiving third party insurance. This number is higher than expected, but the state confirms it is correct.

State	Measure	Issue
SD	SCHIP Code	SD reports its M-SCHIP children and S-SCHIP children.
SD	SSN	In South Dakota, 1,317 SSNs have duplicate records; this represents 2.4% of records in CY01. The majority of these records are for children.
SD	TANF/1931	South Dakota cannot identify their TANF recipients. This field is 9-filled for all eligibles.
SD	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
SD	Uniform Eligibility Groups	In May 2001, SD began reporting a small number of persons (<10) to uniform eligibility group 3A.
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. The waiver also moved the vast majority of Medicaid enrollees to managed care.
TN	County Codes	About 2% of enrollees were assigned county code 000 (cause unknown).
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). Many of these duals qualified through the TennCare 1115 Waiver expansion. About 59,322 persons were reported as duals in MSIS data who were not found in the EDB files.
TN	Dual Eligibility Codes	TN had some problems with its dual eligible reporting. 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 qualify for full Medicaid benefits and should have been assigned dual codes 2, 4, or 8 and restricted benefits code 1.
TN	Length of Enrollment	TN had 79% of eligibles with 12 months of enrollment, a higher proportion than most states.
TN	Managed Care	In TN, about 94% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
TN	Missing Eligibility Data	About 4% of persons in the TN MAX 02 file who used services in 2002 did not have any reported months of eligibility in 2002. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.

State	Measure	Issue
TN	Race/Ethnicity	Race was reported as unknown for just over 3% of eligibles.
TN	Restricted Benefits Flag	Through September 2002, many more dual eligibles were assigned restricted benefits code 3 than should have been. This was fixed starting in October 2002 causing a significant decrease in the number of enrollees reported to code 3 and increases in the number reported to code 1.
TN	Restricted Benefits Flag	As mentioned above, more dual eligibles were assigned restricted benefits code 3 than should have been.
TN	SCHIP Code	Tennessee reports its M-SCHIP children. The state does not have a S-SCHIP program.
TN	SCHIP Code	During 2001, the number of M-SCHIP children reported to MSIS was about 47% higher than the count reported to CMS' SEDS system. The state could not explain the discrepancy.
TN	TANF/1931	TN reported that all eligibles in uniform eligibility groups 14-17 were TANF recipients. It is not clear whether any persons other than TANF eligibles qualified under the 1931 rules.
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 >64 years are mapped to uniform eligibility group 12.
TN	Uniform Eligibility Groups	Prior to 2001, all persons age > 64 years in TNs 1115 demonstration were mapped to uniform eligibility groups 52 and 55. This was corrected in January 2001, resulting in a shift from uniform eligibility groups 52 and 55 to group 51. Some persons age > 64 years were also shifted from uniform eligibility groups 22, 32, and 42 to groups 21, 31, and 41 in 2001.
TX	1115 Waiver	Texas reports about 2,000 to 3,000 eligibles in uniform eligibility group 55. These eligibles are not part of an 1115 Medicaid waiver. Rather, the individuals are made eligible through an 1115 TANF waiver, which extended Medicaid benefits after the individual's TANF time limit had expired.

State	Measure	Issue
TX	Dual Eligibility Codes	Texas assigns the dual eligibility code 8 (in the 2nd byte of the new annual crossover value) to about 19% of its dual eligibility population. Most are reported in uniform groups 41 and 42. Texas does not automatically buy-in to Medicare for persons in these groups. In addition, some 8s are SSI recipients in uniform groups 11 and 12 whose exact dual status was not yet determined.
TX	Managed Care	Texas has a PACE program, but PACE enrollment is not separately reported in the managed care data.
TX	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally long-term care recipients in UEG 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 whose date of initial coverage is complicated by a spend-down liability.
TX	SCHIP Code	Texas reports its M-SCHIP children. The state's S-SCHIP program is not reported into MSIS.
TX	SSN	About 6% of SSNs, or 170,964 records, are 9-filed.
TX	SSN	In Texas, 4,877 SSNs have duplicate records; this represents 0.3% of records in CY01. The majority of these duplicate records are for children.
TX	State-Specific Eligibility	The state-specific eligibility group field is 8-filled for QI1s, QI2s, and QDWIs.
TX	Uniform Eligibility Groups	Most disabled SSI recipients age 65 or older are reported to uniform eligibility group 11.
TX	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
TX	Uniform Eligibility Groups	Child enrollment increased by about 3% in October (cause unknown). This increase may be related to the start of a new school year.
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).

State	Measure	Issue
UT	Dual Eligibility Codes	Some persons in uniform groups 21-22 and 41-42 are reported to have dual codes 1 and 3 (in byte 2 of the crossover code) and restricted benefits limited to Medicare cost-sharing (code 3). State officials say this is due to a timing problem. Both dual eligibles who have to spend down to qualify for full Medicaid benefits (through the medically needy program) and those who contribute to the cost of their institutional care are not initially classified as qualifying for full Medicaid benefits. This means the restricted benefits flag and dual codes may not always be reliable.
UT	Dual Eligibility Codes	Only about 86% 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 31% of eligibles enrolled all 12 months of the year, a lower proportion than most other states.
UT	Managed Care	Even though UT is reported to have a PCCM program and a transportation managed care plan in CMS data, enrollment for these plans is not reported in MSIS.
UT	Managed Care	In Utah, about 50% of the 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	Missing Eligibility Data	About 7% of persons in the UT MAX 01 file who used services in 2001 did not have any reported months of enrollment in 2001. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
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 (<500/month) have invalid insurance codes (9).
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 Code	Utah reported enrollment in its S-SCHIP program in MSIS. The state did not have an M-SCHIP program.

State	Measure	Issue
UT	SSN	In Utah, 3.8% of SSNs, or 9,293 records, are 9-filled in CY2001. 19 SSNs had duplicate records; this represents <1% of records in CY 2001.
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 combined number of eligibles in uniform groups 11-12 is considerably less than the number of SSI recipients.
UT	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, and 32. Researchers may want to recode these persons into groups 11, 21, and 31.
UT	Uniform Eligibility Groups	UT began reporting a small number of persons (<50) to uniform eligibility group 3A in July 2001. This group covers persons with breast and cervical cancer.
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	Managed Care	A shift in managed care enrollment occurred in November and December 2001, with PCCM enrollment declining and HMO enrollment increasing.
VA	Restricted Benefits Flag	Persons in state groups 66 I (BCCPTA women) are assigned restricted benefits code 5.
VA	SCHIP Code	VA only had an S-SCHIP program in 2001, and reported all of its S-SCHIP eligibles into MSIS. The numbers in MSIS are greater than in SEDS until July 2001. The state assures us that the MSIS numbers are correct; however, there may have been some problems with double counting. SEDS and MSIS are comparable beginning in July 2001.
VA	SSN	23,149 SSNs had duplicate records. This represented 6.0% of all records. In addition, 34,534 records were 9-filled for SSN.
VA	TANF/1931	Virginia's TANF data are not reliable.
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.

State	Measure	Issue
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.
VA	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
VA	Uniform Eligibility Groups	Beginning in July 2001, VA provided full benefits to all aged and disabled to 80% FPL.
VA	Uniform Eligibility Groups	Virginia begins reporting BCCPTA eligibles in July 2001.
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	Dual eligibles in state groups BD, B6, IA, and ID were assigned to incorrect dual codes. Duals in BD and B6 should have been assigned dual code 8 (in the second byte of the crossover code), and IA and ID should have been assigned to 4.
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). About 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).
VT	Missing Eligibility Data	About 3% of persons in the VT MAX 01 file who used services in 2001 did not have any reported months of enrollment in 2001. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
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	Restricted benefits flag 5 ("other") is assigned to enrollees in UEG 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 many). In addition, some persons in UEG 55 are assigned restricted benefits code 5 (restrictions not known).
VT	SCHIP Code	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 SSNs.
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.
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).
VT	Uniform Eligibility Groups	No MSIS retroactive coverage or correction records were used for VT's MAX data until October 2002 since they did not appear to be reliable prior to this time.
VT	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 42, and 52. Researchers may want to recode these persons into groups 11, 21, 41, and 51.
VT	Uniform Eligibility Groups	In 2001, VT's count of aged SSI eligibles is about 20% higher than SSA administrative data.
WA	County Codes	WA's county code data are not reliable.
WA	Date of Death	In 2001, over 800 individuals were reported to have a DOD before 2001.
WA	Dual Eligibility Codes	About 88% of persons >64 years were EDB duals, a somewhat lower proportion from most states (cause unknown).

State	Measure	Issue
WA	Managed Care	HMO managed care enrollment generally increased from month 1 to month 3 of each quarter and then decreased somewhat in month 1 of the next quarter. This recurring pattern of monthly HMO enrollment within a quarter seems unlikely. The state's data should not be used for analysis of month-to-month HMO enrollment, although it appears to be reliable at a more general level.
WA	Managed Care	WA did not report any BHP enrollment in 2001. According to CMS managed care data, BHP enrollment was 0.8 million in June 2001.
WA	Missing Eligibility Data	Just under 2% of persons in the WA MAX 01 file who used services in 2001 did not have any reported months of enrollment in 2001. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
WA	Persons With No Enrollment	About 680 individuals were included in the 2001 data who had no enrollment during the year (cause unknown).
WA	Race/ethnicity	In 2001, about 6% of eligibles were coded as "unknown."
WA	Restricted Benefits Flag	A small number of persons (<1,000) each month mapped to MASBOE 00 did not have the restricted benefits code 0-filled.
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 Code	Washington operates an S-SCHIP program, but does not report enrollment in MSIS. The state does not have an M-SCHIP program.
WA	SSN	In Washington, 5.5% of SSNs, or 57,645 records, are 9-filled in CY2001. 128 SSNs have duplicate records; this represents <1% of records in CY01. The majority of these records are for children.
WA	TANF/1931	Almost all eligibles in uniform eligibility group 14-17 are TANF recipients.
WA	TANF/1931	In CY 2001, WA TANF data are about 14% lower than ACF counts (cause unknown).
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.

State	Measure	Issue
WA	Uniform Eligibility Groups	In Washington, enrollment generally declined from month 1 to month 3 of each quarter and then increased somewhat in month 1 of the next quarter. This recurring pattern of monthly enrollment within a 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	Some persons age >64 years are reported to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
WA	Uniform Eligibility Groups	Effective July 2001, WA extended family planning benefits to adults in an 1115 demonstration.
WI	County Codes	For about 14,000 eligibles, 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	Through September 2002, Wisconsin assigned dual flag 8 (in the second byte of the dual code) to about 30% of its dual population, a higher proportion than expected.
WI	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
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.
WI	Private Health Insurance	Wisconsin reported about 17 percent of its eligibles with private health insurance, which is somewhat higher than other states report. Effective September 2002, the proportion increased even more with the implementation of the Pharmacy Plus program.
WI	Race/ethnicity	In 2001, over 33% of eligibles were coded as "unknown."

State	Measure	Issue
WI	Restricted Benefits Flag	Enrollees assigned restricted benefits code 5 (other) are eligible for TB-related services only. Beginning in September 2002, restricted benefits flag 5 was also assigned to prescription drug only enrollees.
WI	SCHIP Code	WI has an M-SCHIP program, but not an S-SCHIP program.
WI	SCHIP Code	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	2,275 SSNs have duplicate records; this represents 0.7% of records in CY01. The majority of these records are for children. 16,984 records are 9-filled; this represents 2.5% of records in CY01.
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	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
WI	Uniform Eligibility Groups	A small number of persons (<5) are mapped to uniform eligibility group 99.
WV	Dual Eligibility Codes	WV assigned the majority of its dual eligible population to dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicaid eligibility is unknown. WV did not include partial benefit duals in codes 3, 6, and 7 (in byte 2) in its MSIS reporting, meaning that duals were undercounted in MAX.
WV	SCHIP Code	WV does not report its S-SCHIP enrollment. Its M-SCHIP program had phased out by late 2000.

State	Measure	Issue
WV	SSN	5% of the persons in the MAX 01 file had 9-filled SSNs.
WV	SSN	In West Virginia, 557 SSNs had duplicate records; this represents 0.2% of records in CY01. The majority of these records are for children.
WV	TANF/1931	WV does not have a reliable TANF flag. The TANF flag is 9-filled for all eligibles.
WV	Uniform Eligibility Groups	Enrollment in uniform groups 11-12 is about 16 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.
WV	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
WV	Uniform Eligibility Groups	Beginning in June 2001, WV assigned state code RDF and RDFQ to women in the breast and cervical cancer program (BCCPTA). However, these eligibles were erroneously mapped to uniform eligibility group 35, instead of group 3A.
WV	Uniform Eligibility Groups	Beginning in July 2001, WV decided to change how eligibility for children was determined to insure that all children receive a 12-month continuous enrollment guarantee. This change resulted in a substantial enrollment shift from uniform eligibility groups 14 and 16 to group 34.
WY	Dual Eligibility Codes	Wyoming assigned dual code 9 (in the 2nd byte of the new annual crossover value) to about 35 percent of its dual population until April 2001. This code indicated that the individual is entitled to Medicare but the reason for Medicaid eligibility is unknown. Beginning in April, many dual eligibles previously in the 9 dual code group shifted to dual code 4 (in the 2nd byte) identifying them as SLMB-plus enrollees.
WY	Managed Care	WY did not report any MC enrollment.
WY	SCHIP Code	Wyoming has an S-SCHIP program, but is not reporting its eligibles into MSIS. The state does not have an M-SCHIP program.
WY	TANF/1931	Wyoming's TANF data are not reliable.

State	Measure	Issue
WY	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.