

MAX 1999 State Eligibility Anomalies

State	Measure	Issue
AK	1115 Waiver	Virtually everyone in uniform eligibility groups 14-17 is reported to be receiving TANF benefits. In addition, Alaska reported about 31 percent more TANF eligibles than ACF data in 06/99, suggesting that TANF data may not be reliable.
AK	Dual Eligibility Codes	Alaska reports very few QMB and SLMB onlies (dual codes 1 and 3, respectively, in the 2nd byte of the new annual crossover value). In Alaska, the SSI state supplement income standard is approximately 110 percent of poverty for a single individual, and 122 percent of poverty for a couple. Hence, the vast majority of QMBs and SLMBs are eligible for full Medicaid benefits by virtue of their eligibility for the state supplement to SSI.
AK	Length of Enrollment	Only 26% of eligibles were enrolled 12 months in 1999, a lower than expected proportion. However, due to seasonal employment in the summer, many families do not qualify for benefits all year. In addition, a table showing the distribution of eligibles by length of enrollment for the year showed more enrollment at the 3, 6 and 9 month intervals than usually occurs, suggesting that the enrollment data may not be reliable for month to month analysis. For most quarters, enrollment is lowest in the first month and highest in the third month, and then there is a noticeable decline in the first month of the next quarter.
AK	Managed Care	AK is one of the few states without any MC enrollment.
AK	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	4% 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.
AK	SSN	32 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
AK	TANF/1931	AK 's TANF data are not reliable.

State	Measure	Issue
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.
AL	1115 Waiver	In 1999, Alabama had an 1115 Waiver program extending coverage to a relatively small group of children and adults (as part of the Bay Health Program in Mobile County). However, the 1115 program was terminated effective 10/1/99.
AL	County Codes	AL assigns some foster care children county code 100.
AL	Date of Death	AL DOD data are incomplete.
AL	FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in Alabama than in 1998.
AL	Length of Enrollment	Monthly enrollment is overstated by 6-8% each month, due to problems with MSIS correction records from AL. In a distribution showing length of enrollment by months for 1999, there is a disproportionate number of enrollees with 3, 6, and 9 months of enrollment, suggesting that the enrollment data is not reliable for month to month analysis. In addition, MAX data show that 67% of enrollees were enrolled all 12 months in 1999, but this information is not reliable.
AL	Managed Care	In October 1999, AL terminated its Bay Health Plan in Mobile County, causing a decline in HMO enrollment of about 40,000 eligibles. The remaining HMO, United Medicare Complete, only enrolls dual eligibles.
AL	Managed Care	More than 300,000 eligibles received PLAN TYPE 08 each month. 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, Alabama asserts that the MSIS counts are more accurate.

State	Measure	Issue
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	Private Health Insurance	In June 1999, the number of individual with state financed private insurance (code 3) drops considerably. In addition, the number of individuals with third party financed private insurance is erratic from month to month for parts of 1999 and may not be reliable.
AL	Race/Ethnicity	Race/ethnicity data are reported as unknown for about 4% of enrollees.
AL	Restricted Benefits Flag	The number of individuals with various codes related to restricted benefits is erratic from month to month for parts of 1999 and may not be reliable.
AL	SCHIP Code	Alabama reports its M-SCHIP children, but did not report any of its S-SCHIP children. AL did not ever report its M-SCHIP program in SEDS.
AL	SSN	In Alabama, 4,151 SSNs have duplicate records; this represents 1.3% of records in CY99. The majority of these records are for children.
AL	Uniform Eligibility Groups	From 1998 to 1999, mapping changes related to age sorts caused a different distribution of children and adults across uniform groups 14/15 and 34/35. In addition, eligibles previously mapped to uniform groups 34/35 were mapped to 54/55 for the 1115 program. However, AL terminated its 1115 program in October, 1999.
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.
AR	1115 Waiver	Arkansas has an 1115 Waiver program and began reporting many of its poverty-related children into uniform group 54 in 1999. 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	Dual Eligibility Codes	AR reported 29,438 duals in 1999 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.

State	Measure	Issue
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.
AR	Private Health Insurance	AR's private insurance data are not reliable.
AR	Restricted Benefits Flag	Adults in uniform group 55 should have been assigned restricted benefits code 5 (other) 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	SSN	In Arkansas, 571 SSNs have duplicate records; this represented 0.2% of records in CY99.
AR	TANF/1931	Arkansas did not report TANF data into MSIS.
AR	Uniform Eligibility Groups	In the 1996-1998 SMRF data, enrollees were classified as children or adults using an age sort. This approach was not used for 1999 MAX data. This resulted in a slight shift in the number of children and adults from December, 1998 to January, 1999. In addition, this change resulted in a higher proportion of adults in 1999 who were <20 years of age.
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	Roughly 4 percent 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.
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	SLMB only and QI enrollees were generally not included in MSIS data until late 2002.
AZ	Dual Eligibility Codes	Only 90% of aged enrollees were identified to be EDB duals, a lower proportion than most states. In addition, the dual eligible codes on MSIS claims data were not found to be reliable, when files were linked to the EDB.

State	Measure	Issue
AZ	Foster Care	AZ under-reported foster care enrollment from January through March 1999.
AZ	Managed Care	AZ did not report enrollment in Behavioral Health Plans in 1999. According to CMS data, there were about 25,000 BHP enrollees in AZ in June, 1999. However, there may be BHP capitation claims in MSIS.
AZ	Managed Care	In AZ, about 47% of EDB duals were ever enrolled in HMO/HIOs. In addition, about 53% of EDB duals in 1999 were enrolled in PHP only or PHP/PCCM only, higher proportions than most states.
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 Arizona, Plan Type 08 is used primarily to cover new eligibles who have not yet selected a managed care plan.
AZ	Missing Eligibility Data	Just over 2% of persons in the AZ MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
AZ	Private Health Insurance	Arizona indicated that private health insurance enrollment was under-reported until October 1999.
AZ	Restricted Benefits Flag	AZ extends family planning only benefits to some persons in uniform group 55 (state specific code 960). However, they were not assigned restricted benefits code 5.
AZ	Restricted Benefits Flag	AZ extends family planning only benefits to some persons in group 960. However, the state has not been assigning restricted benefits code 5 to these individuals.
AZ	SCHIP Code	Arizona is not reporting their S-SCHIP program into MSIS. The state does not have an M-SCHIP program.
AZ	SSN	In Arizona, 5,174 SSNs have duplicate records: this represents 1.7% of records in CY99. The vast majority (87%) of records with duplicate SSNs involved infants and children under age 6.

State	Measure	Issue
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.
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 immediately exceeded 1 million persons.
CA	Date of Death	California did not report any date of death data.
CA	Dual Eligibility Codes	In CA, only 88% of persons over 64 years of age were EDB duals, a lower proportion than in most states.
CA	FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM management care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in CA than in 1998.
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.
CA	Managed Care	In CA, about 85% of the EDB duals were enrolled in PHPs, a higher proportion than most states.
CA	Missing Eligibility Data	About 7% of persons in the CA MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with 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	Race/Ethnicity	In 1999, 9% of eligibles were coded as 'unknown.'
CA	Restricted Benefits Flag	The 1 million FPACT eligibles are only eligible for family planning benefits (restricted benefits code 5-other).

State	Measure	Issue
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 quarter of eligibles have 8-filled SSNs. This results in part from the fact that SSNs are not reported for the 1 million persons who are 1115 FPACT Waiver eligibles. In addition, SSNs are often not available for unborn, newborns, undocumented aliens and immigrants.
CA	Uniform Eligibility Groups	From 1998 to 1999, CA changed its 1931 rules, causing persons in state specific groups, 32, 22, 3G, 3H, 3L, 3M and 4G to be mapped to uniform groups 14/15 instead of 24/25. In addition, the 1931 changes caused CA to report into uniform groups 14/15 persons who were previously mapped to 16/17.
CO	Date of Death	The state does not report dates of death for any eligibles.
CO	FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in Colorado than in 1998.
CO	Managed Care	About 13% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 70% 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	Missing Eligibility Data	About 2% of persons in the CO MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
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, 9.8% of SSNs, or 35,047 records, are 9-filled in CY1999. 57 SSNs have duplicate records; this represents 0.0% of records in CY99.

State	Measure	Issue
CO	Uniform Eligibility Groups	The transition from 1998 to 1999 by uniform eligibility group is complicated for a couple of reasons. First, Colorado did not report reliable uniform group information until October 1998. Second, two mapping errors were corrected in the 1999 data that were not corrected in the October-December period of 1998. Some enrollees with full Medicaid benefits were incorrectly reported to uniform group 32 in October-December 1998. These were moved to group 42 beginning in January 1999. In addition, beginning in April 1999, undocumented aliens who only qualified for emergency services were moved from uniform groups 14-15 to 44-45 (when the state began reporting immigrant status code information in byte 4 of the state specific eligibility code).
CO	Uniform Eligibility Groups	Each month, <100 persons were mapped to the invalid uniform group combinations of 19, 39, or 49.
CT	Foster Care	More than 9 percent of Foster Care children are older than age 20. This proportion is higher than expected.
CT	Length of Enrollment	CT had 66% of eligibles with 12 months of enrollment, a higher proportion than most states.
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 56 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 each quarter of 1999, a few Social Security numbers are "0-filled" or "8-filled." They should be "9-filled" if unknown. Also, 1,673 SSNs have duplicate records; this represents 0.8% of records in CY99. 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.

State	Measure	Issue
DC	Dual Eligibility Codes	DC is not able to assign a specific dual eligibility code to 60 - 65% 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 in 1999. 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	The District of Columbia extends full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL). As a result, some persons are reported into the disabled poverty-related group who are not dual eligibles.
DC	Dual Eligibility Codes	In DC, only 81% 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 68% 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	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 60% 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, DC reported 25-30% more eligibles under uniform groups 11 and 12. This suggests they were covering some aged and disabled under Medicaid as SSI recipients who no longer received SSI benefits.
DC	SSN	About 3% of eligibles do not have valid SSNs. In DC, 95 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.

State	Measure	Issue
DC	Uniform Eligibility Groups	DC extends full Medicaid benefits to all aged and disabled with income <100% FPL.
DE	1115 Waiver	Delaware's 1115 Waiver program extends full Medicaid benefits to adults with income to 100% FPL. It also extends family planning benefits (only) for 24 months to women leaving Medicaid.
DE	Dual Eligibility Codes	In DE, QI-1s and QI-2s are reported as SLMBs (dual code 3 in the 2nd byte of the new annual crossover value).
DE	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) only qualify for family planning benefits.
DE	SCHIP Code	Delaware's S-SCHIP program is not being reported into MSIS. DE does not have an M-SCHIP program.
DE	SSN	In DE, 11 SSNs have duplicate records; this represents 0.0% of records in CY99.
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	Effective 1/99, the state started using a new classification approach for eligibility. In the new classification approach, all 1931 eligibles were correctly reported into uniform groups 14/15 (some had been reported in uniform groups 44/45 in 1998). However, transitional assistance eligibles were also reported into uniform groups 14/15 effective 1/99 (instead of uniform 44/45), even though they are not 1931 eligibles. In addition, the state expanded its interpretation of 1931 eligibility rules beginning in 1999. As a result, the number of children and adults reported into uniform groups 34 and 35 declined during the year, while the numbers in groups 14 and 15 appeared to grow by a commensurate amount. Over time, as a result of the 1931 expansion, there are an increasing number of eligibles in groups 14-15 who are not TANF eligibles.
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	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 11,000 fewer enrollees in Plan Type 03 than CMS reports in its PHP count for 6/99, but the state maintains that the MSIS figure is accurate.
FL	Missing Eligibility Data	About 1.5% of persons in the FL MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files. 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	In 1999, 9% of eligibles were coded as 'unknown.'
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	SSN	In Florida, 1,118 SSNs have duplicate records; this represents 0.8% of records in CY99. The majority of these records are for adults.
FL	TANF/1931	Florida cannot identify TANF recipients. All eligibles receive TANF = 9, indicating that their TANF status is unknown.
FL	Uniform Eligibility Groups	Effective 1/99, mapping criteria for uniform groups 21, 31 and 41 were changed so that persons over age 64 who were considered to be disabled were mapped to uniform groups 22, 32 and 42. This caused a decline in enrollment for groups 21, 31 and 41. Prior to 1/99, persons over age 64 in the following state specific groups were mapped to uniform groups 21, 31 and 41: NS D, MH MD, MI ID, MI SD, MW AD, MI MD, MM SD, QMBD, SLMBD, and SLMBDN.
FL	Uniform Eligibility Groups	Enrollment in uniform group 31 declines noticeably in October 1999 due to a reduction in state specific group SLMBA. The state acknowledges this decline, but is unable to explain it.
FL	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 90% FPL.

State	Measure	Issue
FL	Uniform Eligibility Groups	Effective 1/99, enrollment in the state's 1115 program was reported in uniform groups 54 and 55. The 1115 program provides family planning only benefits to persons in state specific group FP. Prior to 1999, persons in the FP group were mapped to uniform groups 34 and 35.
GA	County Codes	Beginning in September, 1999, GA reported an unlikely increase in enrollment in county code 009. The state has acknowledged that the code was incorrectly assigned for numerous records.
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 1999 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 1999, 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.
GA	Missing Eligibility Data	More than 6% of persons in GA for whom 1999 Medicaid claims were paid did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
GA	Race/Ethnicity	In 1999, 8% of eligibles were coded as 'unknown.'
GA	SSN	In GA, 341 SSNs have duplicate records; this represents 0.4% of records in CY99. 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	In 1999, GA data continued to show some quarterly 'seam effect' problems where enrollment always declines from the first month of a quarter to the third month, and then increases abruptly in the first month of the next quarter.
GA	Uniform Eligibility Groups	In 1999, almost half of Medicaid adults were in uniform group 35 (poverty related pregnant women).

State	Measure	Issue
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.
HI	Dual Eligibility Codes	Roughly 50 percent of dual eligibles in Hawaii were assigned dual codes 8 or 9 (in the 2nd byte of the new annual crossover value), a higher than expected proportion.
HI	Dual Eligibility Codes	The dual eligible codes on MSIS claims data were not found to be reliable when files were linked to the EDB.
HI	Dual Eligibility Codes	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
HI	Dual Eligibility Codes	Roughly 89% percent of aged eligibles are reported as being duals in 1999, a lower proportion than most states.
HI	Length of Enrollment	HI had 63% of eligibles with 12 months of enrollment, a higher proportion than most states.
HI	Managed Care	Although MSIS managed care data were not consistent with the CMS managed care report, Hawaii asserts that the MSIS numbers are accurate.
HI	Managed Care	Each month in 1999, 100-400 eligibles with Plan Type 88 (Not Applicable) receive valid Plan IDs. Persons with Plan Type 88 should receive Plan ID 888888888888.
HI	Managed Care	HI's PACE program is not a full PACE, rather it is a "Pre-PACE" program operating under a waiver. As a result, it is not reported as managed care type 06 (PACE). Instead, it is correctly reported to managed care plan type 01 (HMO).
HI	Missing Eligibility Data	Just over 2% of persons in HI for whom Medicaid claims were paid in 1999 file did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
HI	Race/Ethnicity	About 22 percent 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. The M-SCHIP program did not begin enrollment until January 2000 and didn't appear in MSIS until July 2000.

State	Measure	Issue
HI	SSN	In HI, 315 SSNs have duplicate records; this represents 0.3% of records in CY99. The majority of these records are for children.
HI	TANF/1931	Hawaii 9-fills the TANF field for all eligibles.
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 the vast majority 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	Persons were mapped to uniform eligibility group 35 in error; these persons should have been reported to uniform eligibility group 55 instead because Hawaii could not separately identify poverty-related pregnant women from its overall 1115 adult population.
HI	Uniform Eligibility Groups	In September 1999, enrollment drops by about 8,000 in uniform group 14 and rises by the same amount in uniform group 34. According to the state, this is a correction of earlier reporting problems.
IA	FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result, many more individuals were counted as FFS in 1999 in Iowa than in 1998.
IA	Managed Care	In Iowa, 28% 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 was reported to have private health insurance, a higher proportion than most states.
IA	SCHIP Code	Iowa reported its M-SCHIP children in MSIS. The state did not report its S-SCHIP children, however.
IA	SSN	436 SSNs have duplicate records. The majority of these SSNs are for children.

State	Measure	Issue
IA	TANF/1931	Monthly TANF enrollment in IA exceeded counts from TANF administrative data by about one-third and are not considered to be reliable.
IA	Uniform Eligibility Groups	Two changes in eligibility mapping occurred beginning in 1999. First, in 1996-98, children in state specific groups 372, 374 and 377 were mistakenly mapped to uniform group 48, making the count of foster care children higher than it should have been during this period. This error is corrected in the 1999 MAX data by moving these children to uniform group 44 instead. Second, in 1999 IA began to separately report children and adults into the uniform groups 16 and 17 (AFDC-U) who were previously included in 14/15.
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	Date of Death	ID did not submit Date of Death data in 1999.
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	Managed Care	The state does not have any fully capitated managed care. They do have PCCMs, however.
ID	Managed Care	In ID, 22% of EDB duals were enrolled in PCCMs, a higher proportion than most states.
ID	MSIS ID	The state changed their MSIS IDs starting with FFY 1999.
ID	Private Health Insurance	Idaho reports that 28 percent of eligibles have private insurance. This proportion is much higher than in other states.
ID	SCHIP Code	Idaho reports its M-SCHIP enrollment. The state does not have an S-SCHIP program. The state M-SCHIP counts are not always consistent with SEDS, but the state asserts the MSIS data are more reliable.
ID	SSN	25 SSNs have duplicate records. This represents 0.0% of records in CY99.
ID	TANF/1931	Idaho 9-fills the TANF flag for all eligibles.

State	Measure	Issue
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	ID reports a lower than expected number of enrollees to uniform groups 14-15; it seems likely that many section 1931 enrollees are reported to uniform groups 44-45.
ID	Uniform Eligibility Groups	Beginning in 1999, about 10,000 enrollees in state specific group 54 were moved from uniform group 42 to 12.
IL	Dual Eligibility Codes	In IL, only 87% 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. Enrollment in plan type 08 declined in October when the Country Care Total Health Plan dropped out of Medicaid. 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	SSN	Roughly 3.4% (58,540) of IL's eligibles had 9-filled SSNs. In addition, 17,329 SSNs had duplicate records; this represents about 2.0% of records in CY 1999. 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.
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	From 1998 to 1999, the number of enrollees in non-PCCM managed care increased by 34%.
IN	Private Health Insurance	Roughly 13% of Indiana's Medicaid population was reported to have private health insurance, a higher than expected proportion.
IN	SCHIP Code	IN reports its M-SCHIP children in MSIS. The state implemented its S-SCHIP program in January 2000.
IN	SSN	In Indiana, 2.1% of SSNs, or 14,883 records, are 9-filled in CY1999. 439 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
IN	Uniform Eligibility Groups	During June-December 1999, about 500 people were incorrectly mapped to uniform groups 01 and 04. 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.
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	Foster Care	Foster care is under-reported in uniform eligibility group 48.
KS	Managed Care	Kansas over reported managed care enrollment in 1999. Both the HMO and PCCM enrollment numbers are about 25 percent greater than the comparable counts in the CMS managed care reports. In addition, about 48% of the EDB duals were enrolled in PCCMs, a higher proportion than reported by most other states.

State	Measure	Issue
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	38 SSNs have duplicate records. This represents 0.0% of records in CY99.
KS	TANF/1931	Kansas did not fully identify all TANF recipients until May 1999.
KS	Uniform Eligibility Groups	From 12/98 through 4/99, Kansas had problems distinguishing between children in uniform eligibility groups 14 and 34. The state reports that this was related to implementation of their S-SCHIP program (they were trying to make sure children leaving welfare would not be inappropriately terminated from Medicaid). As a result, some children (about 12,000 by 4/99) were mapped to uniform eligibility group 34 who should have been mapped to uniform eligibility group 14. This problem was corrected effective 5/99.
KY	Dual Eligibility Codes	In 1999, Kentucky's dual eligibility codes from MSIS were incorrect and should not be used. The state was over-reporting the number of disabled and children who were dually eligible. KY reported 68,345 duals in 1999 who were not found in the EDB files. However, the EDB-confirmed dual information is reliable.
KY	Managed Care	About 18% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 53% 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. Enrollment in this plan almost doubled in April 1999. Another large increase occurred in July 1999.
KY	Missing Eligibility Data	Just over 1% of persons in the KY MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
KY	Race/Ethnicity	Race was reported as unknown for about 4% of eligibles.
KY	SCHIP Code	KY reported M-SCHIP enrollment throughout 1999. Beginning in July, the state also reported S-SCHIP data.

State	Measure	Issue
KY	SSN	About 3% of eligibles did not have valid SSNs.
KY	Uniform Eligibility Groups	Kentucky's data show a gradual decrease in enrollment from January through September, and then an increase in October (cause unknown).
LA	Dual Eligibility Codes	Louisiana's MMIS system did not include the following dual eligibility groups in 1999: SLMB, QI1, QI2, QDWI.
LA	Dual Eligibility Codes	In LA, about 26% of the disabled were reported to be EDB duals, a lower proportion than most states.
LA	Managed Care	Managed care in Louisiana was undercounted in 1999 MSIS. Louisiana did not identify any PCCM enrollees in MSIS data in 1999; however, the state has indicated that about 44,000 Medicaid enrollees participated in a hybrid PCCM plan each month.
LA	Missing Eligibility Data	Over 5% of persons in the LA MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
LA	Race/Ethnicity	Race is reported as unknown for about 7% 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	LA reports its M-SCHIP children in MSIS. The state does not have a S-SCHIP program. The M-SCHIP data differed greatly from the numbers in SEDS, but the state assured us that MSIS data were more reliable.
LA	SSN	LA did not have any duplicate SSNs in its MAX 99 file.
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.
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.

State	Measure	Issue
MA	1115 Waiver	Massachusetts operates an 1115 waiver program, extending Medicaid coverage to additional groups of low-income disabled, children, and adults.
MA	Dual Eligibility Codes	More than 70 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	Dual Eligibility Codes	Massachusetts reports very few eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state provides full Medicaid benefits to all aged up to 100% FPL. Also, because Massachusetts provides full Medicaid benefits to all disabled up to 133% FPL in its 1115 Waiver program, the state reports very few disabled with dual codes 1 or 3 (also in the 2nd byte of the new annual crossover value).
MA	Foster Care	Massachusetts underreports foster care children in MSIS data.
MA	Length of Enrollment	MA had about 70% 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.
MA	SSN	In Massachusetts, 422 SSNs have duplicate records; this represents 0.1% of records in CY99.

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	Persons reported to uniform eligibility group 35 should have been reported to uniform eligibility group 55. MA was not able to reliably identify poverty-related pregnant women for uniform eligibility group 35.
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.
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	Dual Eligibility Codes	In MD, only 86% of persons over 64 years of age were identified as EDB duals, a lower 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 5 (other) only qualify for family planning benefits.
MD	SCHIP Code	Maryland reports its M-SCHIP eligibles in 1999. Its S-SCHIP program did not begin until the Spring of 2000.
MD	SSI	Maryland reports about 15% more SSI recipients (uniform eligibility groups 11-12) than expected each month, based on a comparison to SSI administrative data.
MD	SSN	32,834 persons have the SSN field 9-filled (4.8% of the population). 27 SSNs have duplicate records; this represents 0.2% of records in CY99. The majority of these records are for children.
MD	Uniform Eligibility Groups	Maryland reports more SSI recipients (UEG 11 and 12) each month than expected, based in a comparison to federal SSI administrative data. However, the state administers a SSI supplement program.

State	Measure	Issue
MD	Uniform Eligibility Groups	In November and December 1999, Maryland enrolled approximately 55,000 individuals whose Medicaid benefits had been improperly terminated in 1997 (during the implementation of welfare reform), resulting in a major increase in uniform groups 44/45.
ME	Date of Death	The DOD is 8-filled for all eligibles.
ME	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value) in Maine. Maine extends full Medicaid benefits to the aged and disabled with income <100% FPL.
ME	Managed Care	During 1999, comprehensive managed care enrollment declined and PCCM enrollment increased. This shift happened as the state phased out its managed care contract with Aetna and shifted enrollees to PCCMs. Probably as a result of this transition, the MAX managed care counts are not completely consistent with CMS managed care data for June 1999.
ME	Missing Eligibility Data	About 4% of persons in ME for whom 1999 Medicaid claims were paid did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
ME	SCHIP Code	Maine has both M-SCHIP and S-SCHIP programs, and both are reported into MSIS.
ME	SSN	Roughly 2.5 percent (about 5,197) of Maine's eligibles had 9-filled SSNs; most of these eligibles are babies. Also, 16 SSNs have duplicate records; this represents 0.0% of records in CY99.
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	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. Also, in 1999, some age mapping problems that occurred in the 1996-98 data were corrected.
MI	Date of Death	All dates of death are "8-filled".

State	Measure	Issue
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	Michigan did not report enrollees in BHP managed care plans until October 1999 (which is not consistent with CMS MC data showing BHP enrollment in June 1999). PCCM enrollment phased out in April 1999.
MI	Managed Care	In MI, about 25% of the EDB duals were enrolled in HMOs/HIOs, a higher proportion than occurred in most states.
MI	Missing Eligibility Data	Just over 2% of persons in the MI MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
MI	Race/Ethnicity	About 5% of eligibles were reported with an "unknown" race code.
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 1999. Thus, there is an overcount of M-SCHIP eligibles in 1999.
MI	SCHIP Code	Michigan reports its M-SCHIP enrollment. It does not report its S-SCHIP enrollment, however.
MI	SSN	In Michigan, 524 SSNs do not have unique records; this represents 0.1% of records in CY99. The majority of these records are for children.
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.
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	MI reports 200-300 persons to uniform eligibility group 99 each month.

State	Measure	Issue
MN	Managed Care	In MN, about 35% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states. From 1998 to 1999, the number of adults enrolled in non-PCCM managed care increased by 38%.
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. The state did not have an S-SCHIP program in 1999.
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	Uniform Eligibility Groups	In 1999, the assignment of enrollees to uniform eligibility groups was only reliable in Minnesota for the uniform groups 11-15 and 54-55. Enrollees assigned to other uniform group were not reliable, except to the extent that individuals were identified as aged, disabled, children (including foster care), or adults. As an example, "children" at a general level were appropriately identified, but the sorting of children by medically needy, poverty-related, or other status had many errors. In 2002, the state discovered a longstanding MSIS coding mistake related to income -- and income is a critical variable to the assignment of individuals across uniform groups. Researchers should not use the uniform group designations 21-25, 31-35 and 41-48, except to identify the individuals as aged, disabled, children, or adults. In addition, the enrollment data for MN have some quarterly "seam effect" problems. Enrollment tends to be lowest in the 1st month of each quarter, increases in the 2nd month, and is then highest in the 3rd month. Then, there is usually a noticeable drop in enrollment for the beginning month of the next quarter.
MN	Uniform Eligibility Groups	Minnesota reports almost all of its poverty-related children and adults into uniform groups 54 and 55 as a part of its MinnesotaCare 1115 Waiver Program.
MO	1115 Waiver	In February 1999, Missouri began full implementation of an 1115 program for adults. Children were already covered under the 1115 program.

State	Measure	Issue
MO	County Codes	Eligibles with County Code = 510 are residents of the city of St. Louis. Eligibles with County Code = 193 are residents of St. Genevieve County who should have been reported to county code = 186.
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	Managed Care	Missouri undercounted its HMO managed care enrollment until October 1999.
MO	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) 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 5% of SSNs are 9-filled. 20 SSNs have duplicate records; this represents 0.0% of records in CY99.
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	Three mapping changes occurred in 1999 MAX. In 1996-98, foster-care children in state-specific eligibility group 37KF (about 3-4,000 children/month) were erroneously mapped to uniform group 34. They were correctly mapped to uniform group 48 in 1999 MAX, causing an increase in foster-care enrollment. In addition, children in state-specific group 60RM (11-13,000 children/month) were erroneously mapped to uniform group 34 in 1996-98. They were correctly mapped to uniform group 44 in 1999, causing an increase in enrollment in this group. Finally, in 1999, many children in MO's 1115 demonstration were shifted from uniform group 34 to 54.

State	Measure	Issue
MO	Uniform Eligibility Groups	Missouri reported a larger than expected number of persons younger than age 65 in uniform group 31. Researchers may want to remap eligibles in state-specific eligibility groups AALN00, BBLN00, and CCLN00 who are younger than age 65 to uniform group 32.
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.
MS	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since the state provides full Medicaid benefits to the aged and disabled with income less than 100% FPL.
MS	Dual Eligibility Codes	MS reported 215,581 dual eligibles in 1999 who were not found in the EDB file.
MS	Managed Care	In November 1999, Mississippi stopped reporting any eligibles with comprehensive managed care.
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, however. MS has an S-SCHIP program, but it is not reported into MSIS.
MS	SSN	Roughly 4.8 percent of Mississippi's eligibles had 9-filled SSNs. Most of these eligibles are "K Babies" (state-specific eligibility group "KK") or newborns who have yet to receive SSNs. Also, 8 SSNs have duplicate records. This represents 0.0% of records in CY99.
MS	Uniform Eligibility Groups	MS provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.
MS	Uniform Eligibility Groups	Some shift in enrollment between children and adults in uniform groups 14/15 and 34/35 occurred from 1998 to 1999 due to a change in the age sort.
MS	Uniform Eligibility Groups	In 1999, just over half of Medicaid adults were in uniform group 35 (poverty-related pregnant women) due to declines in AFDC/1931 enrollment (uniform group 15).

State	Measure	Issue
MT	Dual Eligibility Codes	Dual eligibility groups QDWI, QI1, and QI2 duals are not included in MT's MSIS files.
MT	FFS	The validation tables include a comparison between 1998 and 1999 in the FFS sections; however, the data are not comparable. In 1998, any persons with any non-PCCM managed care enrollment were not included as FFS enrollees. A different approach was used in the 1999 data, so that only persons with HMO/HIO enrollment were excluded from the FFS tables. As a result many more individuals were counted as FFS in 1999 in MT than in 1998.
MT	Managed Care	MSIS and CMS data are generally consistent on managed care enrollment in HMOs and PCCMs. However, the June 1999 CMS data show 70,000 persons in PHPs. According to state officials, this was an error. No PHP enrollment is shown in MSIS.
MT	Managed Care	From 1998 to 1999, the number of non-PCCM managed care enrollees changed significantly. The 1999 data are reliable, while there were problems in 1996-98 SMRF managed care data for MT.
MT	Managed Care	Enrollees with restricted benefits are assigned "88" (not applicable) in Plan Type 1 and "07" (PCCM) in Plan Type 2.
MT	Private Health Insurance	More than 13 percent of Montana's Medicaid population is enrolled in a private health insurance plan, higher than expected proportion.
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	SCHIP Code	Montana begins reporting its S-SCHIP data in October, 1999. However, the MSIS S-SCHIP count are not consistent with SEDS data. 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.

State	Measure	Issue
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), effective 1/99.
NC	Managed Care	Effective 7/99, North Carolina terminated its 1915(b) Carolina Alternatives BHP contract. The capitation claims for this contract may be reported as HMO (not BHP) claims in MAX data. This plan was reported in CMS managed care data as a PHP.
NC	Race/Ethnicity	The race code is reported as "unknown" for about 6% of NC 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	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
NC	SCHIP Code	NC has opted to report its S-SCHIP group. The state does not have an M-SCHIP program.
NC	SSN	30,292 persons have the SSN field 9-filled (2.4% of the population). 117 SSNs have duplicate records; this represents 0.0% of records in CY99.
NC	Uniform Eligibility Groups	Roughly 800 eligibles each month are mapped to uniform group 49 for most of 1999. These persons appear to be refugees who do not qualify for benefits under Title XIX and should not be counted as Medicaid eligibles.
NC	Uniform Eligibility Groups	Effective 1/1/99, NC extended full Medicaid benefits to aged and disabled, up to 100% FPL. This caused some enrollment to shift from uniform groups 21/22 to 31/32.
NC	Uniform Eligibility Groups	Effective 11/1/99, North Carolina eliminated their AFDC-U coverage (uniform groups 16-17).
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.

State	Measure	Issue
NC	Uniform Eligibility Groups	Effective 11/1/99, North Carolina expanded its 1931 eligibility rules to cover eligibility for 12 months after termination of TANF benefits. These enrollees would otherwise have received transitional Medicaid (uniform groups 44-45). As a result, enrollment increased in uniform groups 14-15, while it fell in groups 44-45.
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	The vast majority of dual eligibles are assigned dual code 9 (in the 2nd byte of the new annual crossover value), since ND cannot correctly identify the dual groups to which they belong.
ND	Missing Eligibility Data	6.5% of persons in the ND MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
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 S-SCHIP data were not reported to MSIS.
ND	SSN	One SSN had a duplicate record in 1999.
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	Because North Dakota is a 209(b) state, they report a somewhat lower proportion of SSI recipients in uniform eligibility groups 11 and 12 than usually expected.

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	Private Health Insurance	Nebraska had a major drop in the number of people reported to have private health insurance from June to December, 1999.
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	7 SSNs have duplicate records.
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	Although all SSI recipients would qualify for Medicaid, NE requires them to separately apply for Medicaid coverage.
NE	Uniform Eligibility Groups	See DOB note above regarding uniform group coding for unborn children.

State	Measure	Issue
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. Therefore, Medicaid eligibles are under-reported. In addition, dual eligibles in uniform groups 31-32 should have been assigned dual code 1 (in the 2nd byte of the new annual crossover value) in January through March 1999.
NH	Managed Care	Managed care is probably undercounted during 1999. New Hampshire is reporting comprehensive managed care (Plan Type 01) enrollment of 2,172 in its June 1999 MSIS data. The CMS data for the same time period indicate that enrollment was more than double that -- 5,872. The state believes it may only have reported HMO enrollment for family heads.
NH	SCHIP Code	New Hampshire operates both M-SCHIP and S-SCHIP programs, but it only reported its M-SCHIP eligibles in MSIS.
NH	SSN	50 SSNs have duplicate records; this represents 0.1% of records in CY99.
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.
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	Managed Care	Plans IDs were not reported for the capitated pharmaceutical coverage in plan type 08.
NJ	Managed Care	In the 1999 files, 1,000-10,000 persons/month were assigned Plan Type value 08 (Other). This is an undercount. 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. Due to reporting problems, these data cannot be corrected for the 1999 files. The HMO enrollment data (plan type 01) appear to be reliable.

State	Measure	Issue
NJ	Missing Eligibility Data	Just over 1% of persons in the NJ MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
NJ	Race/Ethnicity	New Jersey reports 11 percent 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.
NJ	SSN	In New Jersey, 9.7% of SSNs, or 87,455 records, are 9-filled in CY1999. 12 SSNs have duplicate records; this represents 0.0% of records in CY99. The majority of these records are for children.
NJ	Uniform Eligibility Groups	NJ provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.
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	Race/Ethnicity	3% of eligibles were coded as "unknown."
NM	Restricted Benefits Flag	Persons (in state group 29) with restricted benefits code 5 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. M-SCHIP enrollment data in MSIS are not consistent with SEDS, but the state believes the MSIS data are more reliable.
NM	TANF/1931	TANF enrollment in MSIS data is lower than reported in TANF administrative data, indicating it may not be reliable.
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."

State	Measure	Issue
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 reported all HMO enrollees into one managed care Plan ID in MSIS. CMS managed care data show three managed care plans in Nevada.
NV	Managed Care	NV incorrectly identified about 30 Hospice care enrollees as receiving comprehensive managed care.
NV	Missing Eligibility Data	Just over 10% of persons in the NV MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. 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	A small number of persons (between 5-30) are reported to invalid uniform eligibility group codes most months.
NV	Uniform Eligibility Groups	NV inappropriately mapped state groups '48' and '49' in bytes 1-2 to uniform eligibility groups 44-45. These enrollees should have been mapped to uniform eligibility groups 14-15, depending on age. As a result of these reporting errors, NV undercounted enrollment in uniform eligibility groups 14-15 and overcounted enrollment in groups 35, 44-45 until CY 01.
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	Although all SSI recipients would qualify for Medicaid, Nevada requires them to apply separately for Medicaid coverage.
NY	1115 Waiver	NY has a 1115 demonstration extending full Medicaid benefits to childless adults.

State	Measure	Issue
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	County Codes	County code 061 and 066 were used for the NYC boroughs (Bronx, Kings, Queen, New York and Richmond). In addition enrollees in Broome County (007) were mistakenly reported to 005 (Bronx).
NY	Date of Birth	A date of birth was not assigned for over 111,000 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 codes 64% of its dual eligible population with dual flag = 9 (byte 2 of the dual code) defined as the 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	Dual Eligibility Codes	New York has significant problems identifying its QMB only (Dual code 1) or SLMB only (Dual code 3) populations. The state identifies only about 1,000 QMB onlies and does not identify any SLMB onlies. (These dual codes are assigned to the 2nd byte of the new annual crossover value.)
NY	Length of Enrollment	NY had 63% of eligibles with 12 months of enrollment, a higher proportion than most states.
NY	Managed Care	During 1999, there were major shifts in the number of eligibles with comprehensive managed care plans and PCCMs. In addition, MSIS managed care data are not consistent with CMS managed care data with regard to PCCM and BHP enrollment. The state claims that the MSIS data are correct.
NY	Race/Ethnicity	More than 21 percent of eligibles in New York have an unknown race code.
NY	Restricted Benefits Flag	Most of the enrollees with "other" restricted benefits (code 5) are in the medically needy groups.

State	Measure	Issue
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	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 82,000 enrollees. These are probably in the unborn groups.
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	45,021 SSNs have duplicate records; this represents 2.7% of records in CY99. The state has not been able to explain why this occurred.
NY	Uniform Eligibility Groups	NY reporting to the uniform eligibility groups does not follow the patterns of other states. The number of poverty-related children and adults mapped to uniform groups 34 and 35 is lower than expected, while the number of eligibles in uniform groups 24 and 25 is higher than expected. No one is being reported into uniform groups 31-32 or 45.
NY	Uniform Eligibility Groups	About 2% of the persons assigned to the aged uniform groups, 11, 21, 31 and 41 were younger than age 65. In addition, 7% of persons assigned to the child uniform groups (14, 16, 24, 34, 48 and 54) were older than age 20. Researchers may want to remap these individuals to other groups.
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	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.

State	Measure	Issue
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.
OH	SSN	About 2.6% of SSNs, or 36,083 records, are 9-filled. 13,434 SSNs have duplicate records; this represents 1.9% of records in CY99. 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	Each month, <50 persons are reported to the invalid uniform group combination of 49.
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	Dual Eligibility Codes	In 1999, close to 25,000 persons were identified as dual eligibles in MSIS whose Medicare eligibility was not confirmed in the EDB link.
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.
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	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.

State	Measure	Issue
OK	SSN	In Oklahoma, 8190 SSNs have duplicate records; this represents 3.1% of records in CY99. The majority of these records are for children.
OK	TANF/1931	Oklahoma 9-fills the TANF field.
OK	Uniform Eligibility Groups	Oklahoma is a 209(b) state, using more restrictive rules for Medicaid than SSI.
OK	Uniform Eligibility Groups	Oklahoma's enrollment in uniform groups 14-15 and 44-45 fluctuated greatly during the last 6 months of 1999. This may have been caused by difficulties with TANF delinking.
OK	Uniform Eligibility Groups	In 1999 MAX data, persons in state groups CB__00 and KB__00 were incorrectly reported to Uniform Groups 11-12. They should have been mapped to Uniform Groups 31-32.
OR	County Codes	Oregon's county code data are not reliable.
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	Dual Eligibility Codes	Person with 3, 6, or 7 (SLMB only and QIs) in byte 2 of the annual dual eligible code should have been reported to Uniform Groups 31-32, not 41-42.
OR	Length of Enrollment	OR had less than 39% of eligibles with 12 months of enrollment, a lower 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.

State	Measure	Issue
OR	Managed Care	Some disparity exists between the June 1999 CMS and MSIS managed care enrollment numbers. It appears as if there was an error in the data reported to CMS. The MSIS numbers are consistent with data from the state's website in FY99.
OR	Managed Care	About 56% of EDB duals were enrolled in HMO/HIOs in OR, a higher proportion than most states.
OR	Missing Eligibility Data	Just under 3% of persons in the OR MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
OR	Private Health Insurance	Each month, a couple of thousand people ineligible for Medicaid received a Health Insurance Flag of "1" or "4". All persons who are ineligible each month should have a health insurance code value of "0".
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	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
OR	SCHIP Code	Oregon reports its S-SCHIP data in MSIS. The state does not have an M-SCHIP program.
OR	SSN	1,916 SSNs have duplicate records; this represents 0.7% of records in CY99.
OR	Uniform Eligibility Groups	A small group of individuals in 1999 were incorrectly mapped to uniform group 99.
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.

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	Person with 3, 6, or 7 (SLMB only and QIs) in byte 2 of the annual dual eligible code should have been reported to Uniform Groups 31-32, not 41-42.
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.
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	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	The second byte of the MSIS dual eligibility code is 9-filled for 1999.
PA	Length of Enrollment	PA had 63% 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	Managed Care	Managed care was under-reported by PA in 1999. No PCCM enrollment was included in 1999 MSIS data, even though CMS managed care data suggest that 150,000 enrollees/month were in PCCM programs. In addition, during 1999, managed behavioral health plans were being phased in by county across the state. The HMO/HIO data appear more reliable although there is a large enrollment increase in July 1999.
PA	Private Health Insurance	PA reports 16-18% of eligibles with private health insurance, a higher than expected proportion. PA officials have confirmed that they over-counted private insurance coverage in 1999.

State	Measure	Issue
PA	Restricted Benefits Flag	Pennsylvania's restricted benefits data are unreliable in 1999.
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.
PA	SSN	4 SSNs have duplicate records; this represents 0.0% of records in CY99.
PA	Uniform Eligibility Groups	In November and December of 1998, there was an increase in enrollment of about 37,000 persons in uniform groups 14-15. This change reflected the fact that Pennsylvania had to reinstate some people who improperly were terminated from Medicaid because they no longer received welfare. Enrollment in uniform groups 14-15 began to return to the original levels by April 1999. PA began reporting into uniform groups 16-17 in July 1999.
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	Effective 1/99, the following state groups were not counted as Medicaid enrollees: D 00, PD00, PD29, PS95 (if over age 20), TD00, and TD55 (these groups were erroneously counted as enrollees in SMRF 1996-98). In addition, mapping criteria were changed for the following state groups: TJ68, D 50, PJ66 and PS95 (under age 21). As a result, counts by uniform eligibility group declined from 1998 to 1999, and there were some shifts across uniform eligibility groups. Nevertheless, enrollment was still over counted in PA in 1999. PA officials have indicated that about 40,000 persons in state specific eligibility group PS16 reported to uniform eligibility group 35 were not Medicaid enrollees in 1999 and were reported to MSIS by mistake. Unfortunately, the persons reported in error cannot be separately identified.
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.

State	Measure	Issue
RI	1115 Waiver	RI operates an 1115 waiver program for children and adults. For the 1115 adults in state-specific eligibility groups 71, 73, and 74, the benefits are limited to family planning services.
RI	County Codes	Medicaid enrollees living out of state are reported under county FIPS code 000. 89% of 1999 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 63% of eligibles with 12 months of enrollment, a higher proportion than most states.
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	Race/ethnicity	In 1999, 16% of eligibles were coded as "unknown."
RI	Restricted Benefits Flag	Adults in state-specific eligibility groups 71, 73 and 74 with restricted benefits code 4 (pregnancy-related) only qualify for family planning benefits under an 1115 waiver. Pregnant women are also assigned restricted benefits code 4. Medically needy enrollees are generally assigned restricted benefits code 5 (other).
RI	SCHIP Code	Rhode Island reports its M-SCHIP children. The state does not have an S-SCHIP program.
RI	SSN	9 SSNs have duplicate records; this represents 0.0% of records in CY99.
RI	Uniform Eligibility Groups	By mistake, about 100 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	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
SC	Date of Birth	South Carolina had some problems with their date of birth variable during a few months in 1999. Some records have "9-filled" DOBs. A few other records indicate, implausibly, that the eligible was born in 2000.
SC	Dual Eligibility Codes	South Carolina reports only two values for dual eligibles (in the 2nd byte of the new annual crossover value) -- 2 (QMB plus full Medicaid) and 9 (eligible is entitled to Medicare, but reason for Medicaid eligibility is unknown).
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.
SC	Race/ethnicity	About 4% of records in SC are reported as "unknown."
SC	Restricted Benefits Flag	SC has a large group of enrollees in state group 3055 assigned restricted benefits code 5 (other) because they only receive family planning benefits.
SC	SCHIP Code	South Carolina reports its M-SCHIP enrollment. The state does not have an S-SCHIP program.
SC	SCHIP Code	SC has an M-SCHIP program, but not an S-SCHIP program.
SC	SSN	78 SSNs have duplicate records; this represents 0.0% of records in CY99.
SC	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.

State	Measure	Issue
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	Managed Care	Managed care enrollment is under-reported until 10/99, since a large proportion of Medicaid enrollees were enrolled in a dental managed care plan throughout 1999 according to state officials. In SD, about 90% of the EDB duals were enrolled in PHP only, or PHP/PCCMs only, a higher proportion than most states.
SD	Private Health Insurance	About 12 percent of the persons in the file are coded as receiving third party insurance. This number is higher than expected, but the state confirms that it is correct.
SD	Race/ethnicity	About 4% of records in SD are reported as "unknown."
SD	SCHIP Code	South Dakota reports its M-SCHIP children. Its S-SCHIP program was not implemented until 2000.
SD	SSN	In South Dakota, 1,168 SSNs have duplicate records; this represents 2.5% of records in CY99. 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	By mistake, South Dakota reported foster care children in state specific group 53 to uniform eligibility group 44, when they should have been reported to uniform group 48.
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.

State	Measure	Issue
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. The state did not buy into Part B Medicare for these persons. About 50,261 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 73% of eligibles with 12 months of enrollment, a higher proportion than most states.
TN	Managed Care	In TN, about 98% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
TN	Missing Eligibility Data	About 4.5% of persons in the TN MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
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	SCHIP Code	Tennessee reports its M-SCHIP children. The state does not have a S-SCHIP program.
TN	SSN	In Tennessee, 670 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
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	TANF/1931	Tennessee under-reported the number of TANF recipients in their 1999 MSIS files.
TN	Uniform Eligibility Groups	Enrollment in uniform groups 31-35 declined from 1998 because 1115 enrollees were reported into uniform groups 51-55 effective in 1999.

State	Measure	Issue
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.
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.
TX	Dual Eligibility Codes	Texas assigns the dual eligibility code 8 (in the 2nd byte of the new annual crossover value) to about 17% 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	Managed Care	Texas began to report a behavioral managed care plan in July 1999.
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, which began in April 2000, is not reported into MSIS.
TX	SSN	In Texas, 2,667 SSNs have duplicate records; this represents 0.2% of records in CY99. The majority of these records are for children.
TX	State-Specific Eligibility	The state-specific eligibility group field is 8-filled for QI1s, QI2s, and QDWIs.
TX	TANF/1931	The number of TANF recipients differs somewhat from the number reported by the Administration for Children and Families. The MSIS data use a later cut-off date than the ACF data.
UT	Dual Eligibility Codes	Only about 88% of Utah's aged enrollees were identified as dual eligibles in the EDB file, a somewhat lower than expected proportion.

State	Measure	Issue
UT	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Utah provides full Medicaid benefits up to 100% FPL for its aged and disabled recipients. Utah does not buy into Part A Medicare coverage for duals. Also, the state reported a larger-than-expected number of eligibles with dual code 8 (in the 2nd byte of the new annual crossover value).
UT	Length of Enrollment	Utah had 36% of eligibles enrolled all 12 months of the year, a lower proportion than most other states
UT	Managed Care	In Utah, about 44% of the EDB duals were enrolled in HMO/HIOs and about 45% were enrolled in PHPs during the year. These proportions were higher than occurred in most states.
UT	Missing Eligibility Data	Just over 10% of persons in the UT MAX 99 file (21,000 persons) who used services in 1999 did not have any reported months of enrollment in 1999. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
UT	SCHIP Code	Utah reported enrollment in its S-SCHIP program in MSIS. The state did not have an M-SCHIP program.
UT	SSN	In Utah, 3.6% of SSNs, or 7,757 records, are 9-filled in CY1999. 10 SSNs had duplicate records; this represents 0.0% of records in CY99.
UT	Uniform Eligibility Groups	Utah under-reported the number of poverty-related children in uniform group 34 in 1999 (and probably earlier years as well). These children are reported to uniform group 44 instead. This problem cannot be corrected using state specific eligibility codes.
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.
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	During 1999, the mix of HMOs changed somewhat and overall HMO enrollment increased, while PCCM enrollment declined.

State	Measure	Issue
VA	SCHIP Code	VA only had an S-SCHIP program in 1999, and reported all of its S-SCHIP eligibles into MSIS.
VA	SSN	18,312 SSNs had duplicate records. In addition, 37,836 records had 9-filled SSNs.
VA	TANF/1931	The number of TANF recipients is about 15% higher than the Agency for Children and Families reported, and thus may not be 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.
VT	1115 Waiver	Vermont has an 1115 waiver, Vermont Health Access Plan (VHAP), that extends eligibility (with full benefits) to various groups of children and adults. In addition, low-income aged and disabled individuals, many of whom ordinarily would only qualify for Medicare cost-sharing, also receive limited pharmacy benefits under the waiver.
VT	Dual Eligibility Codes	Most QMB only, SLMB only, and QI1 eligibles are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). 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	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	Managed Care	From 1998 to 1999, the number of non-PCCM managed care enrollees increased by 31%; however, VT may have undercounted non-PCCM managed care enrollment until 10/98.
VT	Race/ethnicity	About 33 percent of Vermont's Medicaid population has 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	TANF/1931	Everyone in uniform groups 14-17 receives TANF benefits. There are some 1931 eligibles on the file who do not receive TANF benefits, but those persons are mapped to uniform groups 44 and 45 in aid categories TC, T5, TR, and T8.
VT	Uniform Eligibility Groups	In SMRF 96-98, MSIS correction records caused many enrollees to have interruptions in their monthly enrollment that were incorrect. This error was fixed in MAX99 data and accounts for the increase in PYE from 1998 to 1999. Effective 1/99, enrollment in VT's 1115 program was reported to uniform groups 51, 52, 54, and 55. Prior to 1999, persons in the 1115 were reported to uniform groups 31-32 and 34-35. No eligibles are mapped to uniform groups 31 and 32, because all 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	The children and adults reported to uniform groups 54 and 55 qualify for full Medicaid benefits.
WA	County Codes	WA's county code data are not reliable.
WA	Date of Death	In 1999, over 500 individuals were reported to have a DOD before 1998.
WA	Dual Eligibility Codes	The number of EDB duals increased by 23% from 1998 to 1999. This high rate of increase probably occurred because WA did not submit SSNs to MSIS until October 1998. This probably prevented EDB confirmation in 1998 for some dual eligibles.

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 more than doubled its reported level of HMO enrollment from December 1998 to January 1999 (cause unknown). WA did not report any BHP enrollment in 1999. According to CMS managed care data, BHP enrollment was 1.4 million in June 1999.
WA	Missing Eligibility Data	Just over 2% of persons in the WA MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
WA	Restricted Benefits Flag	Some dual eligibles with dual flags 01, 03, 05, 06, and 07 (QMB only, SLMB only, etc.) are incorrectly assigned restricted benefits flag 1 (for full Medicaid benefits) when they should have been assigned restricted benefits flag 3 (limited Medicaid benefits related to dual status).
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, 5.2% of SSNs, or 47,049 records, are 9-filled in CY1999. 382 SSNs have duplicate records; this represents 0.1% of records in CY99. The majority of these records are for children.
WA	Uniform Eligibility Groups	Enrollment in uniform groups 16-17 decreased abruptly in July.
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.
WI	County Codes	For about 34,000 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.

State	Measure	Issue
WI	County Codes	Wisconsin county code data are not reliable for 1999.
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 18 percent of its eligibles with private health insurance, which is somewhat higher than other states report.
WI	Race/ethnicity	In 1999, over 37% of eligibles were coded as "unknown."
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	SSN	1815 SSNs have duplicate records; this represents 0.6% of records in CY99. The majority of these records are for children. 12,871 records are 9-filled; this represents 2.2% of records in CY99.
WI	TANF/1931	Wisconsin is unable to identify TANF recipients.
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	During 1999, Wisconsin implemented its 1115 Badger Care program, covering M-SCHIP children and adults. These M-SCHIP enrollees are reported in MSIS.
WV	Dual Eligibility Codes	Only 29% of the disabled population in WV are dual eligibles, a lower proportion than most states.

State	Measure	Issue
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	Managed Care	Because a managed care contract expired at the end of October 1999, managed care enrollment dropped off beginning in November 1999. In September, the managed care data element is 9-filled for about 700 persons.
WV	Missing Eligibility Data	Just over 2% of persons in the WV MAX 99 file who used services in 1999 did not have any reported months of eligibility in 1999. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
WV	Private Health Insurance	From January to May 1999, no one was reported to have any private health insurance. Beginning in June 1999, between 4-5 percent of eligibles are reported as having private health insurance. In September, the private insurance data element is 9-filled for about 700 persons.
WV	SCHIP Code	Reporting for the WV M-SCHIP program did not begin until June 1999. In 1999, the state did not have an S-SCHIP program.
WV	SSN	In West Virginia, 835 SSNs had duplicate records; this represents 0.5% of records in CY99. 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 in uniform groups 14-15. All other eligibles, including those in uniform groups 16-17, receive TANF flag 1, indicating that they do not receive TANF benefits.
WV	Uniform Eligibility Groups	Enrollment in uniform groups 11-12 is about 17 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	In September 1999, there is a one-month decline of 13,000 in Medicaid enrollment. Enrollment dropped across all uniform groups, but fell most dramatically in uniform group 34. In October, enrollment returned to the August level. Perhaps related to this, some unusual coding for two other data elements (private insurance and managed care) occurred only in September.

State	Measure	Issue
WV	Uniform Eligibility Groups	West Virginia reported a higher than expected (roughly 5 percent) number of eligibles into the aged uniform groups who are under age 65.
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. This code indicates that the individual is entitled to Medicare but the reason for Medicaid eligibility is unknown.
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	SSN	1 SSN has duplicate records; this represents 0.0% of records in CY99.
WY	TANF/1931	Wyoming's TANF data are not reliable.