

MAX 2004 State Eligibility Anomalies

State	Measure	Issue
AK	1115 Waiver	Late in 2004, CMS approved an 1115 waiver called Denali KidCare. This waiver covers M-SCHIP children with family income of 150-175 percent FPL. Unlike other M-SCHIP children, they are subject to a 1 year "waiting period" without insurance. However, these children are not separately identifiable in MAX data until 2006.
AK	County Codes	Alaska's county codes are correct even though they do not follow the usual pattern of 3-digit odd numbers.
AK	Dual Eligibility Codes	About 9 percent of EDB duals were only identified as a result of the EDB link in 2004, a higher percentage than in most states.
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	About 38 percent of eligibles were enrolled all 12 months in 2004, a lower percentage than in most states. 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 had no managed care enrollment in 2004.
AK	Missing Eligibility Data	In 2004, 1.1 percent of records (n=1,469) in the AK file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100 percent (n=1,469) had associated claims reflecting positive expenditures in MAX. These claims totaled \$7,328,761 and averaged \$4,989 per record.

State	Measure	Issue
AK	Private Health Insurance	Over 52 percent of enrollees had private insurance in 2004, a higher percentage than in most states. This is primarily due to Native Americans who qualified for Indian Health Service Coverage.
AK	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 4 percent of enrollees in 2004.
AK	SCHIP	AK reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
AK	SSN	AK had 13 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records). A majority of these records were for children.
AK	TANF/1931	AK 's TANF data are 9 - filled.
AK	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
AK	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, AK requires them to separately apply for Medicaid coverage.
AK	Uniform Eligibility Groups	The state did not have a medically needy program.
AK	Uniform Eligibility Groups	AK's data show a slight seam effect, with enrollment lowest in month 1 of each quarter.
AK	Uniform Eligibility Groups	Alaska has a 6 months continuous eligibility guarantee for children. Enrollment for children and adults usually declines in July (a peak employment time).
AK	Uniform Eligibility Groups	AK's number of enrollees in uniform groups 11-12 exceeds SSI counts because of a state administered SSI supplement.
AK	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
AL	1115 Waiver	Beginning in August 2000, Alabama implemented a new 1115 Waiver. This 1115 waiver provides family planning services for Plan First families (mapped to uniform groups 54-55).
AL	County Codes	AL assigns some foster care children to county code 100.
AL	Dual Eligibility Codes	Almost 44 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
AL	Dual Eligibility Codes	In 2004, AL erroneously reported a very small number of individuals to dual code 7 (in the second byte of the crossover code), QI-2. The QI-2 program was discontinued by CMS in December 2002.
AL	Dual Eligibility Codes	In October 2004, the number of duals reported to dual code 8 (in the second byte of the crossover code) increased by 3,000 (26 percent). The state is unsure why this increase occurred.
AL	Length of Enrollment	About 65 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
AL	Managed Care	Over 400,000 eligibles received PLAN TYPE 08 each month in MAX. 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	United Medicare Complete is classified by the state as a Health Maintenance Organization (HMO) for dual eligibles. The capitation rate covers Medicaid copays and deductibles. This plan does not include drug benefits. This plan is not reported in CMS June managed care data.
AL	Managed Care	AL ended its PCCM "Patient First" program in March 2004. All recipients were disenrolled from the program as of 3/1/07 forward. Then in October 2004, AL reinstated its PCCM "Patient First" program.
AL	Managed Care	In September 2004, AL began reporting Mobile County individuals to the PHP Network, resulting in an increase in plan type 08 enrollment of about 50,000 enrollees.

State	Measure	Issue
AL	Missing Eligibility Data	In 2004, 0.8 percent of records (n=7,338) in the AL file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=7,338) had associated claims reflecting positive expenditures in MAX. These claims totaled \$5,751,019 and averaged \$784 per record.
AL	SCHIP	AL's S-SCHIP program was not reported in MSIS. In 2001, M-SCHIP enrollment declined and enrollment phased out by the end of 2002. The state never reported its M-SCHIP program in SEDS.
AL	SSN	AL had 1,117 SSNs with duplicate records in 2004 (affecting 0.2 percent of enrollee records).
AL	TANF/1931	The TANF flag is 9-filled for all enrollees.
AL	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
AL	Uniform Eligibility Groups	AL reports almost no one to uniform groups 44-45 due to state coding limitations. Presumably TMA enrollees are included in the uniform groups 14-15 counts, along with other 1931 enrollees.
AL	Uniform Eligibility Groups	Throughout 2004, the vast majority of adult enrollees in AL were reported to uniform group 55 and only qualified for family planning benefits.
AL	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
AL	Uniform Eligibility Groups	Enrollment in UEG 14 declined by 8 percent from June to July 2004. AL has confirmed that this drop was due to changes in Medicaid redetermination responsibilities for TANF recipients. The drop occurred when many TANF recipients did not recertify their children.

State	Measure	Issue
AR	1115 Waiver	Arkansas implemented an 1115 Waiver program in 1996 that added family planning only benefits and another 1115 waiver in 1997 that expanded coverage for children. These enrollees are reported to uniform groups 54-55.
AR	County Codes	AR county code data are reliable starting in 2003.
AR	Date of Death	Over 2,000 enrollees had a year of death prior to 2004.
AR	Dual Eligibility Codes	In 2004, AR improved its dual reporting, resulting in an increase of roughly 8,000 full and partial duals from December 2003 to January 2004. Part of the increase improved reporting of QI-1 duals. The number of QI-1 duals increased by 3,000 in January 2004.
AR	Dual Eligibility Codes	However, AR continued to have some problems in identifying its dual eligible population in 2004. AR reported 11,482 persons as duals in 2004 who were not found in the EDB files. In addition, 5,479 persons (5.74 percent of all EDB duals) were determined to be duals as a result of the EDB link. These individuals had not been previously identified as dual eligibles in MSIS data.
AR	Length of Enrollment	Almost 67 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
AR	Managed Care	In 2004, AR did not report enrollment into MSIS for its transportation managed care plan. CMS managed care data show over half of Medicaid eligibles enrolled in a transportation PHP.
AR	Missing Eligibility Data	In 2004, 2.4 percent of records (n=17,122) in the AR file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=17,122) had associated claims reflecting positive expenditures in MAX. These claims totaled \$25,207,665 and averaged \$1,472 per record.
AR	Private Health Insurance	AR's private insurance data are not reliable.
AR	Restricted Benefits Flag	Most adults in uniform group 55 were assigned restricted benefits code 6 since they only qualify for family planning benefits.
AR	SCHIP	In April 2004, AR added an S-SCHIP program for unborn children up to 200 percent FPL. These S-SCHIP children are not included in MSIS data although they began appearing in SEDS reports in Q4 FY04. AR's M-SCHIP program ended in September 2003.

State	Measure	Issue
AR	Sex	In 2004, 2,016 records were reported with unknown gender.
AR	SSN	AR had 55,652 enrollees (7.9 percent) with missing SSNs in 2004. About 68 percent of these enrollees were age 20 or younger. In addition, 13 percent of those with missing SSNs only qualified for family planning benefits.
AR	SSN	AR had 309 SSNs with duplicate records in 2004 (affecting 0.1 percent of enrollee records).
AR	TANF/1931	The TANF flag is 9-filled for all enrollees.
AR	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
AR	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
AR	Uniform Eligibility Groups	Prior to 2004, roughly three percent of disabled eligibles (2 in the second byte of UEG) were older than age 65. In 2004, AR changed its age sorting, which resulted in large shifts from UEG 12 and 32 to 11 and 31 in January 2004.
AR	Uniform Eligibility Groups	In 2004, AR began reporting BCCPTA enrollees to UEG 3A.

State	Measure	Issue
AZ	1115 Waiver	Since 1982, AZ has had a special 1115 waiver enabling the state to require all its enrollees to use HMOs. However, only those enrollees whose eligibility is tied to special provisions in the 1115 waiver are reported to UEG 54-55. Effective 2001, the expansion included single adults and childless couples. The 1115 expansion also includes family planning only enrollees.
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	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in the second byte of the annual crossover code) were reported in the state.
AZ	Dual Eligibility Codes	AZ did not report to dual code 4 (in the 2nd byte of the crossover code) until 2006.
AZ	Long Term Care	In the PSF valids tables, AZ shows a much lower percentage of aged and disabled with LTC claims than expected; however, this occurs because AZ LTC coverage is delivered through LTC managed care plans.
AZ	Managed Care	In Arizona, Plan Type 08 is used primarily to cover new eligibles who have not yet selected a managed care plan.
AZ	Managed Care	In AZ, about 68 percent of full benefit EDB duals were ever enrolled in HMO/HIOs. In addition, about 25 percent of full benefit EDB duals in 2004 were enrolled in PHP only or PHP/PCCM only. These are higher percentages than in most states.
AZ	Managed Care	CMS managed care data did not show the same level of LTC managed care enrollment (Plan Type = 5) as MSIS. LTC plans are reported as HMOs in the CMS data.
AZ	Managed Care	In October and November 2004, enrollment in comprehensive care plans dipped 14 percent, from 800,000 to 700,000 before returning to 800,000 in December. This temporary decline was due to a systems update related to HIPAA compliance.
AZ	Managed Care	In 2004, AZ reported about 15 percent greater behavioral health plan enrollment than CMS data. The state believes its MSIS BHP reporting is reliable.

State	Measure	Issue
AZ	Missing Eligibility Data	In 2004, 1.2 percent of records (n=17,748) in the AZ file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=17,748) had associated claims reflecting positive expenditures in MAX. These claims totaled \$9,580,322 and averaged \$540 per record.
AZ	Private Health Insurance	In 2004, AZ verified private health insurance coverage and found that third party insurance had been terminated for many enrollees. This caused the rate of private insurance coverage to drop by more than 50 percent over the year.
AZ	Restricted Benefits Flag	Persons who qualify for only family planning benefits (state group 960) are assigned restricted benefits code 6.
AZ	SCHIP	Arizona is not reporting its S-SCHIP program (children and adults) into MSIS. The state does not have an M-SCHIP program.
AZ	SSN	AZ had 2,952 SSNs with duplicate records in 2004 (affecting 0.4 percent of enrollee records). Unlike earlier years of MAX data, the vast majority of records with duplicate SSNs did not involve children. One-half involved individuals age 65 or older.
AZ	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
AZ	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
AZ	Uniform Eligibility Groups	The state did not have a medically needy program.
AZ	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
CA	1115 Waiver	California introduced a very large 1115 Waiver program (FPACT) in December 1999, which extended family planning benefits (only) to working age women. Enrollment exceeded two million during 2004.
CA	Date of Death	California did not report any date of death data.
CA	Dual Eligibility Codes	From November 2004 to December 2004, roughly 8,000 duals (1 percent of full duals) who had been reported to UEG 11-12 and dual code 2 (in the 2nd byte of the crossover code), appear to have shifted to UEG 41-42 and dual code 8. In January 2005, this shift was reversed, and the UEG to dual reporting was consistent with November. CA does not know why this shift happened.
CA	Dual Eligibility Codes	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. Beginning in January 2003, CA coded its 100 percent of the federal poverty level group (state group IH) to dual code 2 (in the 2nd byte of the crossover code). Because the state has special income disregards up to 33 percent of the federal poverty, dual code 2 includes persons whose income can exceed 100 percent of the federal poverty level. As a result, relatively few QMB only or SLMB only duals (codes 1 and 3 in the second byte of the annual crossover code) were reported in the state, and no one was reported to dual code 4.
CA	Dual Eligibility Codes	About 85 percent of aged enrollees were identified as EDB duals in 2004, a lower percentage than in most states. This may occur because CA has a larger population of qualified aged immigrants who do not yet qualify for Medicare coverage. In addition, CA has some aged non-qualified aliens who only qualify for emergency coverage under Medicaid.
CA	Managed Care	In CA, about 84 percent of the full benefit EDB duals were enrolled in PHPs, a higher percentage than most states.
CA	Managed Care	California reports many more dental PHP enrollees in MSIS than are reported in CMS counts. As it turns out, a small portion of California's dental enrollees are enrolled in "true blue" dental PHPs. These are the persons that appear in the CMS data. The remaining 4 million enrollees participate in a hybrid FFS/PHP dental plan. The CMS data do not count these plans as PHPs, but MSIS does. In addition, CA reported enrollment in several hybrid PCCM plans into plan type 8 (other) in MSIS since these are limited risk contracts and not true PCCMs. Finally, SCHMO plan enrollment is reported as an HMO in MSIS, but to the "other" grouping in CMS managed care data.

State	Measure	Issue
CA	Managed Care	The number enrolled in managed care Plan Type 08 (other) decreased to under 1,000 per month in July 2003 when CA eliminated two plans (Pacer County Managed Care Network and Sonoma Partners for Health MC).
CA	Missing Eligibility Data	In 2004, 5.6 percent of records (n=638,713) in the CA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=638,664) had associated claims reflecting positive expenditures in MAX. These claims totaled \$217,401,284 and averaged \$340 per record. About 0.0 percent of the records with missing eligibility information (n=49) were submitted by CA in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
CA	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 7 percent of enrollees in 2004.
CA	Restricted Benefits Flag	FPACT eligibles are only eligible for family planning benefits (restricted benefits code 6). CA also has a large group of enrollees assigned restricted benefits code 2 who only qualify for emergency benefits due to their alien status. Finally, persons assigned restricted benefits code 5 are in hospice and thus have some benefit restrictions.
CA	SCHIP	CA reported M-SCHIP children in MSIS. 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. The state's S-SCHIP program was not reported in MSIS.
CA	SSN	About 37 percent of enrollees were missing SSNs in 2004. Sixty percent of those with missing SSNs only qualified for family planning benefits and 23 percent were aliens who only qualified for emergency coverage. In addition, 59 percent of these enrollees were age 21-44 years.
CA	TANF/1931	CA reported about 33 percent fewer TANF enrollees in MSIS during 2004. Part of the problem is that TANF status is reported as "unknown" for over 125,000 eligibles some months as L.A. county was unable to report TANF status.
CA	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.

State	Measure	Issue
CA	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. In addition, the state disregards income up to 33 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
CA	Uniform Eligibility Groups	In July 2003, a court decision required that Medi-Cal provide continued Medicaid eligibility for persons leaving SSI while a full redetermination is done. This caused over 40,000 enrollees to shift from UEG 21-22 to 41-42.
CA	Uniform Eligibility Groups	Women receiving family planning benefits who are under age 18 are mapped to uniform group 54.
CA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
CA	Uniform Eligibility Groups	In July 2003, CA implemented a Child Health and Disability Prevention (CHDP) program as a "gateway" to improve access to Medi-Cal and the State's S-SCHIP program through an automated pre-enrollment process. This CHDP program uses an on-line application to determine temporary enrollment for the month of application and the subsequent month (2 months total). During this time, a regular Medi-Cal or S-SCHIP application is processed. CHDP Medi-Cal enrollment is reported to state groups 8U, 8V, and 8W--all reported to UEG 44. The 8W group accounted for much of the enrollment increase in UEG 44 during 2003.
CA	Uniform Eligibility Groups	In 2004, enrollment in UEG 24 declined, while enrollment in UEG 44 continued to expand, in part due to the CHDP changes started in 2003.

State	Measure	Issue
CO	Date of Death	CO began reporting some enrollees (0.47 percent) with dates of death in 2004. However, since the state did not report dates of death for any eligibles in previous year, the completeness of this information in 2004 is not known.
CO	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2004, a lower percentage than in most states.
CO	Dual Eligibility Codes	About 43 percent of eligibles were enrolled all 12 months in 2004, a lower percentage than in most states. This was due to a notable decline in enrollment in September 2004 when the state implemented a new MMIS system and identified many individuals who were no longer eligible for Medicaid.
CO	Dual Eligibility Codes	In July 2004, CO changed its dual coding so that almost all full benefit duals (including most duals who were SSI recipients) were reported to code 8 in the second byte of the dual code (cause unknown). Usually, duals in the SSI groups (UEG 11-12) are reported to dual code 2.
CO	Managed Care	In June 2004, MAX data show greater HMO enrollment (29 percent) than CMS MC data. This discrepancy largely occurred because the Rocky Mt. HMO is reported as a PIHP instead of an HMO in the CMS data.
CO	Missing Eligibility Data	In 2004, 2.1 percent of records (n=11,907) in the CO file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=11,904) had associated claims reflecting positive expenditures in MAX. These claims totaled \$6,450,129 and averaged \$542 per record. About 0.0 percent of the records with missing eligibility information (n=3) were submitted by CO in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
CO	Race/Ethnicity	Race/ethnicity was reported as "unknown" for almost 17 percent of enrollees in 2004.
CO	SCHIP	CO's S-SCHIP program was not reported in MSIS until July 2004. The state did not have an M-SCHIP program.
CO	SCHIP	The S-SCHIP program covers children, plus the state has a HIFA waiver to extend S-SCHIP coverage to pregnant women to 185 percent FPL. No SEDS data were reported for CO from July to December 2004.
CO	SSN	CO had 457 SSNs with duplicate records in 2004 (affecting 0.2 percent of enrollee records).

State	Measure	Issue
CO	SSN	Over 5 percent of enrollees were missing SSNs in 2004. About 63 percent of these enrollees were under age 20 and 44 percent were age 5 or younger. In addition, 34 percent were aliens who only qualified for emergency coverage.
CO	TANF/1931	CO's TANF data are not reliable.
CO	Uniform Eligibility Groups	The state did not have a medically needy program.
CO	Uniform Eligibility Groups	CO shows many more SSI recipients in uniform eligibility groups 11-12 than SSA data, but this may relate to a state-administered SSI supplement. In addition, most SSI disabled aged 65 or older are reported to UEG 11.
CO	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
CO	Uniform Eligibility Groups	Several enrollment changes occurred during the last 5 months of 2004. To start, child enrollment shifted by UEG group in August 2004, when roughly 35,000 enrollees moved from UEG 34 to UEG 14. The state converted to a new MMIS at this time, and the new MMIS used an automated process that applied eligibility rules for children more consistently than in the past. Then, in September 2004, child and adult enrollment declined noticeably. Adult enrollment fell 15 percent, and children dropped 7 percent. This change was also related to conversion to the new MMIS, when it was determined that many individuals were no longer eligible for Medicaid. In October, child enrollment rebounded somewhat, perhaps related to the start of school. However, enrollment in UEG 35 (poverty-related pregnant women) fell by over 50 percent in October (cause unknown).

State	Measure	Issue
CT	Length of Enrollment	About 68 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
CT	Missing Eligibility Data	In 2004, 0.1 percent of records (n=298) in the CT file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 43.3 percent (n=129) had associated claims reflecting positive expenditures in MAX. These claims totaled \$989,722 and averaged \$7,672 per record. About 56.7 percent of the records with missing eligibility information (n=169) were submitted by CT in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
CT	SCHIP	CT's S-SCHIP program was not reported in MSIS. The state's M-SCHIP program was phased out in 2002.
CT	SSN	CT had 1,249 SSNs with duplicate records in 2004 (affecting 0.5 percent of enrollee records). The majority of these records are for children.
CT	TANF/1931	The TANF flag is 9-filled for all enrollees.
CT	Uniform Eligibility Groups	CT is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. CT only reports about one third of the SSI population in uniform groups 11-12. Some SSI recipients are reported to uniform groups 41-42 but they cannot be identified with existing data. In addition, SSI disabled children who qualify for Medicaid are not reported to uniform group 12.
CT	Uniform Eligibility Groups	In CY04, enrollment in state-specific eligibility group "F7" was shifted to UEG 14-15 since enrollees in this group qualify for Medicaid based on the old AFDC rules (Section 1931). In prior years, this groups was incorrectly reported to uniform eligibility groups 44-45.
CT	Uniform Eligibility Groups	In April 2004, CT changed how it counted income, shifting some aged/disabled from uniform eligibility group 21-22 to 41-42.

State	Measure	Issue
CT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
DC	1115 Waiver	DC implemented an 1115 waiver in February 2003, expanding eligibility to childless adults ages 50-64 with income at or below 50 percent FPL. These enrollees are reported to uniform eligibility group 55.
DC	Dual Eligibility Codes	DC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, almost no QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
DC	Dual Eligibility Codes	Only 88 percent of aged enrollees and 30 percent of disabled enrollees were identified as EDB duals in 2004, lower percentages than in most states.
DC	Length of Enrollment	About 70 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
DC	Managed Care	MSIS reports the "Health Services for Children with Special Needs" plan as an HMO. However, this plan is reported as a "Medical-Only PHP" in the CMS managed care report.
DC	Missing Eligibility Data	In 2004, 0.9 percent of records (n=1,447) in the DC file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=1,447) had associated claims reflecting positive expenditures in MAX. These claims totaled \$7,990,302 and averaged \$5,522 per record.
DC	SCHIP	DC reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
DC	SSI	Relative to the number of aged and disabled SSI recipients reported to SSA, DC reported 15 percent more eligibles under uniform groups 11 and 12. Part of this difference may result because DC has a state-administered SSI supplement.
DC	SSN	DC had 93 SSNs with duplicate records in 2004 (affecting 0.1 percent of enrollee records).
DC	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
DC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the FPL. As a result, both duals and nonduals with full Medicaid benefits were reported to UEG 31-32.

State	Measure	Issue
DC	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
DE	1115 Waiver	Delaware's 1115 Waiver program extends full Medicaid benefits to adults with income to 100 percent FPL. It also extends family planning benefits (only) for 24 months to women leaving Medicaid.
DE	Dual Eligibility Codes	Over 40 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
DE	Dual Eligibility Codes	DE reported almost all QI-1 enrollees as SLMB only enrollees (dual code 3 in the second byte of the crossover code). DE did not report any enrollees to dual code 4 (SLMB plus).
DE	Managed Care	DE reports enrollment in a transportation PHP and a PCCM; however, these plans are not reported in CMS MC data for June 2004. Somewhat unusual, DE pays for PCCM services on a fee-for-service (FFS) basis when they occur.
DE	Missing Eligibility Data	In 2004, 0.7 percent of records (n=1,201) in the DE file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 99.9 percent (n=1,200) had associated claims reflecting positive expenditures in MAX. These claims totaled \$393,229 and averaged \$328 per record. About 0.1 percent of the records with missing eligibility information (n=1) were submitted by DE in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
DE	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits.
DE	SCHIP	DE's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program until July 2002 when the state added an M-SCHIP program for infants with family income between 186 and 200 percent of FPL.
DE	SSN	DE had 33 SSNs with duplicate records in 2004 (affecting 0.1 percent of enrollee records).
DE	SSN	Over 7 percent of enrollees were missing SSNs in 2004. About 78 percent of these enrollees were children and 30 percent were aliens who only qualified for emergency benefits.
DE	TANF/1931	The TANF flag is 9-filled for all enrollees.
DE	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.

State	Measure	Issue
DE	Uniform Eligibility Groups	The state did not have a medically needy program.
DE	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
DE	Uniform Eligibility Groups	Most disabled SSI beneficiaries age 65 and older are reported to uniform eligibility group 11.

State	Measure	Issue
FL	1115 Waiver	FL had two 1115 waivers operational in 2004. In August 2002, FL implemented a Pharm Plus waiver extending RX benefits to aged enrollees. In addition, a new family planning waiver was approved in May 2004.
FL	Dual Eligibility Codes	FL provided full Medicaid benefits to the aged and disabled with income up to 90 percent of the federal poverty level. Nevertheless, FL still had a large group of QMB only duals (code 1 in the 2nd byte of the crossover code).
FL	Dual Eligibility Codes	Effective October 2002, FL assigned dual code 9 (in byte 2 or the annual dual code) to aged persons in its 1115 Pharm Plus Program who did not qualify under other dual codes.
FL	Managed Care	In June 2004, FL reported about 18,000 enrollees in a hospital based "Provider Service Network" (PSN) as an "Other" type of managed care in the June CMS report. This plan is reported to Plan Type 07 (PCCM) in MSIS.
FL	Managed Care	Beginning in January 2003, enrollment in several disease management organization (DMO) plans were reported to plan type 08 (Other). However, the provider IDs used in MSIS are not plan level IDs. In addition, a somewhat different method is used to identify DMO enrollees in MSIS than is used for the June 2004 CMS data, accounting for the somewhat different results.
FL	Managed Care	In May 2004, FL's reporting for plan type 08 (other managed care) is erroneous. Enrollment jumped to 175,064, compared to 70,000-80,000 for all other months in 2004.
FL	Managed Care	Starting in July 2004, FL included "Atlantic Dental" (Plan ID 015035500) in its Managed Care data, reporting it to plan type "02" (Dental).
FL	Missing Eligibility Data	In 2004, 1.9 percent of records (n=56,963) in the FL file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=56,963) had associated claims reflecting positive expenditures in MAX. These claims totaled \$42,674,572 and averaged \$749 per record.
FL	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 8 percent of enrollees in 2004.
FL	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefit code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. (Prior to 2003, these enrollees were assigned restricted benefits code 5.)

State	Measure	Issue
FL	Restricted Benefits Flag	Persons with restricted benefits code 6 (state group 'FP') only qualify for family planning benefits. In addition, most persons qualifying through the medically needy provisions are assigned code 5 (other).
FL	SCHIP	FL reported M-SCHIP and S-SCHIP children in MSIS. The enrollment reported in its S-SCHIP program, however, is incomplete and only for a subset of eligibles ages 1-5 years who transferred out of Medicaid. By 2004, M-SCHIP enrollment had substantially declined so that it only averaged 1,400 children per month.
FL	SSN	FL had 479 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
FL	TANF/1931	The TANF flag is 9-filled for all enrollees.
FL	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
FL	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 90 percent of the federal poverty level. However, the state did not have any full benefit duals or nonduals reported to UEG 31-32 (cause unknown).
FL	Uniform Eligibility Groups	Enrollment in the state's family planning 1115 program is reported in uniform groups 54 and 55. The 1115 program provides family planning only benefits to persons in state specific group FP. However, on September 30, 2003, this waiver ended with a new waiver not approved until May 2004. The new waiver allowed retro enrollment back to December 2003, explaining low levels of enrollment from October to December 2003. Nevertheless, FP enrollment in 2004 was quite low compared to most of 2003.
FL	Uniform Eligibility Groups	Florida reported about 11 percent more SSI eligibles (in uniform eligibility groups 11 and 12) than SSA did over the same period of time. This may occur because FL has a state-administered SSI supplement.
FL	Uniform Eligibility Groups	Enrollment in UEG 21-22 (medically needy aged/disabled) varies somewhat month-to-month (cause unknown).

State	Measure	Issue
GA	Dual Eligibility Codes	In February 2004, a cost of living adjustment resulted in a large decrease in the number of enrollees reported to dual codes 3 and 6 (in the second byte of the crossover code) during the first quarter of CY 2004.
GA	Dual Eligibility Codes	GA does not automatically code dually eligible SSI recipients as QMB plus duals (code 2 in byte 2 of the crossover code). Most SSI recipients are coded as "other" full benefit duals (code 8). GA had determined that it is more affordable to pay for Medicaid coverage than Medicare Part A premiums for duals who do not automatically qualify for Part A coverage. Dual SSI recipients can apply for QMB or SLMB status, but this status has no effect on the coverage/services they receive.
GA	Dual Eligibility Codes	Over 7 percent of EDB duals were only identified as a result of the EDB link in 2004, a higher percentage than in most states.
GA	Managed Care	The CMS managed care reports in June 2004 included 2,235 individuals in a Mental Health PHP 1915b waiver program that was not reported to MSIS.
GA	Managed Care	Managed care is under-reported in MSIS 2004 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 1.3 million individuals were enrolled in NET each month during 2004, according to CMS managed care data.
GA	Missing Eligibility Data	In 2004, 1.3 percent of records (n=25,892) in the GA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 78.6 percent (n=20,359) had associated claims reflecting positive expenditures in MAX. These claims totaled \$75,719,332 and averaged \$3,719 per record. About 21.4 percent of the records with missing eligibility information (n=5,533) were submitted by GA in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
GA	Race/Ethnicity	Race/ethnicity was reported as "unknown" for over 6 percent of enrollees in 2004.
GA	Restricted Benefits Flag	Only presumptively eligible pregnant women are assigned RBF 4 in 2004. In April 2003 there was a substantial decline in the number of persons assigned RBF 2 (aliens who only qualify for emergency Medicaid benefits) and counts stayed low in 2004 (cause unknown).

State	Measure	Issue
GA	SCHIP	GA reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
GA	SSN	About 7 percent of enrollees were missing SSNs in 2004. About 64 percent of these enrollees were age 5 or younger, and 84 percent were age 20 or younger.
GA	SSN	GA had 159 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
GA	TANF/1931	The TANF flag is 9-filled for all enrollees.
GA	Uniform Eligibility Groups	Between December 2003 and January 2004 there was a decline in UEG 21-22 (cause unknown).
GA	Uniform Eligibility Groups	In July 2004, GA ended an optional program that extended Medicaid coverage for nursing home services to people with incomes that otherwise would disqualify them for the program but were too low to cover long-term care. These persons had been reported to state groups 283 (LTC Aged, Medically Needy), in UEG 21. As a result of this cut, enrollment in UEG 21 fell by 1,500 (50 percent). It is unclear whether these individuals were removed completely from Medicaid, as enrollment in 41 increased by roughly 1,500 in July 2004.
GA	Uniform Eligibility Groups	In February 2004, the number of enrollees reported to UEG 31 and 32 fell by 12 percent and 10 percent, respectively. The state attributed this to cost of living adjustments. This drop also affected partial dual enrollment in dual codes 3 and 6 (in the second byte of the crossover code).
GA	Uniform Eligibility Groups	GA uniform eligibility group data showed some unusual patterns with enrollment often increasing noticeably in month 1 of each quarter.

State	Measure	Issue
HI	1115 Waiver	HI's 1115 "Quest" waiver is a comprehensive demonstration that mandates managed care coverage for most child and adult Medicaid enrollees, and some non-dual aged and disabled enrollees. In addition, it expands coverage to some children, adults, and disabled enrollees. The waiver was originally implemented in 1994. Initially the waiver covered approximately 108,000 individuals from three public medical assistance programs including: AFDC individuals, General Assistance individuals (including 9,900 Medicaid eligible children) and participants in the former state funded health insurance program.
HI	Dual Eligibility Codes	HI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, almost no QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
HI	Dual Eligibility Codes	HI does not report any enrollment to dual code 6 (QI-1) in byte 2 of the annual crossover code. These enrollees are included in dual code 3 (SLMB only) reporting.
HI	Dual Eligibility Codes	In October 2004, HI shifted its dual code assignment for many disabled duals in UEG 12 and 32, moving them from dual code 02 to dual code 08 (cause unknown).
HI	Managed Care	The BHP counts in the MSIS MC data are considerably higher than the June CMS BHP counts (cause unknown). However, the BHP program is relatively small.
HI	Managed Care	HI's PACE program is not a full PACE, rather it is a "Pre-PACE" program operating under a waiver. As a result, it is not reported as managed care type 06 (PACE). Instead, it is correctly reported to managed care plan type 01 (HMO).
HI	Missing Eligibility Data	In 2004, 2.3 percent of records (n=5,360) in the HI file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 99.9 percent (n=5,352) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,093,320 and averaged \$204 per record. About 0.1 percent of the records with missing eligibility information (n=8) were submitted by HI in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
HI	Restricted Benefits Flag	From October through December 2004, from 100-400 enrollees have the RBF code 9-filled (cause unknown).

State	Measure	Issue
HI	SCHIP	HI reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
HI	SSN	HI had 251 SSNs with duplicate records in 2004 (affecting 0.2 percent of enrollee records). The majority of these records were for children.
HI	TANF/1931	The TANF flag is 9-filled for all enrollees.
HI	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
HI	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
HI	Uniform Eligibility Groups	HI is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. However, when enrollment in uniform groups 11-12 is compared to SSI administrative data, it appears that 94 percent of SSI recipients were enrolled in Medicaid.
HI	Uniform Eligibility Groups	Poverty-related pregnant women cannot be identified in HI's data. They are included with other adults reported to UEG 55.
HI	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
IA	Dual Eligibility Codes	In October 2004, the number of duals identified in MSIS data declined by about 4 percent (cause unknown). In addition, the number of individuals reported to dual code 2 increased while those reported to dual code 8 declined. One improvement was that most SSI duals are now reported to dual code 2, as would be expected.
IA	Managed Care	In 2003, several HMOs were terminated in the second half of the year, with many (but not all) enrollees shifting to PCCMs. HMO enrollment continued to decline in CY04.
IA	Managed Care	In Iowa, 46 percent of the full benefit EDB dual population were enrolled in PHPs or PHPs and PCCMs, a higher percentage than in most states.
IA	Missing Eligibility Data	In 2004, 1.3 percent of records (n=5,169) in the IA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=5,169) had associated claims reflecting positive expenditures in MAX. These claims totaled \$5,540,645 and averaged \$1,072 per record.
IA	Private Health Insurance	About 16 percent of enrollees had private insurance in 2004, a higher percentage than in most states. The percentage with private insurance declined somewhat in October 2004 (cause unknown).
IA	Race/Ethnicity	Race/ethnicity was reported as "unknown" for over 20 percent of enrollees in 2004.
IA	SCHIP	IA reported M-SCHIP children in MSIS. The state's S-SCHIP program was not reported in MSIS.
IA	SSN	IA had 505 SSNs with duplicate records in 2004 (affecting 0.3 percent of enrollee records). A majority of these records were for children.
IA	TANF/1931	The TANF flag is 9-filled for all enrollees.
IA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
IA	Uniform Eligibility Groups	IA appears to report most (but not all) SSI disabled enrollees age 65 and older to MASBOE 11. IA also has a state-administered SSI supplement program for persons receiving residential or in-home health-related care.

State	Measure	Issue
ID	Dual Eligibility Codes	About 8 percent of EDB duals were only identified as a result of the EDB link in 2004, a higher percentage than in most states.
ID	Dual Eligibility Codes	SLMB only and QI duals eligibles were not included in the MSIS data.
ID	Managed Care	In ID, 69 percent of EDB duals were enrolled in PCCMs, a higher percentage than in most states.
ID	Managed Care	The state does not have any fully capitated managed care. They do have PCCMs, however.
ID	Missing Eligibility Data	In 2004, 0.2 percent of records (n=409) in the ID file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=409) had associated claims reflecting positive expenditures in MAX. These claims totaled \$163,175 and averaged \$399 per record.
ID	Private Health Insurance	Over 20 percent of enrollees had private insurance in 2004, a higher percentage than in most states.
ID	SCHIP	ID reported M-SCHIP children in MSIS. The state started an S-SCHIP program in July 2004 and reported its S-SCHIP enrollment in MSIS from the start.
ID	SSN	ID had 31 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).
ID	TANF/1931	The TANF flag is 9-filled for all enrollees.
ID	Uniform Eligibility Groups	The state did not have a medically needy program.
ID	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, ID requires them to separately apply for Medicaid coverage.
ID	Uniform Eligibility Groups	The number of eligibles in uniform groups 11 and 12 exceeded SSI counts by about 27 percent. Two factors may contribute to the difference. To start, ID has a state administered SSI supplement. Second, some individuals in state group 54 may be mistakenly identified as SSI recipients.

State	Measure	Issue
ID	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
IL	1115 Waiver	IL's family planning program (state groups 94FP00 and 96FP00 reported to MASBOE 55) was added in June 2004, as part of IL's 1115 waiver. Enrollees in this program are assigned restricted benefits code '6'.
IL	1115 Waiver	Effective 2002, IL implemented two new types of coverage in an 1115 waiver. In June, IL began enrollment in a Senior Care Pharm Plus program, extending drug benefits to the aged to 200 percent FPL. These enrollees were reported to uniform eligibility group 51. In the fall of 2002, IL extended coverage to several groups of children and parents. Medicaid assists some of the newly covered children and parents in buying into employer-sponsored or private insurance. Some of the 1115 expansion applied to S-SCHIP coverage.
IL	Dual Eligibility Codes	IL provided full Medicaid benefits to the aged and disabled with income up to 85 percent of the federal poverty level. Nevertheless, a large group of QMB only duals (code 1 in the 2nd byte of the crossover code) continued to be reported in the state.
IL	Dual Eligibility Codes	In IL's 1115 Pharm Plus waiver program for seniors, most enrollees were reported to dual code 9 (in the second byte of the crossover code).
IL	Dual Eligibility Codes	IL greatly improved its identification of duals in its Pharm Plus program effective April 2004. This resulted in increased enrollment in dual code 9 (in byte 2 of the annual crossover code).
IL	Length of Enrollment	In CY04, 61 percent of enrollees participated in Medicaid all 12 months, a higher proportion than occurred in most states.
IL	Managed Care	IL reported enrollment in plan type 08 (other). These plans consist of Primary Health Providers and Managed Care Community Networks (MCCN), and they provide different services than comprehensive plans. These plans appear to be reported as HMOs (not PHPs) in the CMS managed care data.
IL	Missing Eligibility Data	In 2004, 0.1 percent of records (n=3,166) in the IL file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 83.2 percent (n=2,634) had associated claims reflecting positive expenditures in MAX. These claims totaled \$5,536,319 and averaged \$2,102 per record. About 16.8 percent of the records with missing eligibility information (n=532) were submitted by IL in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.

State	Measure	Issue
IL	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefit code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. (Prior to 2003, these enrollees were assigned restricted benefits code 5.)
IL	Restricted Benefits Flag	Family Planning enrollees are assigned RBF 6.
IL	SCHIP	IL reported M-SCHIP and S-SCHIP children in MSIS. In October 2003, IL implemented adult coverage under its S-SCHIP program. MAX data for 2004 show about 15 percent fewer M-SCHIP enrollees and 17 percent fewer S-SCHIP enrollees than reported in SEDS. IL officials reported that some state groups were mistakenly reported as SCHIP enrollees to SEDS.
IL	SSN	IL had 36,139 SSNs with duplicate records in 2004 (affecting 3 percent of enrollee records). More than one enrollee record can have the same SSN due to the state's system of assigning Medicaid identification numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled into Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication problems can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.
IL	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
IL	Uniform Eligibility Groups	IL is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In addition, the state was not able to report all SSI recipients into uniform groups 11 and 12. SSI recipients, including SSI state supplement recipients, were 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. Also, in October 2004, the number of disabled SSI recipients reported to uniform eligibility group 12 declined even more, when the state implemented some system changes. There appears to have been a shift from uniform eligibility group 12 (state group 230551) to uniform eligibility group 22 (state group 239999) at this time.

State	Measure	Issue
IL	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
IL	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 85 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
IL	Uniform Eligibility Groups	In January 2004, IL had an abrupt decrease in UEG 45 with a commensurate increase in UEG 25. This was caused when the state caught up on redeterminations for persons ending TMA coverage (state groups 3422ME and 3622ME).
IL	Uniform Eligibility Groups	The introduction of a new Family-Planning Only 1115 Waiver in June 2004 resulted in an expansion in adult enrollment in MASBOE 55. However, family planning enrollment declined by almost one-third in September 2004 (cause unknown).
IL	Uniform Eligibility Groups	In October 2004, IL had a decline in UEG 51, perhaps related to redeterminations for Pharm Plus enrollees.

State	Measure	Issue
IN	Managed Care	In June 2004, IN began to implement a new law making participation in "Risk Based Managed Care" mandatory. As a result, enrollment began to shift from PCCMs to HMOs. This change was phased in, and is expected to continue for several quarters. Perhaps related to this, in June 2004 there was a large discrepancy in PCCM counts between MSIS and CMS administrative data. IN believes that the MSIS counts are more reliable.
IN	Missing Eligibility Data	In 2004, 2.1 percent of records (n=21,668) in the IN file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 98.5 percent (n=21,348) had associated claims reflecting positive expenditures in MAX. These claims totaled \$148,345,474 and averaged \$6,949 per record. About 1.5 percent of the records with missing eligibility information (n=320) were submitted by IN in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
IN	SCHIP	IN reported M-SCHIP and S-SCHIP children in MSIS.
IN	SCHIP	During 2004, MAX S-SCHIP counts were 9-15 percent lower than S-SCHIP counts in SEDS. The state was not able to explain why this level of difference occurred. M-SCHIP counts compared well with SEDS.
IN	SSN	IN had 151 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
IN	TANF/1931	In September 2004, there was a 27 percent discrepancy between MSIS and ACF TANF counts. The state's contractor responded that the ACF counts include some assisted guardianship enrollees that are not reported in MSIS data, as well as other enrollees in families where someone is receiving SSI. As a result, TANF data should only be used with caution.
IN	Uniform Eligibility Groups	IN is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. However, the total number of SSI eligibles reported into uniform groups 11-12 is about the same as the number reported by SSA, suggesting that almost all SSI recipients in IN are enrolled in Medicaid. IN reports the SSI disabled age 65 and older into uniform group 11.
IN	Uniform Eligibility Groups	The state did not have a medically needy program.

State	Measure	Issue
IN	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
KS	Managed Care	In December 2003, KS increased access to PCCM providers by changing the distance parameters of participation. This resulted in a large (9 percent) increase in PCCM enrollment.
KS	Managed Care	KS has a behavioral health plan (BPH) - administrative services only (ASO) benefit which covers only administrative costs of coordinating mental health benefits, not benefits themselves. This plan is not reported in Claims or Eligibility data.
KS	Missing Eligibility Data	In 2004, 10.0 percent of records (n=38,349) in the KS file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=38,349) had associated claims reflecting positive expenditures in MAX. These claims totaled \$63,019,663 and averaged \$1,643 per record.
KS	Private Health Insurance	About 12 percent of enrollees had private insurance in 2004, a higher percentage than in most states.
KS	SCHIP	KS's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program.
KS	SSN	KS had 40 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).
KS	TANF/1931	The TANF flag is 9-filled for all enrollees.
KS	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, KS requires them to separately apply for Medicaid coverage.
KS	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
KY	Managed Care	The "other" managed care plan type (08) in KY was a special capitation plan for transportation benefits.
KY	Missing Eligibility Data	In 2004, 0.3 percent of records (n=2,580) in the KY file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=2,580) had associated claims reflecting positive expenditures in MAX. These claims totaled \$6,833,683 and averaged \$2,649 per record.
KY	Race/Ethnicity	Race/ethnicity was reported as "unknown" for almost 5 percent of enrollees in 2004.
KY	SCHIP	S-SCHIP enrollment was substantially undercounted in CY03 MAX data due to a processing error; however, the CY04 data look complete.
KY	TANF/1931	KY TANF enrollment data in MAX are about 13 percent lower than TANF administrative data (cause unknown).
KY	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
LA	Dual Eligibility Codes	About 33 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
LA	Dual Eligibility Codes	In October 2004, LA began reporting full duals to dual codes 04 and 08. Prior to October, virtually all full duals were reported to dual code 02.
LA	Length of Enrollment	About 66 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
LA	Missing Eligibility Data	In 2004, 3.8 percent of records (n=45,899) in the LA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 99.2 percent (n=45,536) had associated claims reflecting positive expenditures in MAX. These claims totaled \$68,997,281 and averaged \$1,515 per record. About 0.8 percent of the records with missing eligibility information (n=363) were submitted by LA in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
LA	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 6 percent of enrollees in 2004.
LA	Restricted Benefits Flag	LA assigns the "other" restricted benefits flag (code 5) to about 6,000 enrollees/month. Most of these individuals are in the medically needy uniform group, while a few are in the other adult group.
LA	SCHIP	LA reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
LA	TANF/1931	LA TANF data do not appear to be reliable in 2004.
LA	Uniform Eligibility Groups	Most disabled SSI recipients age 65 and older are reported to uniform eligibility group 11
LA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
LA	Uniform Eligibility Groups	Most low-income infants are reported to uniform group 44 instead of 34, because the state deems these newborns are covered until age 1.
LA	Uniform Eligibility Groups	SSI disabled enrollment increased by 5 percent in October 2004. This could possibly have occurred because the MSIS file was processed at a much later date than usual.

State	Measure	Issue
MA	1115 Waiver	MA operates an 1115 waiver program for the disabled, children and adults which began in 1995. Under this program, eligibility for MassHealth's Standard benefit package is extended to pregnant women and children under the age of 1 with income up to 200 percent FPL; children ages 1-18 with income up to 150 percent FPL; parents of children under age 19 with income up to 133 percent FPL; and disabled adults age 19-64 with income up to 133 percent FPL. The waiver extends eligibility in the MassHealth CommonHealth package to disabled children through age 18 with income over 150 percent FPL; working disabled adults, no income limit; and nonworking disabled adults with income over 133 percent FPL. The waiver extends eligibility in the MassHealth Basic package to adults through age 64 who are long-term unemployed with income to 133 percent FPL. The waiver also provides premium assistance for children age 1-18 with income between 150-200 percent FPL, and adults under age 65 with income under 200 percent FPL who have access to employer sponsored insurance. For those children age 1-18 with income between 150-200 percent FPL, the waiver allows the state to pay the cost of buying into the state's MassHealth Standard benefit. In 2000, the waiver was expanded to provide eligibility to individuals with HIV under age 65 who are not institutionalized and have income up to 200 percent FPL.
MA	Dual Eligibility Codes	MA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. MA also provided full Medicaid benefits to all disabled with income up to 133 percent of the federal poverty level under its 1115 Waiver program. As a result, very few QMB only duals and SLMB only duals (codes 1 and 3 in the 2nd byte of the crossover code) were reported in the state.
MA	Dual Eligibility Codes	In January 2004, MA shifted about 75,000 full duals from dual code 8 (in the 2nd byte of the crossover code) to dual code 2.
MA	Dual Eligibility Codes	MA did not report any QI-1s in (6 in the second byte of the crossover code) in 2004.
MA	Foster Care	Massachusetts underreports foster care children in MSIS data.

State	Measure	Issue
MA	Missing Eligibility Data	In 2004, 0.8 percent of records (n=9,427) in the MA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 98.4 percent (n=9,279) had associated claims reflecting positive expenditures in MAX. These claims totaled \$21,420,514 and averaged \$2,308 per record. About 1.6 percent of the records with missing eligibility information (n=148) were submitted by MA in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
MA	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 28 percent of enrollees in 2004.
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	MA reported M-SCHIP and S-SCHIP children in MSIS. MSIS data on both programs do not exactly track the SEDS data. The state insists that MSIS data are more reliable.
MA	SSN	About 9.2 percent of enrollees were missing SSNs in 2004.
MA	SSN	MA had 318 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
MA	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
MA	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged with income up to 100 percent of the federal poverty level and to the disabled with income up to 133 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits are reported to UEG 31-32.
MA	Uniform Eligibility Groups	Some shifts in UEG 11-12, 21-22, 31-32, 41-42 and 51-52 occurred in January 2004. Disabled persons age 65 or older were shifted from code 2 (disabled) in the 2nd byte of the uniform eligibility group to code 1 (aged).

State	Measure	Issue
MD	1115 Waiver	MD has had a long running 1115 program called Maryland HealthChoice. The program was first implemented in 1997. Initially, this 1115 converted many enrollees to a managed care system. Since then, MD has expanded its 1115 waivers to include MD's PharmPlus and family planning coverage. The 1115 pharmacy assistance programs cover two different groups. The MD Pharmacy Assistance Program (MPAP) is reported to state groups S08-S10, and covers all individuals to 116 percent FPL. QMB-only individuals getting MPAP coverage are reported to S08, while SLMB-only individuals are reported to S10. All other individuals, including children and adults, are reported to S09. Persons getting MPAP coverage have a \$5 copay per prescription. The MD Pharmacy Discount Program (MPDP), started in July 2003, covers beneficiaries with income <175 percent FPL who have too much income/resources to qualify for MPAP program. These individuals are reported to state codes S16-S18. Their cost sharing is higher. They have a 65 percent copay, plus a \$1 processing fee per prescription. MD's 1115 waiver also covers family planning only benefits.
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	About 10 percent of EDB duals were only identified as a result of the EDB link in 2004, a higher percentage than in most states. It seems likely that many of these unidentified duals were persons participating in the state's 1115 Pharm Plus program.
MD	Managed Care	Some persons in HMOs/HIOs have the PLAN ID field 9-filled.
MD	Missing Eligibility Data	In 2004, 0.7 percent of records (n=5,642) in the MD file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 34.5 percent (n=1,945) had associated claims reflecting positive expenditures in MAX. These claims totaled \$3,985,829 and averaged \$2,049 per record. About 65.5 percent of the records with missing eligibility information (n=3,697) were submitted by MD in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.

State	Measure	Issue
MD	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefit code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. (Prior to 2003, these enrollees were assigned restricted benefits code 5.)
MD	Restricted Benefits Flag	From CY99 through CY04, MD included some unqualified alien children as full benefit Medicaid enrollees in its MSIS data by mistake. These children are reported to state group X01R and this group numbered 2-3,000 / month. They were mistakenly counted as full benefit Medicaid enrollees in MAX CY1999-CY2003, but not in CY2004. Unqualified alien children can receive emergency benefits under Medicaid, but MD has elected instead to have a state-only full benefit program for unqualified alien children. In CY04 MAX data, MD began to report Medicaid enrollees assigned RBF = 2 (Unqualified aliens only eligible for emergency services).
MD	SCHIP	MD reported M-SCHIP and S-SCHIP children in MSIS.
MD	SCHIP	MD shifted children in state specific group P14 from M-SCHIP to S-SCHIP in September 2003. They remained S-SCHIP children until July 2004 when they were returned to the M-SCHIP program. This change is not reflected in SEDS data on S-SCHIP enrollment, however.
MD	SSN	MD had 16 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).
MD	TANF/1931	TANF counts in MSIS are 18 percent higher than expected compared to TANF administrative data. However, MD assigns the TANF flag to persons who are enrolled in TANF but may not receive cash benefits.
MD	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
MD	Uniform Eligibility Groups	In October 2002, MD converted its state pharmacy plan to a 1115 waiver program. This plan covers children and adults, as well as aged and disabled individuals. This new program caused a substantial increase in enrollment. In March 2003, MD implemented Family Planning Only services as part of its 1115 waiver. Many aged and disabled partial benefit duals shifted from uniform eligibility groups 31-32 to 51-52 when the Pharm Plus program was implemented so that they could receive Medicaid drug benefits, in addition to Medicare cost-sharing benefits.

State	Measure	Issue
MD	Uniform Eligibility Groups	Maryland reports more SSI recipients (uniform eligibility groups 11 and 12) each month than expected, based on a comparison to federal SSI administrative data. However, the state administers a SSI supplement program which may account for the difference.
MD	Uniform Eligibility Groups	Persons who only qualify for family planning benefits (state groups 'P10N' and 'S12N') are reported to uniform groups 54-55.
MD	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
MD	Uniform Eligibility Groups	Many aged and disabled partial benefit duals shifted from uniform eligibility groups 31-32 to uniform eligibility groups 51-52 when the Pharm Plus program was implemented, so that they could receive Medicaid drug benefits, in addition to Medicare cost-sharing benefits.

State	Measure	Issue
ME	1115 Waiver	In October 2002, a new 1115 waiver extended Medicaid benefits to childless adults with income to 100 percent FPL (UEG 55).
ME	Date of Death	The DOD is 8-filled for all eligibles.
ME	Dual Eligibility Codes	About 67 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
ME	Dual Eligibility Codes	ME provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
ME	Dual Eligibility Codes	In October 2004, ME improved its dual code reporting by moving about 6,000 SSI duals from dual code 08 to 02.
ME	Dual Eligibility Codes	ME continued to report a small number of enrollees (roughly 50) to dual code 07 in 2004, even though the QI-2 program ended on 12/31/02. These enrollees should not have been included in MSIS.
ME	Missing Eligibility Data	In 2004, 0.3 percent of records (n=965) in the ME file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 99.8 percent (n=963) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,873,015 and averaged \$1,945 per record. About 0.2 percent of the records with missing eligibility information (n=2) were submitted by ME in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
ME	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 6 percent of enrollees in 2004.
ME	SCHIP	ME reported its M-SCHIP and S-SCHIP enrollees in MSIS.
ME	SSN	ME had 24 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
ME	TANF/1931	The TANF flag is 9-filled for all enrollees.
ME	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.

State	Measure	Issue
ME	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
ME	Uniform Eligibility Groups	By the end of 2004, no children qualified for Medicaid through the Section 1931 provisions (uniform eligibility group 14). Instead, ME used the poverty-related rules and M-SCHIP expansions (uniform eligibility group 34) to establish Medicaid eligibility for most children.
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.

State	Measure	Issue
MI	1115 Waiver	In January 2004, MI implemented a HIFA 1115 expansion, adding M-SCHIP coverage for childless adults to 35 percent FPL. Enrollees in this group are reported to UEG 55. However, claims for this 1115 group are incomplete in MAX 2004 data.
MI	Dual Eligibility Codes	MI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
MI	Dual Eligibility Codes	In January 2004, the distribution by dual code changed. Most dual SSI recipients were correctly reported to dual code 02. In addition, there was a substantial increase in partial duals (cause unknown).
MI	Managed Care	The state reports enrollment in HMOs, behavioral health plans, and a dental managed care plan. Dental managed care reporting was erroneously omitted from MSIS reporting in 2003 for 15 counties (county codes 005, 023, 029, 033, 035, 053, 057, 061, 083, 111, 131, 143, 149, 155, and 159) but this was corrected in 2004 MAX data. Dental plan enrollment is not included in the June CMS managed care report for Michigan.
MI	Managed Care	Prior to January 2004, MI reported its PACE program (Plan ID 00040701874) to Plan Type 1 (HMO) instead of Plan Type 6 (PACE).
MI	Missing Eligibility Data	In 2004, 2.4 percent of records (n=44,846) in the MI file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=44,846) had associated claims reflecting positive expenditures in MAX. These claims totaled \$70,311,117 and averaged \$1,568 per record.
MI	Restricted Benefits Flag	Adults enrolled in MI's M-SCHIP program were assigned the "other" restricted benefits flag (code 5).
MI	SCHIP	MI had both M-SCHIP and S-SCHIP programs for children in 2004; however, S-SCHIP data is not reported in MAX. MI also implemented an 1115/HIFA waiver in January 2004 adding M-SCHIP coverage for childless adults to 35 percent FPL. These individuals are reported to UEG 55.
MI	SCHIP	In 2004, MI's adult M-SCHIP enrollment data appear reliable. However, MI stopped reporting any child M-SCHIP enrollment in 2004 by mistake. SEDS data suggest MI had M-SCHIP child enrollment of about 27,000 / month on average during 2004.

State	Measure	Issue
MI	SSN	Over 6 percent of enrollees were missing SSNs in 2004. About 54 percent of these enrollees were age 5 or younger, and 87 percent were age 20 or younger. Overall, 23 percent of those missing an SSN were aliens who only qualified for emergency coverage.
MI	SSN	MI had 36 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
MI	TANF/1931	The TANF flag is 9-filled for all enrollees.
MI	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
MI	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. However, by mistake, most of the individuals in this group (including some non-duals) were reported to Uniform Eligibility Groups 41-42 until October 2004. In October 2004, about 65,000 aged/disabled shifted from Uniform Eligibility Groups 41-42 to Uniform Eligibility Groups 31-32 to correct this reporting error. This shift included partial duals as well as duals and nonduals with full Medicaid benefits.
MI	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
MI	Uniform Eligibility Groups	In 2004, some improvements were made in the age sorting to identify children in MI's data.
MI	Uniform Eligibility Groups	MI improved its age sort on UEG 31-32 resulting in a shift from UEG 32 to 31 in January 2004.

State	Measure	Issue
MN	1115 Waiver	MN operates an 1115 waiver demonstration called the "MN Prepaid Medical Assistance Program Plus (PMAP+)." The program provides services through prepaid managed care programs to child and adult "Minnesota Care" enrollees with income to 275 percent FPL. MN's SCHIP 1115 waiver in 2001 secured enhanced matching funds for some adults in the state's PMAP+ 1115 waiver. These are parents of SCHIP and Medicaid children with income up to 200 percent FPL.
MN	Date of Death	About 11 percent of EDB duals had a Medicare-reported date of death in 2004, a higher percentage than in most states.
MN	Dual Eligibility Codes	About 11.5 percent of EDB duals were only identified as a result of the EDB link in 2004, a higher percentage than in most states.
MN	Managed Care	MN reported <1,000 enrollees in a Tribal Dependency Treatment Fund as managed care enrollees in CMS administrative data. However, this was a mistake since this was really a FFS program.
MN	Managed Care	About 38 percent of full benefit EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.
MN	Missing Eligibility Data	In 2004, 0.2 percent of records (n=1,290) in the MN file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 99.5 percent (n=1,283) had associated claims reflecting positive expenditures in MAX. These claims totaled \$26,391,465 and averaged \$20,570 per record. About 0.5 percent of the records with missing eligibility information (n=7) were submitted by MN in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
MN	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 5 percent of enrollees in 2004.
MN	Restricted Benefits Flag	Persons in UN2854 are assigned restricted benefits code and 5 only qualify for "access" services, since their eligibility has not yet been fully established. Some children and adults are also assigned code 5 (cause unknown).
MN	SCHIP	Minnesota reports its very small M-SCHIP program that covers only infants with income from 275-280 percent FPL.

State	Measure	Issue
MN	SCHIP	The state did not have an S-SCHIP program until July 2001, when it transferred adults from its 1115 waiver to S-SCHIP. In January 2003, MN expanded its S-SCHIP coverage to include unborn children (PC9900). Individuals in the unborn child group are reported as adults in MSIS data, but children in SEDs
MN	TANF/1931	Eligibles reported as TANF recipients in Minnesota's data are actually recipients of the Minnesota Family Income Program. The state reports this is nearly equivalent to the TANF code and is to greater interest to the state (from a data feedback perspective). However, in 2004, the TANF numbers in MAX were about 64 percent higher than the TANF administrative data. MSIS TANF data should be used with caution.
MN	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
MN	Uniform Eligibility Groups	Minnesota reports almost all of its poverty-related children and adults into uniform eligibility groups 54-55 as a part of its MinnesotaCare 1115 Waiver Program.
MN	Uniform Eligibility Groups	MN is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. However, it appears that the vast majority of SSI recipients qualify for Medicaid coverage.
MN	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 95 percent FPL. As a result, some duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
MN	Uniform Eligibility Groups	By mistake, one individual was reported to UEG 29 in July and August 2004.
MN	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
MO	1115 Waiver	In 1998, Missouri began an 1115 program that extended managed care coverage to children with income to 300 percent FPL (includes M-SCHIP group). In 1999, coverage was added for adults with income to 100 percent FPL who were transitioning off TANF (they qualified for up to 1-2 years of coverage). The waiver also included family planning only benefits for one year post-partum to all Medicaid mothers.
MO	County Codes	Eligibles with county code = 510 are residents of the city of St. Louis.
MO	Date of Death	About 1,900 enrollees had a year of death prior to 2004.
MO	Dual Eligibility Codes	About half of the dual population are assigned dual code 8 (in the 2nd byte of the new annual crossover value). According to the state, these are eligibles who might qualify under QMB or SLMB rules, but pay for their own Part B premiums as a part of a 209(b) spend down. The state also indicated that dual eligibles have to apply for QMB/SLMB coverage.
MO	Dual Eligibility Codes	By mistake, some persons (about <800) reported to uniform eligibility groups 31-32 have dual codes 2, 4 or 8 (in byte 2 of the annual cross over code) and are assigned RBF code 3. It is not known whether the dual code is incorrect or the uniform eligibility group and RBF codes are incorrect.
MO	Length of Enrollment	About 67 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
MO	Managed Care	PACE enrollment (about 176) is reported in CMS managed care data in June 2004, but not reported in MAX data.
MO	Missing Eligibility Data	In 2004, 1.5 percent of records (n=19,213) in the MO file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 12.1 percent (n=2,328) had associated claims reflecting positive expenditures in MAX. These claims totaled \$3,128,830 and averaged \$1,344 per record. About 87.9 percent of the records with missing eligibility information (n=16,885) were submitted by MO in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
MO	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 4 percent of enrollees in 2004.

State	Measure	Issue
MO	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits. In addition, some presumptively eligible pregnant women are assigned restricted benefits code 4.
MO	SCHIP	MO reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
MO	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
MO	Uniform Eligibility Groups	MO is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements than those of the SSI program. This probably explains why the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by the Social Security Administration.
MO	Uniform Eligibility Groups	The state did not have a medically needy program.
MO	Uniform Eligibility Groups	Transitional medical assistance (TMA) enrollees are included in the 1931 group mapped to UEG 14-15.
MO	Uniform Eligibility Groups	Retro records for the October-December 2004 period caused a slight enrollment shift from UEG 11-12 to 41-42 (cause unknown), but total aged and disabled enrollment was not changed.
MO	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
MS	1115 Waiver	MS had an 1115 family planning waiver approved for implementation in July 2002; however, data reporting did not begin in MAX until October 2003. Enrollment increased substantially in CY04.
MS	Dual Eligibility Codes	MS provided full Medicaid benefits to the aged and disabled with income up to 135 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
MS	Dual Eligibility Codes	Prior to January 2004, MS reported all full duals to dual code 2 (in the second byte of the crossover code). Starting in January 2004, full duals were reported to dual codes 4 and 8, in addition to 2. In October 2004, the distribution of full duals across codes 2, 4 and 8 shifted somewhat (cause unknown). From October - December 2004, a small number of duals (<150) were not assigned a dual code by mistake.
MS	Foster Care	Mississippi reports a smaller proportion of children in foster care than generally expected.
MS	Managed Care	Beginning in November 1999, Mississippi stopped reporting any eligibles with comprehensive managed care. However, in the June 2004 CMS managed care report, MS reported 75,445 enrollees with PAHP (prepaid ambulatory health plan) coverage. These managed care enrollees were all covered by the McKesson disease management plan. MS began reporting this plan and its enrollees to plan type 08 in MSIS in October 2004 (Plan ID 0000000001). The October 2004 MAX managed care data reported 22 percent fewer enrollees than the June 2004 CMS managed care report. The state explained that MSIS only counts managed care enrollment when the recipient is completely set up and actively participating in the program. In addition, unlike CMS, the MSIS managed care count excludes enrollees in state group 028 (DMIE project). The McKesson plan ended in October 2006.
MS	Missing Eligibility Data	In 2004, 1.0 percent of records (n=8,143) in the MS file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 99.0 percent (n=8,059) had associated claims reflecting positive expenditures in MAX. These claims totaled \$40,862,793 and averaged \$5,070 per record. About 1.0 percent of the records with missing eligibility information (n=84) were submitted by MS in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.

State	Measure	Issue
MS	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 9 percent of enrollees in 2004.
MS	Restricted Benefits Flag	In 2004, approximately 15,000 - 17,000 children in uniform eligibility group 34 are assigned restricted benefits code 5. MS assigns this code to infants under the age of 1 whose family income is below 185 percent FPL. They are restricted from receiving dental services and eyeglasses. In addition, poverty-related women in uniform eligibility group 35 have benefit restrictions related to pregnancy (code 4) beginning in October 2003. Finally, RBF 6 is used beginning in October 2003 for family planning only waiver enrollees in uniform eligibility group 55.
MS	SCHIP	MS's S-SCHIP program was not reported in MSIS. The state's M-SCHIP program was phased out in 2002.
MS	SSN	About 6 percent of enrollees were missing SSNs in 2004. About 75 percent of these were "k" babies (state group kk), newborns yet to receive SSNs. In addition, over 98 percent of enrollees with missing SSNs were age 5 or younger.
MS	SSN	MS had 2,362 SSNs with duplicate records in 2004 (affecting 0.6 percent of enrollee records).
MS	TANF/1931	The TANF flag is 9-filled for all enrollees.
MS	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
MS	Uniform Eligibility Groups	The state did not have a medically needy program.
MS	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 135 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
MS	Uniform Eligibility Groups	Mississippi continues to report both 1931 eligibles and TMA enrollees to state group 85. As a result, TMA enrollees are no longer separately identifiable and state group 85 is mapped to uniform eligibility group 14-15. Only a small group of hospice recipients remain in uniform eligibility group 45.

State	Measure	Issue
MS	Uniform Eligibility Groups	In October 2003, SSI aged enrollment in uniform eligibility group 11 increased substantially (50 percent). Most, but not all of this increase resulted when some shifts were made in the age sort for aged and disabled. Total SSI enrollment also increased in October and may have resulted from more timely SSI information.
MS	Uniform Eligibility Groups	In October 2003, MS began reporting enrollment to its 1115 family planning waiver in uniform eligibility group 55. It also began reporting BCCPTA enrollees to uniform eligibility group 3A in 2003.
MS	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
MT	Date of Death	About 100 enrollees had a year of death prior to 2004.
MT	Dual Eligibility Codes	In June 2003, MT stopped reporting dual code 3 (SLMB only) in byte 2 of the crossover code by mistake (not included in MSIS), and persons who should have been reported to dual code 4 (SLMB plus) were converted to dual code 8. These errors were corrected October 2004.
MT	Dual Eligibility Codes	Prior to October 2004, dual eligibility groups QDWI and QI-1 duals are not included in MT's MSIS files.
MT	Missing Eligibility Data	In 2004, 0.7 percent of records (n=931) in the MT file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=931) had associated claims reflecting positive expenditures in MAX. These claims totaled \$692,636 and averaged \$744 per record.
MT	Restricted Benefits Flag	Through January 2004, Montana's welfare reform program, called "FAIM," extended reduced Medicaid benefits to some adult eligibles. People with these restricted benefits were assigned code 5 (other). Then, effective February 2004 MT switched to an 1115 waiver called "Basic Medicaid for Able-Bodied Adults." This waiver provides a reduced level of Medicaid benefits to all parents or caretaker relatives of dependent children, as long as they are age 21-64 and not pregnant or disabled. This waiver group is assigned RBF 5. No eligibility expansion occurred with this waiver. MT also assigned restricted benefits code 5 to its BCCPTA enrollees.
MT	SCHIP	MT reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
MT	SSN	MT's SSN information is not fully reliable. Many individuals had their Medicaid ID numbers or other numbers entered in the SSN field by mistake. The State estimates that up to 30 percent of the SSNs may not be reliable.
MT	TANF/1931	The TANF flag is 9-filled for all enrollees.
MT	Uniform Eligibility Groups	MT appears to report many disabled SSI enrollees age 65 and older to uniform eligibility group 11.

State	Measure	Issue
MT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
NC	Date of Death	About 2,500 enrollees had a year of death prior to 2004.
NC	Dual Eligibility Codes	NC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
NC	Dual Eligibility Codes	The state assigns dual code 9 (in byte 2) to aged and disabled persons who appear to be duals but for whom the state is not yet showing a buy-in.
NC	Managed Care	The number of enrollees in a comprehensive health plan (Southern Coventry Health of the Carolinas, Inc.) spiked in January 2004 and returned to an expected level by September 2004. This is likely due to a managed care reporting error.
NC	Missing Eligibility Data	In 2004, 0.0 percent of records (n=570) in the NC file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100 percent (n=570) had associated claims reflecting positive expenditures in MAX. These claims totaled \$541,433 and averaged \$950 per record.
NC	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 8 percent of enrollees in 2004.
NC	Restricted Benefits Flag	NC assigned the "other" restricted benefits flag (code 5) to some medically needy enrollees.
NC	Restricted Benefits Flag	The women in uniform eligibility group 35 who receive RBF = 2 (restricted benefits on the basis of alien status) are aliens who receive coverage for emergency services, including labor and delivery.
NC	SCHIP	NC reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
NC	SSN	NC had 741 SSNs with duplicate records in 2004 (affecting 0.1 percent of enrollee records).
NC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.

State	Measure	Issue
NC	Uniform Eligibility Groups	North Carolina's count of SSI recipients differs somewhat from SSA counts. Two factors may contribute. First, North Carolina administers its own SSI Supplement program. Second, the state appears to report most disabled persons age 65 and older to Uniform Eligibility Group 11.
NC	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
ND	Dual Eligibility Codes	Most dual eligibles receive dual flag 8 (in the second byte of the crossover code), including SSI recipients. ND asserts that SSI duals should not be required to apply for QMB or SLMB status since Medicaid is already covering Medicaid premiums payments and cost-sharing.
ND	Dual Eligibility Codes	In January 2004, total dual enrollment fell by about 3 percent. In addition, there was a shift by dual status code with partial duals more than doubling and full duals dropping by about 8 percent. This occurred because ND stopped reporting some individuals who had not spent-down yet as full benefit Medicaid enrollees.
ND	Missing Eligibility Data	In 2004, 3.4 percent of records (n=2,791) in the ND file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 92.0 percent (n=2,569) had associated claims reflecting positive expenditures in MAX. These claims totaled \$2,748,016 and averaged \$1,070 per record. About 8.0 percent of the records with missing eligibility information (n=222) were submitted by ND in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
ND	Private Health Insurance	About 19 percent of enrollees had private insurance in 2004, a higher percentage than in most states.
ND	SCHIP	ND reported M-SCHIP and S-SCHIP children in MSIS.
ND	SSN	ND had 325 SSNs with duplicate records in 2004 (affecting 0.8 percent of enrollee records). About 60 percent of those with duplicate SSNs were children. In addition, ND had 408 enrollees with missing SSNs in 2004.
ND	Uniform Eligibility Groups	In June 2004, enrollment began to be reported in UEG 42, when the state began to report enrollment in its working disabled group (state code 052).
ND	Uniform Eligibility Groups	ND is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In addition, ND has a state-administered SSI supplement and most disabled SSI recipients age 65 and older are reported to Uniform Eligibility Group 11. These policies may cause the number of persons reported to Uniform Eligibility Groups 11-12 to differ from the number of SSI recipients reported by the Social Security Administration.

State	Measure	Issue
ND	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
ND	Uniform Eligibility Groups	In January 2004, enrollment decreased in UEG groups 44-45. Enrollment decreases might have been a result of the state changing the criteria to determine "underemployment". Eligibles who no longer met the new guidelines were not considered eligible starting in January 2004.

State	Measure	Issue
NE	Date of Birth	See Unborn Children note regarding uniform group coding for unborn children.
NE	Dual Eligibility Codes	NE does not use dual flags 4, 6, and 7. QI-1 (code 6) duals are included with the dual code 3 group.
NE	Dual Eligibility Codes	NE provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
NE	Missing Eligibility Data	In 2004, 0.3 percent of records (n=806) in the NE file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 62.8 percent (n=506) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,376,409 and averaged \$2,720 per record. About 37.2 percent of the records with missing eligibility information (n=300) were submitted by NE in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
NE	Private Health Insurance	Starting in October 2004, private health insurance data elements were not reported in MSIS and the field was 9-filled in MAX. In addition, retro records caused about 25,000 more people to have this field 9-filled from July to September 2004. Most of these individuals were previously reported as not having private insurance (code 1).
NE	SCHIP	NE reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
NE	Sex	See Unborn Children note.
NE	SSN	NE had 5 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).
NE	TANF/1931	NE's TANF enrollment in MSIS was about 39 percent higher than ACF data. The state believes this is because there is a separate TANF plan that is not reported to ACF.

State	Measure	Issue
NE	Unborn Children	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	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
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	Early in 2003, NE imposed cuts in eligibility for working families causing declines in child and adult enrollment. However, in the fall 2003, NE settled a lawsuit restoring Medicaid eligibility for 6-12 months for a group of enrollees whose eligibility had been terminated as a result of a new state law (LB8). This caused a short-term enrollment increase in UEG 44-45 from October 2003 through March 2004. However, enrollment in UEG 44-45 then declined sharply. By the end of 2004, overall adult enrollment had declined 11 percent. Child enrollment only fell 1 percent, because of offsetting increases in UEG 34.
NE	Uniform Eligibility Groups	See Unborn Children note regarding uniform group coding for unborn children.

State	Measure	Issue
NE	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
NH	Dual Eligibility Codes	About 57 percent of disabled enrollees were identified as EDB duals in 2004, a higher percentage than in most states.
NH	Managed Care	NH had no managed care enrollment in 2004.
NH	Missing Eligibility Data	In 2004, 0.1 percent of records (n=103) in the NH file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=103) had associated claims reflecting positive expenditures in MAX. These claims totaled \$103,629 and averaged \$1,006 per record.
NH	Restricted Benefits Flag	NH was not able to identify unqualified aliens who only qualified for emergency services.
NH	SCHIP	NH reported M-SCHIP and S-SCHIP children in MSIS.
NH	SSN	NH had 16 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).
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	NH is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. As a result, the number of Medicaid enrollees reported in uniform groups 11 and 12 was substantially lower than the number of SSI recipients reported in SSA administrative data.
NH	Uniform Eligibility Groups	In 2004, NH began Medicaid coverage for employed adults with disabilities. By year end, enrollment in this group (state codes 80-85 reported to UEG 42) exceeded 1,000.
NH	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
NJ	1115 Waiver	Effective January 2001, NJ added M-SCHIP coverage for parents as part of an 1115 waiver (uniform eligibility group 55).
NJ	Date of Death	About 600 enrollees had a year of death prior to 2004.
NJ	Dual Eligibility Codes	CMS approved NJ to limited use of dual code 9 for aged/disabled medically needy duals in nursing homes who do not get drug benefits (<800 enrollees/month).
NJ	Dual Eligibility Codes	NJ provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
NJ	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2004, a lower percentage than in most states.
NJ	Dual Eligibility Codes	NJ reported less than 40 individuals to dual code 99 each quarter in CY04. These individuals were mostly reported to UEG 31-32 and had the state-specific code 9-filled. Other data elements appear to be populated with valid codes (e.g., SCHIP, TANF, Plan Type, etc.). The state was uncertain who was included in this group.
NJ	Managed Care	In CY 2004, no enrollees were reported to Plan Type = 08 (other). Previously, persons were reported to Plan Type 08 who were residents of long term care facilities, and received capitated payments for the costs associated with dispensing prescription drugs.
NJ	Missing Eligibility Data	In 2004, 1.6 percent of records (n=17,670) in the NJ file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 82.4 percent (n=14,562) had associated claims reflecting positive expenditures in MAX. These claims totaled \$54,417,806 and averaged \$3,737 per record. About 17.6 percent of the records with missing eligibility information (n=3,108) were submitted by NJ in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
NJ	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 11 percent of enrollees in 2004.

State	Measure	Issue
NJ	Restricted Benefits Flag	Some persons with restricted benefits flag 5 are in waivers and do not qualify for full Medicaid benefits. RBF 5 is also used for nursing home recipients with dual code 9 (in the 2nd byte of the crossover code) who do not qualify for prescription drug coverage.
NJ	SCHIP	NJ reported M-SCHIP and S-SCHIP children in MSIS. M-SCHIP children were reported to uniform eligibility group 34. M-SCHIP parents were reported to uniform eligibility group 55. S-SCHIP children and parents were reported to uniform eligibility group 00, with SCHIP code 3.
NJ	SSN	About 7 percent of enrollees were missing SSNs in 2004. About 57 percent of these enrollees were age 5 or younger, and 74 percent were age 20 or younger. In addition, 16 percent were aliens who only qualified for emergency coverage.
NJ	TANF/1931	Some persons in Uniform Eligibility Group 44 receive TANF. This is not an error. The state reports that they do receive TANF, but that they are not 1931 eligible (i.e. they are mapped correctly, and do not belong in Uniform Eligibility Group 14).
NJ	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
NJ	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
NJ	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
NM	1115 Waiver	NM has an 1115 program that extends family planning only benefits, in addition to coverage for M-SCHIP children.
NM	County Codes	NM uses two even numbered county codes as valid FIPS codes. Code 006 = Cibola and 028 = Los Alamos.
NM	Dual Eligibility Codes	NM is still not able to include SLMB-only or QI enrollees (dual codes 3, 6, or 7 in the second byte of the crossover code) in MSIS as this information is not in the state's MMIS.
NM	Managed Care	NM does not report any PACE enrollment in its MSIS data; however, the CMS June data show about 200 enrollees in a PACE plan called "Total Community Care."
NM	Missing Eligibility Data	In 2004, 0.6 percent of records (n=3,092) in the NM file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=3,091) had associated claims reflecting positive expenditures in MAX. These claims totaled \$6,025,023 and averaged \$1,949 per record. About 0.0 percent of the records with missing eligibility information (n=1) were submitted by NM in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
NM	Restricted Benefits Flag	Persons (in state group 29) with restricted benefits code 6 only qualify for family planning benefits. They are reported to Uniform Eligibility Groups 54-55.
NM	SCHIP	NM implemented an 1115 waiver in March, 1999 for its M-SCHIP program. An 1115 was used to facilitate the use of copayments. The state does not have an S-SCHIP program.
NM	TANF/1931	The TANF flag is 9-filled for all enrollees.
NM	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
NM	Uniform Eligibility Groups	The state did not have a medically needy program.
NM	Uniform Eligibility Groups	The number of enrollees reported to the Uniform Eligibility Group 11-12 is about 10 percent higher than the number of SSI recipients according to data from SSA. This may occur because NM has a state administered optional SSI supplement program.

State	Measure	Issue
NM	Uniform Eligibility Groups	There was a shift in enrollment from July to August 2004. In August, UEG 14-15 declined by about 16,000 enrollees (state group 072), while UEG 44-45 increased by about 14,000 (state group 028). The state indicated that they recertified a large number of enrollees in July as a result of new auto closure and recertification processes, causing a shift in transitional Medicaid (state group 028).
NM	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
NV	County Codes	Nevada reports eligibles with County Code = 510. These are residents of Carson City. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "025."
NV	County Codes	Starting in 2003, NV added new FIPS county codes. County code 03 (Clark) is now reported as 703 (Urban Clark) and 803 (Rural Clark). County code 31 (Washoe) is now reported as 731 (Urban Washoe) and 831 (Rural Washoe).
NV	Dual Eligibility Codes	About 42 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
NV	Dual Eligibility Codes	In 2004, improved dual coding resulted in increases to dual code 08.
NV	Managed Care	Mandatory HMO enrollment in the northern region became effective 2/1/04, resulting in an increase in managed care enrollment.
NV	Managed Care	In October 2003, a non-emergency transportation waiver went into effect. Enrollees are reported to Plan Type = 08 in MSIS. Prior to 2005, enrollment in this waiver was not reported in the June CMS managed care counts.
NV	Missing Eligibility Data	In 2004, 0.4 percent of records (n=1,043) in the NV file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=1,043) had associated claims reflecting positive expenditures in MAX. These claims totaled \$376,341 and averaged \$361 per record.
NV	SCHIP	NV's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program.
NV	TANF/1931	In 2004, NV's TANF enrollment data in MAX are 11 percent higher than the official TANF counts (cause unknown).
NV	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NV requires them to separately apply 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	The state did not have a medically needy program.

State	Measure	Issue
NV	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
NV	Uniform Eligibility Groups	Foster care enrollment grew by about 13 percent during 2004 (cause unknown).

State	Measure	Issue
NY	1115 Waiver	For many years, NY has had an extensive 1115 demonstration, extending Medicaid benefits to many low-income individuals. This 1115 coverage began with adults in the state's Home Relief (Safety Net) population in 1997 (including state groups 17, 18, 19, 21, and 39). In October 2001, another group of low-income uninsured adults were added under the Family Health Plus program (state groups 68 - 69), although this population qualified for a more restricted set of benefits (not LTC, for example). Finally, in October 2002, NY's 1115 was expanded to cover family planning only coverage (state group 56).
NY	County Codes	County code 061 was used for the NYC boroughs. This includes persons in Bronx County (005), Kings County (047), Queens County (081), or Richmond County (085).
NY	Date of Birth	A date of birth was not assigned for about 96,000 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	About 89 percent of aged enrollees were identified as EDB duals in 2004, a lower percentage than in most states.
NY	Dual Eligibility Codes	New York has significant problems identifying its QMB only (Dual eligible flag = 51), SLMB only (Dual eligible flag =53) populations, and QI (dual eligible flag 51) populations. However, reporting for the SLMB only and QI groups improved in October 2004, as did reporting to dual code 52.
NY	Missing Eligibility Data	In 2004, 0.6 percent of records (n=27,332) in the NY file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=27,332) had associated claims reflecting positive expenditures in MAX. These claims totaled \$315,299,430 and averaged \$11,536 per record.
NY	Private Health Insurance	NY was likely underreporting the number of enrollees with private insurance prior to October 2004. At that time, NY implemented a better system for determining private insurance coverage.
NY	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 10 percent of enrollees in 2004.

State	Measure	Issue
NY	Restricted Benefits Flag	Persons in state groups 68-69 (Family Health Plans) are assigned RBF code 5, since they qualify for a somewhat more restrictive benefits package (no LTC for example). Most of these individuals are reported to UEG 34 and 55. Also, in October 2004, NY began assigning RBF 5 to enrollees receiving some other capitated services. Persons in state group 56, reported to uniform eligibility groups 54-55, are assigned RBF code 6 since they only qualify for family planning services. Finally, some duals with RBF code 3 are reported to uniform eligibility groups 21-22.
NY	SCHIP	NY reported M-SCHIP children in MSIS. NY's S-SCHIP program was not reported in MSIS. By mistake, M-SCHIP children were not identified in 2003 MAX data.
NY	Sex	Sex was reported as "unknown" for about 57,000 enrollees. These are probably in the unborn group.
NY	SSI	Relative to the number of aged SSI recipients, NY is reporting about 20 percent more eligibles under uniform eligibility group 11. NY has a state administered SSI supplement program for SSI recipients which may account for the difference.
NY	SSN	About 6.5 percent of enrollees were missing SSNs in 2004. Just over half of these enrollees (52 percent) were children under 21 years of age. Another 23 percent did not have a date of birth and were probably in the unborn group.
NY	SSN	NY had 95,863 SSNs with duplicate records in 2004 (affecting 3.9 percent of enrollee records).
NY	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
NY	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
OH	Dual Eligibility Codes	OH had numerous problems with its dual coding, restricted benefits coding and uniform eligibility group assignment for duals in MAX 2004, so these data should only be used with caution. In particular, the dual codes, restricted benefits codes and uniform eligibility group codes were not consistent for over 30,000 duals (about 12 percent of all duals). Some persons with partial dual codes (01, 03, 06) in MSIS were assigned restricted benefits code = 1 indicating that they had full benefits, while some persons with full dual codes (02, 04, or 08) were assigned a restricted benefits code = 3 indicating that they only got partial benefits related to Medicare cost-sharing. This made it impossible to determine the correct UEG assignments for these duals. In MAX 2004, both the dual code (2nd byte of the annual crossover code) and the restricted benefits codes were 9-filled, for duals with inconsistent coding. However, the UEG groups for these duals were not changed, even though they may have been incorrect.
OH	Foster Care	Several thousand children in foster care have two records with different MSIS IDs and the same SSN.
OH	Managed Care	PACE enrollment is reported in the CMS managed care survey for June 2004, but is not separately reported in MAX managed care data.
OH	Missing Eligibility Data	In 2004, 0.2 percent of records (n=3,427) in the OH file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=3,427) had associated claims reflecting positive expenditures in MAX. These claims totaled \$20,711,379 and averaged \$6,044 per record.
OH	Restricted Benefits Flag	See anomalies related to dual coding. OH had major inconsistencies in its restricted benefits coding for dual eligibles in 2004. Thus, these data for duals should only be used with caution.
OH	SCHIP	OH reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program. The state is somewhat unusual in that some M-SCHIP children are reported into uniform eligibility group 12. Since OH is a 209(b) state, some disabled children do not qualify for Medicaid through the SSI-related provisions. However, they are able to qualify for SCHIP coverage.

State	Measure	Issue
OH	SSN	OH had 13,489 SSNs with duplicate records in 2004 (affecting 1.3 percent of enrollee records). Almost all enrollees with duplicate SSNs were children. Part of the SSN duplication occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSNs; researchers may want to combine these records.
OH	TANF/1931	OH's TANF enrollment from January to September is higher than expected, compared to TANF administrative data, and may not be reliable. TANF enrollment is unknown for all enrollees from October 2004 through March 2005.
OH	Uniform Eligibility Groups	OH is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. This may explain in part why the number of SSI eligibles reported into uniform groups 11 and 12 is somewhat lower than the number reported by the Social Security Administration (-10 percent). It also appears that many disabled SSI recipients age 65 and older are reported to uniform eligibility group 11.
OH	Uniform Eligibility Groups	The state did not have a medically needy program.
OH	Uniform Eligibility Groups	OH had some unusual patterns in its aged/disabled UEG enrollment during MAX 2004. To start, aged and disabled enrollment in OH declined by about 6 percent during the January-September period (cause unknown), but then returned to the 2003 levels in the last 3 months of 2004. In addition, the distribution of aged and disabled enrollees shifted somewhat across the various UEG groups, with enrollment increasing in UEG 12 and declining in UEG 31, 32, and 42. One factor in the shift by UEG group is that about 30,000 duals had inconsistent dual codes and restricted benefits codes (discussed in the dual section), making it possible that their UEG assignments may be incorrect as well.
OH	Uniform Eligibility Groups	PACE enrollment is reported in the CMS managed care survey for June 2004, but is not separately reported in MAX managed care data.
OH	Uniform Eligibility Groups	OH has an unusually large proportion of children and adults in uniform groups 44-45. Some 1931 children and adults may be reported here in error, instead of being reported to uniform groups 14-15.

State	Measure	Issue
OH	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
OK	Date of Death	Over 100 enrollees had a year of death prior to 2004.
OK	Dual Eligibility Codes	OK provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, almost no QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
OK	Dual Eligibility Codes	In October 2004, OK's total dual count increased by about 6,000 duals (7 percent). This was the result of a large increase in the number of duals reported to 02. The state indicated that this increase was the result of a time lag since the MSIS FY05 files were submitted much later than the FY04 files, allowing for more current dual information.
OK	Managed Care	Two types of managed care are reported to the "other" (08) managed care plan type in Oklahoma. The first is a hybrid PCCM (SoonerCare) in which the capitation fee to physicians also covers a limited number of common office procedures and lab work. In 2004, these providers are also reported as "other" in the 2003 CMS Managed care data.
OK	Managed Care	The second type of managed care reported to "other" in MAX data involves transportation. The number of enrollees in plan type 08 showed a significant increase when the state added a non-emergency transportation (NET) waiver in January 2003 with Metropolitan Tulsa Transit as the provider. Another provider, Logisticare, began providing services in 8/1/03. The transportation managed care enrollment was not reported in the CMS managed care data in June 2004. Many clients are enrolled in both the hybrid PCCM and a transportation plan, so they have two plan 08s.
OK	Managed Care	In January 2004, HMO (plan 01) enrollment ceased (182,000 persons in December 2003), accompanied by a major increase in NET (plan 08). In addition, enrollment increased in the hybrid PCCM (plan type 08) throughout 2004.
OK	Missing Eligibility Data	In 2004, 0.2 percent of records (n=1,660) in the OK file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 47.2 percent (n=783) had associated claims reflecting positive expenditures in MAX. These claims totaled \$2,090,784 and averaged \$2,670 per record. About 52.8 percent of the records with missing eligibility information (n=877) were submitted by OK in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.

State	Measure	Issue
OK	SCHIP	OK's enrollment for M-SCHIP children increased substantially in October and November 2004 (mostly state group 01A8). The state believes this increase was the result of a correction made by the OK Dept. of Human Services to the assignment of the SCHIP indicator for many clients. Previous to October 2004, the state had trouble assigning the indicator, which means there was a possible undercounting of M-SCHIP enrollment in MSIS. OK's M-SCHIP reporting in SEDS in also inconsistent in FY04.
OK	SCHIP	Oklahoma reports its M-SCHIP children in MSIS (codes A7 and A8 in bytes 3-4 of the state specific code). The state does not have an S-SCHIP program.
OK	SSN	OK had 3,511 SSNs with duplicate records in 2004 (affecting 1.0 percent of enrollee records).
OK	TANF/1931	MAX TANF counts did not compared well to TANF administrative data in 2004 (MAX count was 13 percent higher). The state believes that the MSIS/MAX counts are more accurate.
OK	Uniform Eligibility Groups	OK is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. This explains, in part, why the number of SSI eligibles reported to uniform groups 11-12 is lower than the number reported by the Social Security Administration.
OK	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
OK	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
OK	Uniform Eligibility Groups	OK began phasing out its medically needy program at the end of 2002. This was completed in 2003.

State	Measure	Issue
OK	Uniform Eligibility Groups	In October 2004, enrollment in UEG 14 dropped by about 10,000 and enrollment in UEG 34 increased by about 14,000. It is believed that this shift is related to the increase in M-SCHIP reporting that occurred at the same time when OK made a correction to its assignment of the SCHIP indicator.

State	Measure	Issue
OR	1115 Waiver	<p>Since 1994, OR has had an 1115 program--the Oregon Health Plan--that expanded eligibility, prioritized health benefits, and relied heavily on managed care. This 1115 waiver eliminated the spend-down component of the state's medically needy program and it also eliminated retroactive coverage, but it expanded coverage to all low-income individuals, including childless adults and eventually college students. Expansion enrollees are reported to uniform eligibility group 55. In February 2003, OR began operating under a new Section 1115 waiver that allowed it to make changes to OHP, creating what is now called "OHP2". The waiver gave the state the authority to make reductions and expansions in coverage, which included using some SCHIP (Title XXI) funds for some additional expansions, including parents of S-SCHIP children, depending on the availability of state funding. OR implemented several reductions approved under the new waiver (reduced benefits and increased premiums and cost-sharing). OHP2 also implemented a small eligibility expansion for pregnant women and children with incomes between 170-185 percent FPL, but due to budget cutbacks, the larger expansion for parents and other adults with income between 100-185 percent FPL has been delayed indefinitely.</p>
OR	1115 Waiver	<p>Beginning in 1999, OR had a family planning only waiver (called FPEP by state); however, these individuals have not been reported to MSIS. Their enrollment and claims are handled in a separate system operated by OR's public health department.</p>
OR	Managed Care	<p>About 49 percent of full benefit EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.</p>
OR	Managed Care	<p>In August 2004, restrictions to the managed care auto enrollment process were removed which allowed a large number of recipients to be enrolled in managed care. The result is large enrollment increases in comprehensive, dental, and behavioral managed care plans.</p>
OR	Managed Care	<p>Enrollment in a dental plan increased by 4 percent in November 2004 and then decreased by 6 percent in December. State officials confirmed that this enrollment fluctuation is correct.</p>

State	Measure	Issue
OR	Missing Eligibility Data	In 2004, 0.4 percent of records (n=2,292) in the OR file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 80.1 percent (n=1,835) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,213,575 and averaged \$661 per record. About 19.9 percent of the records with missing eligibility information (n=457) were submitted by OR in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
OR	Private Health Insurance	OR had a glitch in its processing code that resulted in an undercount of about 5,000 individuals reported with third party/state health insurance (Health Insurance = 4) from October through December 2004. In addition, some individuals (<200) had the insurance code 9-filled in 2004 (cause unknown).
OR	Restricted Benefits Flag	In 2004, restricted benefits code 5 is used for 1115 expansion adults in uniform eligibility group 55. In addition, a small number of enrollees (<5) were assigned RBF=9 from October to December 2004 (cause unknown).
OR	SCHIP	OR reported S-SCHIP children in MSIS. Its adult S-SCHIP program, which began in February of 2003, is not being reported to MSIS. The state did not have an M-SCHIP program.
OR	SSN	About 7 percent of enrollees were missing SSNs in 2004. About 13 percent of these enrollees were infants (age 0). About 56 percent were under age 21. In addition, 68 percent of individuals with missing SSNs were aliens who only qualified for emergency coverage.
OR	SSN	OR had 1,028 SSNs with duplicate records in 2004 (affecting 0.4 percent of enrollee records).
OR	State-Specific Eligibility	From January through September 2004, the state reported about 5,000 - 8,000 persons each month to a blank state specific eligibility code. These individuals are SLMB-only's and QI's. Starting in October 2004, these individuals are assigned to state eligibility code '00'.
OR	State-Specific Eligibility	From January through September 2004, the state specific eligibility code is 0-filled for S-SCHIP enrollees. Starting in October 2004, S-SCHIP enrollees are assigned state codes Z1 - Z8.

State	Measure	Issue
OR	State-Specific Eligibility	From January through September 2004, persons with state specific eligibility codes NP and SD were included in MSIS data by mistake since they were never enrolled in Medicaid.
OR	TANF/1931	OR's TANF data in MAX appear to be reliable in 2004.
OR	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
OR	Uniform Eligibility Groups	The state did not have a medically needy program.
OR	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, OR requires them to separately apply for Medicaid coverage.
OR	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
OR	Uniform Eligibility Groups	Oregon generally maps SSI disabled persons age 65 and older to uniform group 11.
OR	Uniform Eligibility Groups	In 2003 and 2004, budget cuts caused OR to postpone eligibility expansions in its 1115 waiver. Instead, there was a dramatic decline in the 1115 adult population (UEG 55) due to reduced benefits and new premiums.

State	Measure	Issue
PA	Date of Death	About 4,000 enrollees had a year of death prior to 2004.
PA	Dual Eligibility Codes	About 30 percent of disabled enrollees were identified as EDB duals in 2004, a lower percentage than in most states.
PA	Dual Eligibility Codes	PA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
PA	Length of Enrollment	About 66 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
PA	Managed Care	PA uses different Plan IDs in its Claims and EL files. The state has submitted a crosswalk matching the two sets of IDs.
PA	Managed Care	In PA, about 52 percent of the EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.
PA	Managed Care	PA believes BHP enrollment was somewhat undercounted until October 2004 when the state made some adjustments to its reporting. This caused a 10 percent increase in BHP reporting in October 2004 and brought the numbers much closer to the June CMS managed care counts.
PA	Managed Care	Beginning in July 2004, PA changed the managed care plan ID number for several plans. See 3/24/05 plan ID crosswalk for mapping the old ID numbers to the new ID numbers.
PA	Missing Eligibility Data	In 2004, 3.4 percent of records (n=68,532) in the PA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=68,532) had associated claims reflecting positive expenditures in MAX. These claims totaled \$232,108,762 and averaged \$3,387 per record.
PA	Restricted Benefits Flag	Restricted benefits code 5 (other) is assigned to many persons with medically needy coverage.
PA	SCHIP	PA's S-SCHIP program was not reported in MSIS. The state does not have an M-SCHIP program.
PA	SSN	PA had 109 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).

State	Measure	Issue
PA	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
PA	Uniform Eligibility Groups	PA undercounted Medicaid enrollees across several Uniform Eligibility Groups for several years in MAX. At the time the error was discovered in 2006, PA estimated that eligibility information was not submitted for about 26,000 enrollees. The state is not certain of the extent to which the problem existed in previous years, but they estimate that the undercount was approximately 1.4 percent.
PA	Uniform Eligibility Groups	SSI disabled age 65 and older are coded as aged (uniform eligibility group 11).
PA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
RI	1115 Waiver	Beginning in 1994, Rhode Island had an 1115 program for children and adults. This 1115 plan has always covered infants with income 185-250 percent FPL, children 1-5 years with income 133-250 percent FPL, children 6-7 years with income 100-250 percent FPL, and family planning only recipients with income up to 250 percent FPL. Until 1/97, it also covered children 8-19 years with income 100-250 percent FPL, but then that group became the first M-SCHIP population. It also covered children and pregnant women with income 185-250 percent FPL, but in 1/01 this group was transferred to M-SCHIP as well. Finally, from 1/98 to 1/01, RI covered parents with income 110-185 percent FPL under the state's 1931 provisions; however, this group was transferred to the 1115 program and M-SCHIP effective 1/01.
RI	County Codes	Medicaid enrollees living out of state are reported under county FIPS code 000. About 89 percent of eligibles had valid county codes, a lower percentage than most states.
RI	Dual Eligibility Codes	A few individuals (<250 each quarter) were assigned dual code 09 (cause unknown).
RI	Length of Enrollment	About 69 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
RI	Missing Eligibility Data	In 2004, 2.7 percent of records (n=6,011) in the RI file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=6,011) had associated claims reflecting positive expenditures in MAX. These claims totaled \$408,660 and averaged \$68 per record.
RI	Race/Ethnicity	Race/ethnicity was reported as "unknown" for almost 30 percent of enrollees in 2004.
RI	Restricted Benefits Flag	Adults in state specific eligibility groups 71, 73, and 74 who qualify for family planning benefits under an 1115 waiver were assigned restricted benefits code 6. Pregnant women were assigned restricted benefits flag 4. Medically needy enrollees were generally assigned restricted benefits code 5 (other).
RI	SCHIP	RI reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program. In addition to children, RI's M-SCHIP program covered low-income parents with income between 110 and 185 percent of the federal poverty level and pregnant women with income between 185 and 200 percent of the federal poverty level.

State	Measure	Issue
RI	TANF/1931	The TANF flag is 9-filled for all enrollees.
RI	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
RI	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
RI	Uniform Eligibility Groups	Rhode Island does not report all of its 1931 eligibles into uniform eligibility groups 14 and 15. Some are currently mapped to uniform eligibility groups 44 and 45.
RI	Uniform Eligibility Groups	In December 2004, RI reported about 12 percent more SSI enrollees than the count reported in SSA data (cause unknown).

State	Measure	Issue
SC	1115 Waiver	Beginning in 2003, SC had a prescription drug only 1115 demonstration program for low income seniors up to 200 percent FPL. This program -- called SilverRXCard program -- is reported as state-specific eligibility code 1092 and is mapped to UEG 51. To be on Silvercard, an individual must be over 65 and not have any other pharmacy coverage through private health insurance. Some SLMB only and QI persons fall in this category and remain with a dual code 3 or 6 (in byte 2).
SC	1115 Waiver	Beginning in 1993, SC implemented an 1115 program adding family planning only coverage. In 2001, enrollees in this program are reported to UEG 54-55.
SC	Date of Death	About 7,000 enrollees had a year of death prior to 2004.
SC	Dual Eligibility Codes	SC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, almost no QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state.
SC	Dual Eligibility Codes	About 68 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
SC	Dual Eligibility Codes	Over 30 percent of EDB duals were only identified as a result of the EDB link. This is a higher proportion than occurred in most states. Most of these were participants in the Pharm Plus program whose dual status had not been determined.
SC	Dual Eligibility Codes	SC's 1115 Silvercard drug program (also referred to as "SilverRxCard"), began in January 2003. Enrollment was close to 50,000 right away. For the vast majority of SilverCard enrollees, SC defaulted to dual code 0 (in byte 2) since the state did not determine whether an individual was Medicare eligible. Dual code 9 was used if the state knew the Silver Rx enrollee was dual eligible. A small group of SilverCard enrollees were assigned dual code 3 or 6 (SLMB only or QI).
SC	Managed Care	South Carolina's Physician's Enhanced Program (PEP) is a hybrid managed care program. In MSIS, it is coded as Plan Type 08. In CMS managed care data for June 2004, it is reported as a prepaid ambulatory health plan.

State	Measure	Issue
SC	Missing Eligibility Data	In 2004, 0.2 percent of records (n=1,843) in the SC file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 73.5 percent (n=1,354) had associated claims reflecting positive expenditures in MAX. These claims totaled \$25,709,757 and averaged \$18,988 per record. About 26.5 percent of the records with missing eligibility information (n=489) were submitted by SC in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
SC	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 7 percent of enrollees in 2004.
SC	Restricted Benefits Flag	Enrollees in state group 3055 are assigned restricted benefits code 6 because they only receive family planning benefits.
SC	Restricted Benefits Flag	Enrollees in the 1115 prescription drug program are assigned restricted benefits codes X, Y, or Z indicating they only qualify for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing.
SC	SCHIP	SC reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
SC	SSN	SC had 225 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).
SC	TANF/1931	The TANF flag is 9-filled for all enrollees.
SC	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
SC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
SC	Uniform Eligibility Groups	The state did not have a medically needy program.
SC	Uniform Eligibility Groups	SC reports many more aged SSI recipients to UEG 11 compared to the SSI administrative data. Two factors likely contribute. First, SC has a state-administered SSI supplementation program. Second, in SC, many disabled SSI recipients age 65 years and older are reported to UEG 11.

State	Measure	Issue
SC	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
SD	County Codes	The state has some enrollees (<2,000) mapped to county code 999; according to the state, some of these are inappropriately mapped to this code while others are appropriately assigned this code because they are beneficiaries who reside out-of-state.
SD	Missing Eligibility Data	In 2004, 0.2 percent of records (n=251) in the SD file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 38.6 percent (n=97) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,171 and averaged \$12 per record. About 61.4 percent of the records with missing eligibility information (n=154) were submitted by SD in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
SD	Private Health Insurance	About 16 percent of the persons in the MAX 2003 file are coded as receiving third party insurance. This number is higher than expected, but the state confirms it is correct.
SD	SCHIP	SD reported M-SCHIP and S-SCHIP children in MSIS.
SD	SSN	SD had 1,862 SSNs with duplicate records in 2004 (affecting 3 percent of enrollee records). About 86 percent of these were for children age 5 and under.
SD	TANF/1931	The TANF flag is 9-filled for all enrollees.
SD	Uniform Eligibility Groups	The state did not have a medically needy program.
SD	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
SD	Uniform Eligibility Groups	In January 2003, age sort rules were modified so that most persons age 65 and older in UEG 22, 32 and 52 were reported to UEG 21, 31 and 51 instead.

State	Measure	Issue
TN	1115 Waiver	TN has had a long-standing 1115 demonstration to extend eligibility to low-income persons (including the aged and disabled) who would not otherwise have qualified for Medicaid. For many years, the waiver also moved the vast majority of Medicaid enrollees to managed care, although this changed over time.
TN	County Codes	About 2 percent of enrollees were assigned county code 000 (cause unknown).
TN	Dual Eligibility Codes	About 69 percent of eligibles were enrolled all 12 months in 2004, a higher percentage than in most states.
TN	Dual Eligibility Codes	TN had a major shift in the number and distribution of duals in July 2004 when the state implemented a new computer system. As a result, total duals in MSIS increased by 7 percent, and the number of partial duals more than doubled. Dual code shifts involved substantial increases in 01, 02 and 03, and a decline in 08.
TN	Dual Eligibility Codes	TN reports QI-1 enrollees to dual code 03 (SLMB only).
TN	Dual Eligibility Codes	TN reports many enrollees in UEG 11-12 to dual code 08 as the state does not have income information for many of these individuals due to a long standing court case requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Managed Care	Beginning in July 2002, TN converted its managed care system so that its HMOs and BHPs were no longer bearing risk.
TN	Managed Care	In July 2004, TN began including PACE reporting (Plan Type 06) in its managed care reporting.
TN	Missing Eligibility Data	In 2004, 0.6 percent of records (n=9,099) in the TN file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=9,099) had associated claims reflecting positive expenditures in MAX. These claims totaled \$12,952,350 and averaged \$1,423 per record.
TN	Private Health Insurance	Prior to July 2004, TN was not able to verify 3rd party insurance status. TN implemented a new computer system in 7/04 allowing the state to start verifying this status. It was determined that only a small percent of enrollees would be flagged as "verified", causing a significant decrease in the reporting of private insurance. Thus, the rate of private insurance was overreported in 2003 and part of 2004.

State	Measure	Issue
TN	Restricted Benefits Flag	From July through September 2004, TN assigned restricted benefits code 2 (individual is eligible for Medicaid but only entitled to restricted benefits based on alien status) for undocumented immigrants that qualified for emergency services under TN's Medicaid program. Then, in October, this coding ceased and was not resumed until late 2005.
TN	SCHIP	The state had an M-SCHIP program which phased out by September 2002. Then in July 2004, the state began reporting over 50,000 children each month as M-SCHIP children in MSIS. The motivation was to get the higher FFP rate for some children (using the provisions of U.S.C 1397ee(g), according to state officials). This M-SCHIP enrollment was not reported in the CMS SEDS system. In addition, the state's Title XXI plan does not indicate an active M-SCHIP program in 2004 and forward. TN does not have an S-SCHIP program.
TN	SSN	TN had 3,013 SSNs with duplicate records in 2004 (affecting 0.4 percent of enrollee records).
TN	TANF/1931	The TANF flag is 9-filled for all enrollees.
TN	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
TN	Uniform Eligibility Groups	In July 2004, TN implemented a new computer system. As a result, enrollment by state specific code changed considerably for some groups, even though the state codes per se were unchanged (except that 4 leading zeros were added). In addition, TN changed the mapping for some UEG groups, resulting in enrollment shifts (especially among aged and disabled). TN also began reporting women to the Breast and Cervical Cancer Prevention Treatment (BCCPT) in UEG 3A in July 2004.
TN	Uniform Eligibility Groups	Many persons age 65 and older are mapped to uniform eligibility group 12.
TN	Uniform Eligibility Groups	Tennessee reported a much higher number of eligibles in uniform eligibility groups 11 and 12 than expected, given the number of SSI recipients in the state. This may relate to a long-standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Uniform Eligibility Groups	In January 2003, age sort rules were modified so that most persons aged 65 and older in UEG 22, 32 and 52 were reported to UEG 21, 31 and 51 instead.

State	Measure	Issue
TX	Dual Eligibility Codes	In 2003 and 2004, TX had about 2,500 - 5,000 individuals each month who were reported to uniform eligibility group 31-32 and assigned restricted benefits code 3 (indicating they were only qualified for restricted benefits related to Medicare cost-sharing). By mistake, these individuals were assigned dual code 0 (in the 2nd byte of the annual dual code). Presumably, these individuals should have been assigned restricted benefits flag 1, 3 or 6.
TX	Dual Eligibility Codes	TX assigns dual codes 9 and 0 (in byte 2) to enrollees in its 1929(b) waiver. These aged and disabled individuals only qualify for a limited set of personal care services. They do not qualify for prescription drug coverage and most are reported to uniform eligibility groups 41-42. TX agreed to use dual code 9 (in byte 2) for this group effective October 2002 when the dual status was known. Any remaining 1929(b) enrollees were assigned dual code 0 (indicating they were not duals), even though many were probably found to be duals in the EDB match (especially those who were aged). In October 2004, TX improved its 1929(b) coding so that the vast majority of aged 1929(b) enrollees were assigned dual code 9. This caused a noticeable increase in dual code 9 enrollment.
TX	Dual Eligibility Codes	Texas assigns dual eligibility code 8 (in the 2nd byte of the new annual crossover value) to about 11 percent of its dual eligible population. Most are reported to uniform groups 41 and 42. Texas does not automatically buy-in to Medicare for persons in these groups. In addition, some dual code 8s are SSI recipients in uniform groups 11 and 12 whose exact dual status was not yet determined.
TX	Managed Care	Texas has a PACE program, but PACE enrollment is not separately reported in MAX managed care data.
TX	Missing Eligibility Data	In 2004, 0.5 percent of records (n=20,388) in the TX file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 98.2 percent (n=20,026) had associated claims reflecting positive expenditures in MAX. These claims totaled \$33,660,652 and averaged \$1,681 per record. About 1.8 percent of the records with missing eligibility information (n=362) were submitted by TX in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.

State	Measure	Issue
TX	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally long-term care recipients in uniform eligibility groups 41-42 who are allowed to stay at home as a result of a 1929(b) waiver (community supported living arrangement). In addition, a few medically needy recipients in uniform eligibility groups 24-25 whose date of initial coverage is complicated by a spend-down are also assigned RBF 5.
TX	SCHIP	TX reported its M-SCHIP children in MSIS until the program was phased out at the end of 2002. The state's S-SCHIP program, which began in April 2000, is not reported in MSIS.
TX	SSN	TX had 7,330 SSNs with duplicate records in 2004 (affecting 0.4 percent of enrollee records).
TX	Uniform Eligibility Groups	TX has a so-called 1929(b) waiver group. These aged and disabled individuals (mapped to uniform eligibility group 41-42) only qualify for a very limited set of personal care services (and no prescription drugs) under Medicaid. These individuals are assigned program type code "T" in byte 5 of the state specific eligibility code.
TX	Uniform Eligibility Groups	Most disabled SSI recipients age 65 or older are reported to uniform eligibility group 11.
TX	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
UT	1115 Waiver	Utah's 1115 Waiver program is its Primary Care Network, approved for implementation in July 2002. This network provides reduced benefit packages to adults previously ineligible for Medicaid. The program expands Medicaid coverage to cover adults up to 150 percent FPL and pregnant women with assets exceeding the allowable levels for traditional Medicaid. MSIS reporting to Uniform Eligibility Group 55 began in October 2002.
UT	Dual Eligibility Codes	About 6.5 percent of EDB duals were only identified as a result of the EDB link in 2004, a higher percentage than in most states.
UT	Dual Eligibility Codes	UT provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in the 2nd byte of the crossover code) were reported in the state. UT does not buy into Part A Medicare coverage for duals.
UT	Dual Eligibility Codes	Only about 89 percent of aged enrollees were identified as EDB duals in 2004, a lower percentage than in most states.
UT	Length of Enrollment	About 38 percent of eligibles were enrolled all 12 months in 2004, a lower percentage than in most states.
UT	Managed Care	Even though UT is reported to have a transportation managed care plan in the CMS data, it is not reported in MSIS. It is unknown why this enrollment was not included in MSIS.
UT	Managed Care	All HMO and PCCM enrollment in UT was phased out in 2003. Three plans (Molina, Molina+, and UHN) previously reported as HMOs in MSIS were not included in 2004 MAX data. However, these three plans continued to be reported as PHPs in CMS data.
UT	Managed Care	Both MAX and CMS data reported similar levels of BHP enrollment in 2004.
UT	Missing Eligibility Data	In 2004, 4.6 percent of records (n=15,912) in the UT file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=15,912) had associated claims reflecting positive expenditures in MAX. These claims totaled \$14,850,676 and averaged \$933 per record.
UT	Restricted Benefits Flag	A small number of eligibles outside of uniform groups 31 and 32 (<10) receive RBF=3 (restricted benefits based on dual eligibility status). These may be medically needy spend-downers and persons who contribute to the cost of their institutional care each month.

State	Measure	Issue
UT	Restricted Benefits Flag	Some enrollees in UT's Primary Care Network 1115 waiver program receive a reduced benefit package of Medicaid services, while others--high risk pregnant women--receive the full Medicaid benefits package. UT's data, however, shows that ALL of these waiver enrollees are assigned a Restricted Benefits Flag = 1 (full benefits). Some of these enrollees should have been reported to RBF 5 (restricted benefits--other) to reflect the reduced package of services.
UT	SCHIP	UT reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
UT	SCHIP	S-SCHIP enrollment increased from about 24,000 to over 30,000 from April to May 2004. The state confirmed this increase was the result of increased SCHIP outreach.
UT	SSN	UT had 12 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
UT	TANF/1931	UT's TANF information in November and December 2005 is not reliable.
UT	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
UT	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
UT	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, UT requires them to separately apply for Medicaid coverage. As a result, the number of enrollees in uniform groups 11-12 is considerably less than the number of SSI recipients.
UT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
UT	Uniform Eligibility Groups	UT reported a large increase in UEG 55 enrollment from September to October 2004 when the state conducted an open enrollment period for its Primary Care Network (PCN) 1115 waiver program.
UT	Uniform Eligibility Groups	From October to November 2004, UT reported unusually large enrollment increases in UEG 24-25 and corresponding decreases in UEG 44-45. These shifts in enrollment occurred because the state no longer required automatic enrollment for some groups of recipients causing some shifts in state groups.

State	Measure	Issue
VA	1115 Waiver	In late 2002, VA added an 1115 waiver for family planning. These persons are reported to uniform eligibility group 55 (state group 080).
VA	County Codes	Virginia assigns even numbered FIPS codes (510-840) to independent cities. In addition, the state did not use standard codes for some institutionalized enrollees, for whom the FIPS code is 9-filled.
VA	Date of Death	About 1,000 enrollees had a year of death prior to 2004 and only 0.5 percent of enrollees are reported to have died during 2004, a much lower percentage than in most states. It is uncertain if VA date of death data are reliable.
VA	Dual Eligibility Codes	Beginning in 2002, the state provided full Medicaid benefits to the aged and disabled with income up to 80 percent FPL. Nevertheless, VA still had a relatively large group of QMB only duals (code 1 in the second byte of the annual crossover code).
VA	Missing Eligibility Data	In 2004, 0.2 percent of records (n=2,120) in the VA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=2,120) had associated claims reflecting positive expenditures in MAX. These claims totaled \$4,099,702 and averaged \$1,934 per record.
VA	Restricted Benefits Flag	Many persons in medically needy groups are assigned restricted benefits code 5.
VA	SCHIP	VA reported M-SCHIP and S-SCHIP children in MSIS.
VA	SSN	VA had 1,272 SSNs with duplicate records in 2004 (affecting 0.3 percent of enrollee records).
VA	SSN	VA had 1,272 SSNs with duplicate records in 2004 (affecting 0.3 percent of enrollee records).
VA	TANF/1931	The TANF flag is 9-filled for all enrollees.
VA	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
VA	Uniform Eligibility Groups	Child enrollment under the poverty-related provisions (uniform eligibility group 34) was growing quite dramatically in 2003 and 2004, but there do not seem to be any specific policy-related changes that would have contributed to this growth, except for a joint application for Welfare, Medicaid, and SCHIP.

State	Measure	Issue
VA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
VA	Uniform Eligibility Groups	The state bypasses the 1931 rules for children and determines eligibility for children based on the more simplified poverty-related provisions. The state has continued to use the 1931 rules to determine eligibility for adults, but they are unable to separate 1931 eligibles from other transitional assistance recipients. Both groups are under one state-specific eligibility group that is mapped to uniform group 45.
VA	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 80 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to UEG 31-32.
VA	Uniform Eligibility Groups	VA is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. As a result, the number of Medicaid enrollees reported in uniform groups 11 and 12 was lower than the number of SSI recipients reported in SSA administrative data.

State	Measure	Issue
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	Almost 57 percent of disabled enrollees were identified as EDB duals in 2004, a higher percentage than in most states.
VT	Dual Eligibility Codes	Most QMB only and SLMB only eligibles are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). Over a third of the enrollees reported to the 1115 program are reported to have an "unknown" dual type (code 9 in the 2nd byte of the new annual crossover value). As a result, 38 percent of total EDB duals are reported to dual code 59.
VT	Missing Eligibility Data	In 2004, 2.1 percent of records (n=3,503) in the VT file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 86.6 percent (n=3,032) had associated claims reflecting positive expenditures in MAX. These claims totaled \$6,622,749 and averaged \$2,184 per record. About 13.4 percent of the records with missing eligibility information (n=471) were submitted by VT in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
VT	Private Health Insurance	About 18 percent of enrollees had private insurance in 2004, a higher percentage than in most states.
VT	Race/Ethnicity	Race/ethnicity was reported as "unknown" for almost 41 percent of enrollees in 2004.
VT	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefit code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. (Prior to 2003, these enrollees were assigned restricted benefits code 5.) In addition, some persons in uniform eligibility group 55 are assigned restricted benefits code 5. The exact nature of these restrictions have changed over time but have at points involved no dental coverage and higher copays.

State	Measure	Issue
VT	SCHIP	VT reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
VT	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
VT	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
VT	Uniform Eligibility Groups	Very few eligibles are mapped to uniform groups 31 and 32, because most QMB only and SLMB only 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 generally qualify for full Medicaid benefits. Aged and disabled in uniform groups 51-52 only qualify for prescription drug benefits.

State	Measure	Issue
WA	0-Filling	Some current enrollees (<100) had the TANF, restricted benefit flag, and plan type field 0-filled by mistake.
WA	1115 Waiver	Effective 2001, WA extended family planning benefits to adults in an 1115 demonstration program.
WA	Date of Death	About 1,000 enrollees had a year of death prior to 2004.
WA	Dual Eligibility Codes	About 7 percent of EDB duals were only identified as a result of the EDB link in 2004, a higher percentage than in most states.
WA	Dual Eligibility Codes	About 88 percent of aged enrollees were identified as EDB duals in 2004, a lower percentage than in most states.
WA	Managed Care	The Department of Social and Health Services administers the BHP program and provides only one plan ID in MSIS in contrast to what is reported in CMS managed care administrative data.
WA	Managed Care	In June 2004, WA reported persons enrolled in WA's pilot Disease Management Programs in the CMS June managed care report. The state was not able to include these individuals in MSIS data. The program ended June 30, 2006.
WA	Missing Eligibility Data	In 2004, 6.3 percent of records (n=80,502) in the WA file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=80,502) had associated claims reflecting positive expenditures in MAX. These claims totaled \$372,723,831 and averaged \$4,630 per record.
WA	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 13 percent of enrollees in 2004.
WA	Restricted Benefits Flag	Restricted benefits code 5 (other) is used for medically needy enrollees, as well as some pregnant women reported to UEG 35.
WA	Restricted Benefits Flag	Restricted benefits flag 6 was assigned to women in uniform eligibility group 55 who only qualify for family planning benefits in the post-partum period.
WA	Restricted Benefits Flag	From January through September 2004, WA did not identify aliens who only qualified for emergency benefits (RBF = 2). This reporting resumed in October - December 2004.

State	Measure	Issue
WA	Restricted Benefits Flag	WA began reporting about 1,500 people to restricted benefit code 9 (unknown) in December 2004 (cause unknown).
WA	SCHIP	WA's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program.
WA	SSN	About 7 percent of enrollees were missing SSNs in 2004. About 90 percent of these enrollees were age 20 or younger and 66 percent were age 5 or younger. In addition, 16 percent of those with missing SSNs only qualified for family planning benefits and 6 percent were aliens who only qualified for emergency coverage.
WA	SSN	WA had 92 SSNs with duplicate records in 2004 (affecting < 0.1 percent of enrollee records).
WA	TANF/1931	Some current enrollees (<100) had the TANF and restricted benefit flag 9-filled.
WA	TANF/1931	Almost all eligibles in uniform eligibility group 14-15 are TANF recipients.
WA	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
WA	Uniform Eligibility Groups	In Washington, enrollment was always lowest in month 3 of each quarter compared to month 1. However, month 1 enrollment of each quarter always exceeded month 1 enrollment of the previous quarter. This recurring pattern of monthly enrollment per each quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level.
WA	Uniform Eligibility Groups	WA enrollment data for SSI recipients (uniform eligibility groups 11-12) are higher than expected relative to SSA data; this may occur because of a state-administered SSI supplement.

State	Measure	Issue
WA	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
WA	Uniform Eligibility Groups	Enrollment in UEG 14 increased about 12 percent and enrollment in UEG 15 increased about 18 percent from December 2003 to January 2004 (cause unknown).

State	Measure	Issue
WI	1115 Waiver	In 1999, WI implemented a major 1115 demonstration called BadgerCare which extends coverage to low-income adults (including single adults), as well as children. Some, but not all, of the 1115 children and adults are M-SCHIP enrollees. Effective September 2002, WI added a SeniorCare program (Pharm Plus) to its 1115 demonstration extending prescription drug benefits to low income aged with income up to 200 percent FPL not otherwise qualified for full Medicaid benefits (reported to UEG 51). WI's 1115 waiver also extends family planning only benefits effective January 2003.
WI	County Codes	For about 1,043 eligibles in CY04, Wisconsin did not report standard FIPS codes, and this data element is 9-filled in MAX. These eligibles include those served through Relief to Needy Indian Person (RNIP) agencies, juvenile correction agencies, Division of Children and Family Services agencies, and Katie Beckett eligibles. Also, county code 078 is Menominee County.
WI	Dual Eligibility Codes	Some disabled duals in uniform eligibility group 32 may have full Medicaid benefits. They are in waiver programs allowing them to pay premiums for full Medicaid coverage.
WI	Dual Eligibility Codes	Effective October 2002, WI assigned dual code 9 (in byte 2 of the annual dual code) to aged persons in its Pharmacy Plus Program who did not qualify under other dual codes. About 35 percent of EDB duals in 2004 were in the dual code 59 group. Some Pharm Plus enrollees were also identified as dual codes 1, 3, or 6.
WI	Managed Care	Individuals in Plan Type 08 are enrolled in a voluntary managed care program in Milwaukee County called "The Independent Care Plan." The plan provides medical and social services to individuals with physical, developmental, or emotional disabilities and can also take care of short-term physician-ordered nursing home stays, typically for rehabilitative purposes. This program is reported as an HMO in CMS managed care data.
WI	Managed Care	In 2004, WI reported four PACE plans in its MSIS data. However, 3 of the 4 plans were reported as HMOs in CMS MC data.
WI	Missing Eligibility Data	In 2004, 0.5 percent of records (n=5,142) in the WI file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=5,142) had associated claims reflecting positive expenditures in MAX. These claims totaled \$4,704,699 and averaged \$915 per record.

State	Measure	Issue
WI	Private Health Insurance	Over 20 percent of enrollees had private insurance in 2004, a higher percentage than in most states. The proportion increased in September 2002 with the implementation of the Pharmacy Plus program.
WI	Race/Ethnicity	Race/ethnicity was reported as "unknown" for over 16 percent of enrollees in 2004.
WI	Restricted Benefits Flag	Some enrollees assigned restricted benefits code 5 (other) are eligible for TB-related services only. Some may also have other restrictions. From September to December 2002, restricted benefits flag 5 was assigned to prescription drug only enrollees. However, in 2003, individuals in the prescription drug program were assigned restricted benefits code X, Y, or Z, indicating that they only qualify for prescription drug benefits, although those with code Y also qualified for Medicare cost sharing benefits.
WI	SCHIP	WI reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
WI	SCHIP	In January 2001, Wisconsin began to cover some of its Badger Care adults under its SCHIP program. M-SCHIP adults are reported to uniform eligibility group 55. M-SCHIP adult counts in MSIS are lower than the SEDS counts because Badger Care adults with income <100 percent FPL (state group GP) are not considered to be M-SCHIP enrollees in MSIS.
WI	SSN	WI had 4,439 SSNs with duplicate records in 2004 (affecting 0.9 percent of enrollee records). A majority of these were for children.
WI	TANF/1931	The TANF flag is 9-filled for all enrollees.
WI	Uniform Eligibility Group	See 1115 Waiver anomaly for discussion of state's eligibility expansion through an 1115 waiver program.
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.

State	Measure	Issue
WI	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.

State	Measure	Issue
WV	Dual Eligibility Codes	WV reports all full benefit duals to dual code 8 (in the second byte of the crossover code) in its MSIS data.
WV	Dual Eligibility Codes	WV did not include partial benefit duals in codes 3, 6, and 7 (in byte 2) in its MSIS reporting.
WV	Managed Care	During 2004, monthly HMO enrollment increased by 50 percent by year end, while PCCM enrollment declined by over 50 percent. In June 2004, WV's HMO counts were similar in MSIS and CMS data. However, the PCCM counts in MSIS were about 21 percent lower than those reported in CMS managed care data. WV indicates the MSIS PCCM counts are more reliable.
WV	Missing Eligibility Data	In 2004, 3.8 percent of records (n=15,105) in the WV file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 100.0 percent (n=15,099) had associated claims reflecting positive expenditures in MAX. These claims totaled \$17,269,772 and averaged \$1,144 per record. About 0.0 percent of the records with missing eligibility information (n=6) were submitted by WV in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
WV	SCHIP	WV's S-SCHIP program was not reported in MSIS. The state's M-SCHIP program was phased out by late 2000.
WV	SSN	WV had 605 SSNs with duplicate records in 2004 (affecting 0.3 percent of enrollee records).
WV	TANF/1931	The TANF flag is 9-filled for all enrollees.
WV	Uniform Eligibility Groups	Enrollment in uniform groups 11-12 is about 11 percent higher than the number of SSI recipients reported by SSA. This may be caused by persons receiving state supplemental SSI benefits administered by the state. The state also appears to report most disabled SSI recipients age 65 and older to uniform eligibility group 11.

State	Measure	Issue
WV	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.
WV	Uniform Eligibility Groups	In October 2004, WV made some changes in eligibility mapping from state specific codes to UEG groups. The biggest shift (~130,000 child enrollees) was from UEG 34 to UEG 44 (state code FCMQCA) and reflected a different approach to eligibility determination for children. Other changes that corrected known mapping problems caused a shift from UEG 11-12 to UEG 21-22 and UEG 17 and 35 to UEG 25.

State	Measure	Issue
WY	Managed Care	WY had no managed care enrollment in 2004.
WY	Missing Eligibility Data	In 2004, 2.9 percent of records (n=2,366) in the WY file were missing Medicaid eligibility information (had zero months of enrollment). Of these, 23.9 percent (n=565) had associated claims reflecting positive expenditures in MAX. These claims totaled \$1,592,126 and averaged \$2,818 per record. About 76.1 percent of the records with missing eligibility information (n=1,801) were submitted by WY in MAX eligibility files and may contain limited demographic or other information but zero months of enrollment.
WY	Private Health Insurance	Private insurance rates increased somewhat because of an error in how the state began to count children with both Medicaid and S-SCHIP during a month. Basically, Medicaid children were assigned insurance code 2 if they had any S-SCHIP coverage during a month. So if a child had 10 days on Medicaid and 20 days on S-SCHIP, she would be assigned insurance code 2. WY stopped assigning the private insurance code for children in this situation in July 2004.
WY	SCHIP	WY's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program.
WY	SSN	WY had 115 SSNs with duplicate records in 2004 (affecting <0.1 percent of enrollee records).
WY	SSN	About 5 percent of enrollees were missing SSNs in 2004. About 90 percent of these enrollees were age 20 or younger, and 80 percent were age 5 or younger. In addition, 12 percent of enrollees missing an SSN were aliens who only qualified for emergency coverage.
WY	TANF/1931	The TANF flag is 9-filled for all enrollees.
WY	Uniform Eligibility Groups	The state did not have a medically needy program.
WY	Uniform Eligibility Groups	Most SSI disabled over age 65 appear to be reported to uniform eligibility group 11.
WY	Uniform Eligibility Groups	Some enrollment shifted from UEG 34 (poverty-related children) to UEG 35 (poverty-related pregnant) in July 2004 due to an age sort change.

State	Measure	Issue
WY	Uniform Eligibility Groups	Disabled individuals age 65 or older are often reported by states to the "disabled" eligibility groups. This happens when an individual was identified as being disabled prior to age 65, and continues to be reported as "disabled" even when reaching age 65. The Federal SSI program, for example, uses this approach, and thus many state Medicaid programs use it as well. Researchers may want to recode these individuals as "aged." Disabled individuals are assigned code 2, while aged individuals are assigned code 1 in the 2nd byte of the uniform eligibility group code.