

**Medicaid Analytic Extract  
Eligibility Anomaly Tables, 2009**

April 30, 2013



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Policy Research

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## ABBREVIATIONS AND ACRONYMS IN THE ELIGIBILITY ANOMALY TABLES

### Abbreviations

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1115 = Section 1115 waiver

1931 = Section 1931 of the Social Security Act

Avg = average

ID = identifier or identification number or Idaho

PGM = program

Pharm = pharmacy

Psych = psychiatric

WVR = Waiver

### State Abbreviations

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AL = Alabama

AK = Alaska

AZ = Arizona

AR = Arkansas

CA = California

CO = Colorado

CT = Connecticut

DE = Delaware

DC = District of Columbia

FL = Florida

GA = Georgia

HI = Hawaii

ID = Idaho

IL = Illinois

IN = Indiana

IA = Iowa

KS = Kansas

KY = Kentucky

LA = Louisiana

ME = Maine

MD = Maryland

MA = Massachusetts

MI = Michigan

MN = Minnesota

MS = Mississippi

MO = Missouri

MT = Montana

NE = Nebraska

NV = Nevada

NH = New Hampshire

NJ = New Jersey

NM = New Mexico

NY = New York

NC = North Carolina

ND = North Dakota

OH = Ohio

OK = Oklahoma

OR = Oregon

## ABBREVIATIONS AND ACRONYMS IN THE ELIGIBILITY ANOMALY TABLES

PA = Pennsylvania  
RI = Rhode Island  
SC = South Carolina  
SD = South Dakota  
TN = Tennessee  
TX = Texas  
UT = Utah  
VT = Vermont  
VA = Virginia  
WA = Washington  
WV = West Virginia  
WI = Wisconsin  
WY = Wyoming

### Acronyms

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ACF = Administration for Children and Families  
AFDC = Aid to Families with Dependent Children  
ASO = administrative services only  
BCCPT = Breast and Cervical Cancer Prevention and Treatment  
BHO = behavioral health organization  
BHP = behavioral health plan  
CMS = Centers for Medicare & Medicaid Services  
CoLTS = Coordination of Long-Term Care Services (New Mexico)  
CRS = Children's Rehabilitation Services  
DMF = Death Master File  
DMIE = Demonstration to Maintain Independence and Employment  
DMP = disease management plan  
DOB = date of birth  
DOD = date of death  
EDB = Medicare Enrollment Database  
ESI = employer-sponsored insurance  
ESP = Enhanced Services Plan (Indiana)  
FFS = fee-for-service  
FP = family planning  
FPL = federal poverty level  
FY = fiscal year  
HCBS = home- and community-based services  
HIFA = Health Insurance Flexibility and Accountability  
HIO = health insuring organization  
HIP = Healthy Indiana Plan  
HIPP = Health Insurance Premium Payment  
HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome  
HMO = health maintenance organization  
ICF/MR = intermediate care facility for the mentally retarded  
LTC = long-term care  
LA = Los Angeles  
MAX = Medicaid Analytic Extract  
MC = managed care  
MCCN = Managed Care Community Networks

## ABBREVIATIONS AND ACRONYMS IN THE ELIGIBILITY ANOMALY TABLES

M-CHIP = Medicaid-expansion Children's Health Insurance Program

MFP = Money Follows the Person

MI/SED = mental illness/serious emotional disturbance

MMIS = Medicaid Management Information System

MR/DD = mental retardation/developmental disability

MSIS = Medicaid Statistical Information System

NR = not reported

NYC = New York City

OT = other, non-institutional claims file; occupational therapy

PACE = Program of All-Inclusive Care for the Elderly

PAHP = Prepaid Ambulatory Health Plans

PASRR = Pre-admission Screening and Resident Review

PC = primary care

PCCM = primary care case management

PHP = prepaid health plan

PIHP = prepaid inpatient health plan

PMAP+ = Prepaid Medical Assistance Program Plus

PRTF = psychiatric residential treatment facility

PS = person summary file

QDWI = Qualified Disabled and Working Individuals

QI = Qualified Individuals

QI-1 = Qualified Individuals 1

QMB = Qualified Medicare Beneficiary

RBF = Restricted Benefits Flag

S-CHIP = Separate Children's Health Insurance Program

SEDS = CHIP Statistical Enrollment Data System

SLMB = Specified Low-Income Medicare Beneficiary

SSA = Social Security Administration

SSI = Supplemental Security Income

SSN = Social Security Number

TANF = Temporary Assistance for Needy Families

TMA = transitional medical assistance

UEG = uniform eligibility group

Table 1. Missing Medicaid Eligibility Information and S-CHIP Only Enrollment in MAX 2009

	Missing Medicaid Eligibility Information <sup>a</sup> and S-CHIP Only Enrollment in MAX 2009									
	Total Number of MAX PS File Records	Total Expenditures	Number of Records with No Reported Medicaid Enrollment <sup>b</sup>	Percent of Records with No Reported Medicaid Enrollment <sup>b, c</sup>	Total Medicaid Paid for Persons with No Reported Enrollment <sup>b</sup>	Avg Medicaid Paid for Persons with No Reported Enrollment <sup>b</sup>	Number of S-CHIP Only Enrollees	Percent of Records for S-CHIP Only Enrollees	Total Number of Medicaid Enrollees <sup>d</sup>	Total Medicaid Paid for Medicaid Enrollees <sup>d</sup>
Alabama	975,001	\$ 3,605,228,534	10,185	1.0	\$ 10,583,431	\$ 1,039	0	0.0	964,816	\$ 3,594,645,103
Alaska	133,037	\$ 1,109,443,337	610	0.5	\$ 7,847,947	\$ 12,865	0	0.0	132,427	\$ 1,101,595,390
Arizona	1,846,157	\$ 8,920,779,655	31,264	1.7	\$ 43,296,525	\$ 1,385	48,886	2.6	1,766,007	\$ 8,877,483,130
Arkansas	778,940	\$ 3,670,924,566	14,836	1.9	\$ 33,175,005	\$ 2,236	0	0.0	764,104	\$ 3,637,749,561
California	11,608,484	\$ 34,184,868,639	306,882	2.6	\$ 204,215,452	\$ 665	0	0.0	11,301,602	\$ 33,980,653,187
Colorado	728,719	\$ 3,214,522,565	10,530	1.4	\$ 12,612,603	\$ 1,198	70,077	9.6	648,112	\$ 3,201,909,962
Connecticut	598,844	\$ 4,827,207,435	55	0.0	\$ 125,522	\$ 2,282	0	0.0	598,789	\$ 4,827,081,913
Delaware	213,081	\$ 1,278,146,595	2,536	1.2	\$ 3,221,997	\$ 1,271	0	0.0	210,545	\$ 1,274,924,598
District of Columbia	180,898	\$ 1,766,021,468	2,216	1.2	\$ 8,077,952	\$ 3,645	0	0.0	178,682	\$ 1,757,943,516
Florida	3,559,611	\$ 13,634,602,244	62,567	1.8	\$ 68,100,649	\$ 1,088	0	0.0	3,497,044	\$ 13,566,501,595
Georgia	2,080,641	\$ 6,865,671,479	22,683	1.1	\$ 56,334,310	\$ 2,484	228,421	11.0	1,829,537	\$ 6,809,337,169
Hawaii	283,797	\$ 1,170,600,874	10,069	3.5	\$ 4,378,603	\$ 435	0	0.0	273,728	\$ 1,166,222,271
Idaho	256,432	\$ 1,321,988,437	1,432	0.6	\$ 3,763,179	\$ 2,628	11,381	4.4	243,619	\$ 1,318,225,258
Illinois	2,946,406	\$ 10,741,818,129	3,358	0.1	\$ 7,025,283	\$ 2,092	118,437	4.0	2,824,611	\$ 10,734,792,846
Indiana	1,215,609	\$ 5,636,422,491	14,735	1.2	\$ 48,740,292	\$ 3,308	17,745	1.5	1,183,129	\$ 5,587,682,199
Iowa	545,646	\$ 2,942,494,285	3,654	0.7	\$ 6,925,208	\$ 1,895	0	0.0	541,992	\$ 2,935,569,077
Kansas	381,634	\$ 2,313,176,867	5,961	1.6	\$ 10,056,675	\$ 1,687	0	0.0	375,673	\$ 2,303,120,192
Kentucky	959,195	\$ 4,931,321,580	2,280	0.2	\$ 4,024,146	\$ 1,765	21,912	2.3	935,003	\$ 4,927,297,434
Louisiana	1,283,056	\$ 5,483,901,849	7,571	0.6	\$ 36,127,756	\$ 4,772	6,207	0.5	1,269,278	\$ 5,447,774,093
Maine	373,784	\$ 210,372,040	1,482	0.4	\$ 994,684	\$ 671	4,161	1.1	368,141	\$ 209,377,356
Maryland	996,018	\$ 6,266,807,784	1,643	0.2	\$ 4,489,152	\$ 2,732	0	0.0	994,375	\$ 6,262,318,632
Massachusetts	1,743,293	\$ 9,978,938,238	5,554	0.3	\$ 12,558,486	\$ 2,261	62,592	3.6	1,675,147	\$ 9,966,379,752
Michigan	2,221,260	\$ 8,068,196,142	39,788	1.8	\$ 22,030,749	\$ 554	0	0.0	2,181,472	\$ 8,046,165,393
Minnesota	898,695	\$ 7,096,651,895	1,250	0.1	\$ 2,306,767	\$ 1,845	4,541	0.5	892,904	\$ 7,094,345,128

Table 1. Missing Medicaid Eligibility Information and S-CHIP Only Enrollment in MAX 2009

Missing Medicaid Eligibility Information <sup>a</sup> and S-CHIP Only Enrollment in MAX 2009										
	Total Number of MAX PS File Records	Total Expenditures	Number of Records with No Reported Medicaid Enrollment <sup>b</sup>	Percent of Records with No Reported Medicaid Enrollment <sup>b, c</sup>	Total Medicaid Paid for Persons with No Reported Enrollment <sup>b</sup>	Avg Medicaid Paid for Persons with No Reported Enrollment <sup>b</sup>	Number of S-CHIP Only Enrollees	Percent of Records for S-CHIP Only Enrollees	Total Number of Medicaid Enrollees <sup>d</sup>	Total Medicaid Paid for Medicaid Enrollees <sup>d</sup>
Mississippi	750,166	\$ 3,336,028,501	1,349	0.2	\$ 5,453,063	\$ 4,042	0	0.0	748,817	\$ 3,330,575,438
Missouri	1,141,924	\$ 5,854,257,252	9,998	0.9	\$ 15,002,646	\$ 1,501	21,552	1.9	1,110,374	\$ 5,839,254,606
Montana	142,182	\$ 717,397,074	210	0.1	\$ 271,634	\$ 1,293	19,375	13.6	122,597	\$ 717,125,440
Nebraska	277,432	\$ 1,554,386,405	282	0.1	\$ 1,472,888	\$ 5,223	0	0.0	277,150	\$ 1,552,913,517
Nevada	314,480	\$ 1,214,534,161	3,680	1.2	\$ 12,451,631	\$ 3,384	311	0.1	310,489	\$ 1,202,082,530
New Hampshire	168,549	\$ 1,013,052,047	137	0.1	\$ 187,814	\$ 1,371	6,700	4.0	161,712	\$ 1,012,864,233
New Jersey	1,378,957	\$ 8,227,143,891	14,786	1.1	\$ 59,237,873	\$ 4,006	152,051	11.0	1,212,120	\$ 8,167,906,018
New Mexico	623,729	\$ 2,478,748,541	957	0.2	\$ 1,218,356	\$ 1,273	0	0.0	622,772	\$ 2,477,530,185
New York	5,393,617	\$ 45,424,445,404	8,455	0.2	\$ 116,184,984	\$ 13,742	0	0.0	5,385,162	\$ 45,308,260,420
North Carolina	2,007,898	\$ 9,738,236,383	1,806	0.1	\$ 3,356,193	\$ 1,858	125,169	6.2	1,880,923	\$ 9,734,880,190
North Dakota	84,796	\$ 616,299,731	662	0.8	\$ 843,426	\$ 1,274	3,213	3.8	80,921	\$ 615,456,305
Ohio	2,367,035	\$ 13,581,718,511	7,531	0.3	\$ 50,878,003	\$ 6,756	0	0.0	2,359,504	\$ 13,530,840,508
Oklahoma	871,110	\$ 3,607,349,748	2,411	0.3	\$ 3,735,626	\$ 1,549	0	0.0	868,699	\$ 3,603,614,122
Oregon	629,915	\$ 2,917,286,389	3,162	0.5	\$ 3,689,517	\$ 1,167	47,455	7.5	579,298	\$ 2,913,596,872
Pennsylvania	2,339,642	\$ 15,243,043,334	9,815	0.4	\$ 29,614,169	\$ 3,017	0	0.0	2,329,827	\$ 15,213,429,165
Rhode Island	228,085	\$ 1,516,711,991	2,402	1.1	\$ 38,770	\$ 16	0	0.0	225,683	\$ 1,516,673,221
South Carolina	960,478	\$ 3,899,982,239	673	0.1	\$ 1,085,381	\$ 1,613	10,456	1.1	949,349	\$ 3,898,896,858
South Dakota	141,690	\$ 720,798,341	16	0.0	\$ 500	\$ 31	1,905	1.3	139,769	\$ 720,797,841
Tennessee	1,544,155	\$ 8,926,707,716	11,702	0.8	\$ 25,926,703	\$ 2,216	0	0.0	1,532,453	\$ 8,900,781,013
Texas	4,754,472	\$ 19,691,875,747	94,563	2.0	\$ 38,682,120	\$ 409	0	0.0	4,659,909	\$ 19,653,193,627
Utah	395,114	\$ 1,534,633,980	15,448	\$ 3.9 <sup>e</sup>	\$ 11,652,413	\$ 754	43,521	11.0	336,145	\$ 1,522,981,567
Vermont	190,276	\$ 982,545,395	353	0.2	\$ 687,727	\$ 1,948	2,141	1.1	187,782	\$ 981,857,668

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Virginia	1,075,013	\$ 5,596,726,428	1,782	0.2	\$ 8,920,342	\$ 5,006	57,883	5.4	1,015,348	\$ 5,587,806,086
Washington	1,330,788	\$ 5,161,303,984	30,958	2.3	\$ 51,366,349	\$ 1,659	18,738	1.4	1,281,092	\$ 5,109,937,635
West Virginia	420,455	\$ 2,281,009,704	1,575	0.4	\$ 3,724,993	\$ 2,365	0	0.0	418,880	\$ 2,277,284,711
Wisconsin <sup>f</sup>	1,265,205	\$ 5,465,227,731	2,282	0.2	\$ 6,027,830	\$ 2,641	25,857	2.0	1,237,066	\$ 5,459,199,901
Wyoming	84,138	\$ 563,608,985	597	0.7	\$ 2,633,328	\$ 4,411	0	0.0	83,541	\$ 560,975,657
Total	67,689,539	\$ 321,105,166,741	790,733	1.2	\$ 1,065,356,652	\$ 1,347	1,130,687	1.7	65,768,119	\$ 320,039,810,089

Notes: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

<sup>a</sup> MAX PS file includes records for people who may not be Medicaid enrollees, including S-CHIP only enrollees.

<sup>b</sup> Excludes S-CHIP only enrollees.

<sup>c</sup> Values greater than 2.0 percent are above the expected level and are considered anomalous.

<sup>d</sup> Excludes people with missing Medicaid eligibility information or S-CHIP only.

<sup>e</sup> UT claims lacking eligibility information were primarily capitation claims.

<sup>f</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

Table 2. SSN Reporting in MAX 2009

	Total Number of Medicaid Enrollee Records	Number of Enrollee Records with Invalid or Missing SSNs <sup>a</sup>	Percent of Enrollee Records with Invalid or Missing SSNs <sup>b</sup>	Duplicate SSNs	
				Number of SSNs with More Than One MSIS ID	Percent of Enrollee Records with Duplicate SSNs <sup>c</sup>
Alabama	964,816	25,674	2.7	703	0.1
Alaska	132,427	2,674	2.0	56	0.1
Arizona	1,766,007	154,365	8.7	448	0.1
Arkansas	764,104	9,281	1.2	3,507	0.9
California	11,301,602	3,953,183	35.0 <sup>d</sup>	0	0.0
Colorado	648,112	36,585	5.6	148	0.0
Connecticut	598,789	20,581	3.4	1,313	0.4
Delaware	210,545	11,783	5.6	66	0.1
District of Columbia	178,682	7,668	4.3	92	0.1
Florida	3,497,044	75,779	2.2	30	0.0
Georgia	1,829,537	121,854	6.7 <sup>e</sup>	169	0.0
Hawaii	273,728	770	0.3	2,993	2.3
Idaho	243,619	9,986	4.1	59	0.0
Illinois	2,824,611	64,050	2.3	30,235	2.2 <sup>f</sup>
Indiana	1,183,129	30,175	2.6	99	0.0
Iowa	541,992	6,704	1.2	645	0.2
Kansas	375,673	5,748	1.5	27	0.0
Kentucky	935,003	15,752	1.7	0	0.0
Louisiana	1,269,278	43,812	3.5	0	0.0
Maine	368,141	2,854	0.8	40	0.0
Maryland	994,375	33,578	3.4	11	0.0
Massachusetts	1,675,147	77,159	4.6 <sup>e</sup>	11,468	1.5 <sup>g</sup>
Michigan	2,181,472	66,377	3.0	636	0.1
Minnesota	892,904	14,838	1.7	0	0.0
Mississippi	748,817	16,815	2.2	487	0.1
Missouri	1,110,374	24,504	2.2	11	0.0
Montana	122,597	2,047	1.7 <sup>h</sup>	0	0.0

Table 2. SSN Reporting in MAX 2009

	Total Number of Medicaid Enrollee Records	Number of Enrollee Records with Invalid or Missing SSNs <sup>a</sup>	Percent of Enrollee Records with Invalid or Missing SSNs <sup>b</sup>	Duplicate SSNs	
				Number of SSNs with More Than One MSIS ID	Percent of Enrollee Records with Duplicate SSNs <sup>c</sup>
Nebraska	277,150	11,326	4.1	43	0.0
Nevada	310,489	20,966	6.8	0	0.0
New Hampshire	161,712	1,604	1.0	11	0.0
New Jersey	1,212,120	70,060	5.8	0	0.0
New Mexico	622,772	12,552	2.0	0	0.0
New York	5,385,162	348,728	6.5 <sup>i</sup>	58,665	2.2
North Carolina	1,880,923	40,818	2.2	790	0.1
North Dakota	80,921	294	0.4	11	0.0
Ohio	2,359,504	45,914	1.9	13,800	1.2 <sup>j</sup>
Oklahoma	868,699	26,056	3.0	4,503	1.0
Oregon	579,298	43,030	7.4	796	0.3
Pennsylvania	2,329,827	25,739	1.1	112	0.0
Rhode Island	225,683	2,986	1.3	1,243	1.1 <sup>k</sup>
South Carolina	949,349	19,052	2.0	254	0.1
South Dakota	139,769	1,631	1.2	2,304	3.3
Tennessee	1,532,453	10,006	0.7	846	0.1
Texas	4,659,909	224,187	4.8	14,924	0.6
Utah	336,145	10,487	3.1	40	0.0
Vermont	187,782	520	0.3	0	0.0
Virginia	1,015,348	31,907	3.1	47	0.0
Washington	1,281,092	31,041	2.4	1,570	0.2 <sup>g</sup>
West Virginia	418,880	2,733	0.7	83	0.0
Wisconsin	1,237,066 <sup>l</sup>	17,026	1.4	334	0.1
Wyoming	83,541	3,911	4.7	20	0.0
Total	65,768,119	5,837,170	8.9	153,639	0.5

Notes: Counts representing fewer than 11 people have been recoded to 11 to protect privacy. Excludes people with missing Medicaid eligibility or S-CHIP only.

- <sup>a</sup> Records with missing SSNs tend to be children and aliens who qualified only for emergency services.
- <sup>b</sup> Values greater than 5.0 percent are above the expected level and are considered anomalous.
- <sup>c</sup> Records with duplicate SSNs tend to be children.
- <sup>d</sup> Over 66 percent of those with missing SSNs in CA only qualified for family planning benefits.
- <sup>e</sup> GA and MA do not require enrollees to provide SSNs.
- <sup>f</sup> In IL, more than one enrollee record can have the same SSN due to the state's system of assigning Medicaid ID 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 in Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.
- <sup>g</sup> In 2009, MA and WA implemented new MMIS causing the number of SSNs with duplicate MSIS IDs to increase.
- <sup>h</sup> MT does not require enrollees to provide SSNs and the information reported in this field 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.
- <sup>i</sup> About 25 percent of enrollees missing SSNs in NY did not have a date of birth and were probably newborns.
- <sup>j</sup> Some of the SSN duplication in OH occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSNs.
- <sup>k</sup> RI started reporting SSNs with duplicate MSIS IDs in 2009 after the state implemented its new global 1115 waiver. Due to system limitations, the state is not able to resolve these duplicate records.
- <sup>l</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

Table 3. Personal Identifiers and Demographic Characteristics for Medicaid Enrollees in MAX 2009

	Date of Birth and Date of Death					Sex		Race and Ethnicity			County Code	
	Number of Enrollees Missing Date of Birth	Percent of Enrollees Missing Date of Birth <sup>a</sup>	No Medicaid Date of Death Data Reported in MSIS	Number of MSIS Reported Deaths Prior to 2009	Number of DMF Reported Deaths Prior to 2009 <sup>b</sup>	Number of Enrollees with Missing Sex	Percent of Enrollees with Missing Sex <sup>a</sup>	Percent of Enrollees with Missing Race <sup>c</sup>	Percent of Enrollees Who are Hispanic/Latino	Percent of Hispanic/Latino Enrollees with Missing Race	Percent of Enrollees with Missing Code <sup>a</sup>	Unusual Reporting
Alabama	0	0.0		11	854	5,051	0.5	8.1	5.1	100.0	0.0	100 = some foster care children
Alaska	0	0.0		59	61	0	0.0	6.1	3.7	100.0	0.4	Codes are correct but not 3-digit odd numbers
Arizona	0	0.0		11	93	0	0.0	47.7	42.4	100.0	0.0	012 = La Paz county
Arkansas	0	0.0		39	915	18	0.0	31.8 <sup>d</sup>	4.5	100.0	0.0	
California	11	0.0	X	0	1,291	0	0.0	62.5	56.3	100.0	0.0	
Colorado	11	0.0		0	70	0	0.0	63.7 <sup>e</sup>	31.3	100.0	0.0	014 = Broomfield county
Connecticut	0	0.0		0	219	0	0.0	0.0	30.9	0.0	0.4	000 = out of state as well as enrollees with town code 170
Delaware	0	0.0		0	115	11	0.0	15.2	15.2	100.0	1.1	
District of Columbia	0	0.0		34	241	11	0.0	12.5	9.5	100.0	0.2	
Florida	0	0.0		4,397	4,516	11,778	0.3	36.2	28.2	100.0	0.5	999 = out of state
Georgia	11	0.0		11	942	38	0.0	5.9	0.6	100.0	2.4	000 = out of state
Hawaii	0	0.0		0	129	0	0.0	5.7	5.6	100.0	0.0	
Idaho	0	0.0		0	42	0	0.0	4.0	4.0	100.0	1.8	
Illinois	34	0.0		0	2,633	0	0.0	22.4	22.0	73.6	0.4	
Indiana	0	0.0		0	135	0	0.0	11.3	9.8	100.0	0.0	
Iowa	0	0.0		603	601	0	0.0	42.1	6.5	100.0	0.0	
Kansas	0	0.0		0	646	20	0.0	4.8	18.0	11.4	0.0	
Kentucky	0	0.0		11	470	11	0.0	5.4	2.8	0.6	0.0	
Louisiana	0	0.0		0	816	129	0.0	7.7	2.4	100.0	0.0	
Maine	11	0.0	X	0	1,349	0	0.0	17.2	0.2	40.5	1.3	
Maryland	11	0.0		27	542	0	0.0	15.8	10.7	100.0	0.1	510 = city of Baltimore
Massachusetts	0	0.0		135	1,427	0	0.0	54.0 <sup>e</sup>	5.1	90.0	0.7	
Michigan	11	0.0		0 <sup>f</sup>	2,484	0	0.0	7.9	5.6	100.0	0.2	
Minnesota	40	0.0		11	116	0	0.0	6.1	8.7	28.6	0.1	

Table 3. Personal Identifiers and Demographic Characteristics for Medicaid Enrollees in MAX 2009

	Date of Birth and Date of Death					Sex		Race and Ethnicity			County Code	
	Number of Enrollees Missing Date of Birth	Percent of Enrollees Missing Date of Birth <sup>a</sup>	No Medicaid Date of Death Data Reported in MSIS	Number of MSIS Reported Deaths Prior to 2009	Number of DMF Reported Deaths Prior to 2009 <sup>b</sup>	Number of Enrollees with Missing Sex	Percent of Enrollees with Missing Sex <sup>a</sup>	Percent of Enrollees with Missing Race <sup>c</sup>	Percent of Enrollees Who are Hispanic/Latino	Percent of Hispanic/Latino Enrollees with Missing Race	Percent of Enrollees with Missing Code <sup>a</sup>	Unusual Reporting
Mississippi	0	0.0		0	397	979	0.1	7.3	1.9	100.0	0.5	000 = foster care children
Missouri	11	0.0		0	369	18	0.0	2.8	4.8	12.0	0.2	186 = St. Genevieve County; 510 = city of St. Louis; documentation for the Area Resource File suggests that researchers may want to recode to county '191'.
Montana	0	0.0		140	107	0	0.0	3.3	3.1	100.0	0.2	
Nebraska	6,623	<b>2.4<sup>g</sup></b>		11	25	4,150	1.5 <sup>g</sup>	<b>18.8</b>	15.8	90.2	<b>2.2<sup>h</sup></b>	
Nevada	36	0.0		22	64	1,246	0.4	3.5	33.5	2.7	<b>2.3</b>	510 = Carson City; 703 = urban Washoe County; 731 = urban Clark County; 803 = rural Clark County; 831 = rural Washoe county; 975 = Medicaid Office
New Hampshire	0	0.0		201	211	0	0.0	5.5	4.7	100.0	<b>2.2<sup>i</sup></b>	000 = out of state
New Jersey	11	0.0		0	736	11	0.0	<b>29.4</b>	19.3	100.0	0.2	
New Mexico	0	0.0		0	145	11	0.0	<b>57.0</b>	54.5	100.0	0.1	006 = Cibola; 028 = Los Alamos
New York	93,336	1.7 <sup>g</sup>		1,233	4,223	72,344	1.3 <sup>g</sup>	7.9	27.4	9.4	0.3	061 = New York City boroughs, including Bronx County (005), Kings County (047), Queens County (081), and Richmond County (085)
North Carolina	11	0.0		2,331	2,443	0	0.0	<b>14.2</b>	10.2	75.7	0.0	
North Dakota	0	0.0		0	11	0	0.0	0.0	3.8	0.1	0.0	
Ohio	12	0.0		11	2,654	19	0.0	3.3	3.3	100.0	0.0	
Oklahoma	0	0.0		0	695	0	0.0	4.5	14.0	3.0	0.7	
Oregon	0	0.0		11	169	0	0.0	<b>24.1</b>	21.7	79.3	0.0	
Pennsylvania	56	0.0		4,179	3,762	0	0.0	<b>11.6</b>	11.6	74.8	0.0	
Rhode Island	0	0.0		0	1,239	0	0.0	<b>54.1<sup>e</sup></b>	16.3	100.0	1.2	000 = enrollees living out of state
South Carolina	11	0.0		743	752	18	0.0	8.6	3.2	100.0	0.0	
South Dakota	0	0.0		0	33	0	0.0	0.0	3.5	0.1	1.5	999 = child protection and foster care records or unknown/out of state
Tennessee	0	0.0		0	297	11	0.0	8.4	4.8	100.0	1.4	

Table 3. Personal Identifiers and Demographic Characteristics for Medicaid Enrollees in MAX 2009

	Date of Birth and Date of Death					Sex		Race and Ethnicity			County Code	
	Number of Enrollees Missing Date of Birth	Percent of Enrollees Missing Date of Birth <sup>a</sup>	No Medicaid Date of Death Data Reported in MSIS	Number of MSIS Reported Deaths Prior to 2009	Number of DMF Reported Deaths Prior to 2009 <sup>b</sup>	Number of Enrollees with Missing Sex	Percent of Enrollees with Missing Sex <sup>a</sup>	Percent of Enrollees with Missing Race <sup>c</sup>	Percent of Enrollees Who are Hispanic/Latino	Percent of Hispanic/Latino Enrollees with Missing Race	Percent of Enrollees with Missing Code <sup>a</sup>	Unusual Reporting
Texas	11	0.0		11	2,149	112	0.0	57.8	53.9	100.0	0.1	
Utah	11	0.0		11	19	614	0.2	0.3	21.7	0.4	0.0	
Vermont	0	0.0		11	48	0	0.0	33.0	0.4	100.0	3.4	
Virginia	11	0.0	X <sup>j</sup>	213	416	14	0.0	15.6	11.1	100.0	1.1	36 = Charles City County; 975 = placeholder for unknown; even-numbered 510-840 = residents of independent cities; codes 983-997 = state institutions; 000 = out of state
Washington	19	0.0		0	110	17	0.0	32.3	0.8 <sup>k</sup>	99.4	0.6	
West Virginia	11	0.0		31	126	0	0.0	1.5	0.0	100.0	5.3	999 = mostly SLMB-only and QI-1 duals (codes 3 and 6 in byte 2 of the Dual Code)
Wisconsin <sup>l</sup>	0	0.0		0	533	0	0.0	18.8	9.0	76.6	0.1	078 = Menominee County
Wyoming	0	0.0		57	68	11	0.0	0.7	13.7	0.0	0.0	
Total	100,310	0.2	3	14,565	42,508	96,643	0.1	27.4	23.5	86.1	0.3	

Notes: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

Excludes people with missing Medicaid eligibility information or S-CHIP only.

<sup>a</sup> Values greater than 2.0 percent are above the expected level and are considered anomalous.

<sup>b</sup> The date of death came from the SSA Death Master File (DMF), version March 2, 2011.

<sup>c</sup> Values greater than 10.0 percent are above the expected level and are considered anomalous. States may code only ethnicity (and no race information) for Hispanic/Latino populations, which may contribute to the percentage of enrollees with unknown race in some states.

<sup>d</sup> Limitations in AR's system for assigning race/ethnicity codes cause a high percent of individuals being reported with an unknown race/ethnicity.

<sup>e</sup> CO, MA, and RI do not require race information to be reported as part of the enrollment process.

<sup>f</sup> MI began reporting Dates of Death in MSIS in July 2009.

<sup>g</sup> In NE and NY enrollees with missing date of birth and sex are probably newborns with MSIS IDs, but no date of birth yet reported.

<sup>h</sup> County code is not a required field in NE's eligibility system.

<sup>i</sup> NH does not retain historical addresses when beneficiaries move out of state, which results in a relatively high rate of 0-filled county codes.

<sup>j</sup> VA reported only about 0.03 percent of enrollees as having died during 2009, a much lower percentage than in most states. VA date of death data are probably incomplete.

<sup>k</sup> WA virtually stopped reporting Hispanics when the state implemented a new MMIS in 2009.

<sup>l</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

Table 4. Children's Health Insurance Program (CHIP) Reporting in MAX 2009<sup>a</sup>

	Medicaid Expansion CHIP (M-CHIP)		Separate CHIP (S-CHIP)			Inconsistencies Between MAX and SEDS Reporting	
	Child	Adult	Child <sup>a</sup>	Adult <sup>a</sup>	Unborn Children	Program	Reason for Inconsistencies
Alabama			NR				
Alaska	X						
Arizona			X	NR			
Arkansas	X	NR			NR		
California	X		NR		NR		
Colorado			X	X		S-CHIP	Not reported in SEDS
Connecticut			NR				
Delaware	X		NR			M-CHIP	SEDS count for April through June 2009 is inaccurate
District of Columbia	X						
Florida	X		NR <sup>b</sup>				
Georgia			X				
Hawaii	X					M-CHIP	SEDS count for April through June 2009 is missing
Idaho	X		X	NR			
Illinois	X		X		X <sup>c</sup>		
Indiana	X		X				
Iowa	X		NR				
Kansas			NR				
Kentucky	X		X			S-CHIP	Underreported in SEDS
Louisiana	X		X <sup>d</sup>		X <sup>c</sup>		
Maine	X		X				
Maryland	X	X					
Massachusetts	X		X		X <sup>c</sup>	S-CHIP	Underreported in SEDS
Michigan	X	X <sup>e</sup>	NR		NR		
Minnesota	X		X	X <sup>f</sup>	X <sup>c</sup>		
Mississippi			NR				
Missouri	X		X				
Montana	X <sup>g</sup>		X				
Nebraska	X						

Table 4. Children's Health Insurance Program (CHIP) Reporting in MAX 2009<sup>a</sup>

	Medicaid Expansion CHIP (M-CHIP)		Separate CHIP (S-CHIP)			Inconsistencies Between MAX and SEDS Reporting	
	Child	Adult	Child <sup>a</sup>	Adult <sup>a</sup>	Unborn Children	Program	Reason for Inconsistencies
Nevada			NR	X			
New Hampshire	X		X				
New Jersey	X	X	X	X			
New Mexico	X	X <sup>h</sup>				M-CHIP adults	Unknown
New York			NR				
North Carolina	X		X				
North Dakota	X		X <sup>i</sup>				
Ohio	X						
Oklahoma	X				NR		
Oregon			X	NR	X <sup>c</sup>		
Pennsylvania			NR				
Rhode Island	X	X			NR	M-CHIP children	SEDS lower due to differing reporting method
South Carolina	X		X				
South Dakota	X		X				
Tennessee	X		NR		NR		
Texas			NR		NR		
Utah			X				
Vermont			X				
Virginia	X		X	X			
Washington			X <sup>j</sup>		X <sup>c</sup>		
West Virginia			NR				
Wisconsin <sup>k</sup>	X		X <sup>l</sup>		X <sup>c</sup>	M-CHIP and S-CHIP	SEDS lower due to system limitations
Wyoming			NR				
Total X	34	5	25	5	7		
Total NR	0	1	16	3	7		
Total with Program	34	6	41	8	14		

Notes: NR = not reported

<sup>a</sup> All states receive enhanced federal matching funds to extend health care coverage to uninsured low-income children under the Children's Health Insurance Program (CHIP). Some states have also opted to cover adults under their CHIP programs. States have the option of using CHIP funding to expand Medicaid coverage (M-CHIP), to set up separate CHIP (S-CHIP) programs, or to provide both. S-CHIP children and adults, although sometimes reported in MSIS and

MAX, are not Medicaid enrollees. Researchers may want to exclude S-CHIP only enrollees from their Medicaid analyses.

<sup>b</sup> FL's S-CHIP enrollment data were incomplete and therefore excluded from MAX.

<sup>c</sup> IL, LA, MA, MN, OR, WA, and WI report unborn children under the pregnant mother's date of birth. These enrollees appear as adults in MAX. This reporting is inconsistent with SEDS reporting, which classifies these enrollees as children.

<sup>d</sup> LA enacted its S-CHIP program for children in June 2008 and enrollment in this program increased through 2009.

<sup>e</sup> MI's adult M-CHIP program periodically opens and closes enrollment.

<sup>f</sup> MN's adult S-CHIP program ended in February 2009 and many of these enrollees transitioned to coverage under the PMAP+ 1115 waiver at that time.

<sup>g</sup> MT implemented a new M-CHIP program in October 2009.

<sup>h</sup> NM removed the 5-year waiting period for immigrant children and pregnant women effective July 2009 and implemented 12-month continuous eligibility for children under age 19 effective October 2009, causing enrollment to increase during 2009.

<sup>i</sup> ND implemented an S-CHIP expansion from 150 to 160 percent of the FPL, effective July 2009.

<sup>j</sup> WA started reporting its S-CHIP program in October 2009. This program was not previously reported in MSIS.

<sup>k</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

<sup>l</sup> WI stopped reporting any S-CHIP enrollment during October – December 2008 before starting again in January 2009.

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2009

	Indicators of Potential Reporting Anomalies					Other Known Reporting Anomalies	Dual-related Coverage Options	
	Total Number of EDB Duals <sup>a</sup>	Number of Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) <sup>b</sup>	Percent of Enrollees > age 64 Who Were Not EDB Duals <sup>c</sup>	Percent EDB Only Duals (Duals not Reported in MSIS, Found in EDB) <sup>d</sup>		Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Pharm Plus Program <sup>f</sup>
Alabama	204,663	2,879	52.2	2.2	0.8	AL erroneously reported several hundred children as dual eligibles that were not confirmed as having Medicare enrollment. Also, during 2008 AL closed the QI-1 program causing the count of QI-1 enrollees (code 6 in byte 2 of the Dual Code) to decline in 2009.		
Alaska	14,462	108	2.1	10.2	6.1	Due to a high SSI state supplement income standard, most dual eligibles were eligible for full benefits.		
Arizona	162,432	1,766	21.9	8.3	0.8		100	
Arkansas	125,601	1,783	40.9	3.3	4.2		80 <sup>9</sup>	
California	1,242,773	12,375	2.2	13.0	0.7	CA has special income disregards up to 33 percent of the FPL, so QMB-plus counts (code 2 in byte 2 of the Dual Code) include individuals whose income exceeds 100 percent of the FPL.	100	
Colorado	87,086	703	24.9	9.6	2.4	About 5,300 enrollees were assigned a partial dual code, UEG 11-12 and RBF 1. CO cannot determine whether these individuals were full or partial duals.		
Connecticut	110,135	903	26.9	6.5	0.6	In October 2009, CT increased the income disregard and eliminated the asset test for its QMB, SLMB, and QI duals, resulting in an increase in the number of QMB duals (codes 1 and 2 in byte 2 of the Dual Code) and a decline in SLMB and QI duals (codes 3, 4, and 6 in byte 2 of the Dual Code).		
Delaware	25,424	241	51.9	5.2	3.2	Each month, DE reported a few dozen enrollees in UEG 31-32 as nonduals (code 0 in byte 2 of the Dual Code). These enrollees should have been reported as duals, but dual status reporting was affected by delays in confirming Medicare status.		
District of Columbia	24,593	469	19.3	9.8	2.0	In October 2009, the number of QMB-only duals (code 1 in byte 2 of the Dual Code) increased by several hundred. These are individuals in the DC HealthCare Alliance program who were identified as Medicare beneficiaries eligible as partial duals.	100	
Florida	635,830	16,100	43.4	6.7	0.7		88	
Georgia	279,362	3,599	45.3	3.8	4.2	GA reported most SSI recipients as Other full duals (code 8 in byte 2 of the Dual Code).		

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2009

	Indicators of Potential Reporting Anomalies					Other Known Reporting Anomalies	Dual-related Coverage Options	
	Total Number of EDB Duals <sup>a</sup>	Number of Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) <sup>b</sup>	Percent of Enrollees > age 64 Who Were Not EDB Duals <sup>c</sup>	Percent EDB Only Duals (Duals not Reported in MSIS, Found in EDB) <sup>d</sup>		Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Pharm Plus Program <sup>f</sup>
Hawaii	34,249	316	10.3	5.0	1.0		100	
Idaho	33,603	72	29.3	2.8	4.3			
Illinois	340,760	6,827	11.7	9.2	1.5	Partial dual eligibles (codes 1, 3, or 6 in byte 2 of the Dual Code) in UEG 11-12 did not qualify for full Medicaid due to IL's 209(b) status.	100	
Indiana	166,447	814	35.5	4.0	5.7			
Iowa	83,063	946	16.6	2.8	0.9			
Kansas	67,658	440	26.3	5.7	4.0			
Kentucky	177,879	6,331	39.8	3.0	1.3	Pregnant women in UEG 35 with income up to 185 percent FPL who are eligible for Medicare qualify as full duals.		
Louisiana	185,418	2,940	41.5	3.4	0.9			
Maine	99,500	2,346	45.7	3.7	0.9		100	
Maryland	117,031	631	32.0	11.1	1.4	Medically needy aged and disabled of all income levels are reported as Other full duals (code 8 in byte 2 of the Dual Code).		
Massachusetts	273,761	3,453	7.6	15.0	3.6	MA started reporting QI-1 duals (code 6 in byte 2 of the Dual Code) in April 2009. Also in April, the number of SLMB-only (code 3), and Other full duals (code 8) increased. The number of QMB-only (code 1), QMB-plus and SLMB-plus full duals (codes 2 and 4) dropped. These changes were a result of reporting and coding changes in the new MMIS in 2009. Also in 2009, MA started reporting about 12,000 nonduals or full dual enrollees with RBF 3 (Medicare cost-sharing benefits only). It's unclear whether the RBF or the Dual Code for these enrollees is correct.	100 <sup>h</sup>	
Michigan	279,316	4,716	11.6	4.5	4.6		100	
Minnesota	154,328	354	8.5	5.2	10.1 <sup>i</sup>		95	
Mississippi	153,931	1,445	45.5	1.6	2.4			

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2009

	Indicators of Potential Reporting Anomalies					Other Known Reporting Anomalies	Dual-related Coverage Options	
	Total Number of EDB Duals <sup>a</sup>	Number of Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) <sup>b</sup>	Percent of Enrollees > age 64 Who Were Not EDB Duals <sup>c</sup>	Percent EDB Only Duals (Duals not Reported in MSIS, Found in EDB) <sup>d</sup>		Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Pharm Plus Program <sup>f</sup>
Missouri	181,397	904	10.4	5.1	0.5	SLMB-only and QI-1 (codes 3 or 6 in byte 2 of the Dual Code) are undercounted.		
Montana	22,735	183	30.6	1.3	0.2	Partial duals (codes 1, 3, or 6 in byte 2 of the Dual Code) were underreported by about 4,500 through September 2009.		
Nebraska	42,740	144	10.0	5.8	1.3		100	
Nevada	43,015	289	46.8	2.7	1.6			
New Hampshire	31,045	343	30.4	7.1	2.4			
New Jersey	210,900	18,702	13.0	8.8	0.6	3,000-4,000 medically needy duals in nursing homes with no drug benefit were reported to Dual Code 59 (Other duals).	100	
New Mexico	66,956	1,029	39.6	4.1	2.8	NM started reporting SLMB-only and QI-1 duals (codes 3 and 6 in byte 2 of the Dual Code) in March 2009 and started reporting SLMB-plus duals (code 4 in byte 2 of the Dual Code) in June 2009. However, full reporting to these codes did not start until October 2009.		
New York	783,275	11,853	11.8	12.4	1.2			
North Carolina	320,481	6,077	20.4	2.3	1.6		100	
North Dakota	15,759	35	22.0	1.5	0.2	Most duals are Other full duals (code 8 in byte 2 of the Dual Code). Also, the number of QMB-only duals (code 1 in byte 2 of the Dual Code) decreased. This decrease was offset by an increase in the number of QMB-plus duals (code 2 in byte 2 of the Dual Code).		
Ohio	322,448	3,776	29.9	7.9	1.8	Some partial duals (codes 1, 3, or 6 in byte 2 of the Dual Code) were reported to UEGs 11-12.		
Oklahoma	116,854	1,271	17.0	3.5	0.4	No QMB-only duals reported in OK due to the 100% FPL expansion for aged and disabled.	100	
Oregon	97,650	533	32.5	3.8	2.8			
Pennsylvania	404,153	3,338	15.3	6.4	1.0		100	

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2009

	Indicators of Potential Reporting Anomalies					Dual-related Coverage Options		
	Total Number of EDB Duals <sup>a</sup>	Number of Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) <sup>b</sup>	Percent of Enrollees > age 64 Who Were Not EDB Duals <sup>c</sup>	Percent EDB Only Duals (Duals not Reported in MSIS, Found in EDB) <sup>d</sup>	Other Known Reporting Anomalies	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Pharm Plus Program <sup>f</sup>
Rhode Island	43,277	767	13.5	11.2	4.9 <sup>j</sup>		100 <sup>k</sup>	
South Carolina	149,011	5,975	12.0	2.4	0.5		100	
South Dakota	21,102	107	33.9	1.0	0.7			
Tennessee	290,536	2,365	34.2	2.1	1.5	<p>QI-1 duals were reported to the SLMB-only category (code 3 in byte 2 of the Dual Code). QMB-plus and Other full duals (codes 2 and 8, respectively) decreased and QMB-only and SLMB-only duals (codes 1 and 3, respectively) increased. TN's shifts in dual reporting were linked to the resolution of a long-standing court case after which the state was no longer required to maintain Medicaid eligibility for persons leaving SSI; many of those who lost eligibility were subsequently redetermined and found to be eligible only for partial benefits.</p>		
Texas	651,336	13,100	36.3	3.1	0.6	<p>TX's 1929(b) program represents aged and disabled individuals who only qualify for a very limited set of personal care services and no prescription drugs. Most 1929(b) enrollees are reported as partial duals and assigned to UEGs 41-42 if they qualify for Medicare cost-sharing only, with the remaining enrollees assigned 9 in byte 2 of the Dual Code (if duals) or 0 in byte 2 of the Dual Code (if not duals).</p>		
Utah	33,073	99	8.8	3.7	12.8	<p>Possible underreporting of enrollees with SLMB-only and QI status (codes 3 and 6, respectively, in byte 2 of the Dual Code) and SLMB-plus status (code 4 in byte 2 of the Dual Code) between January and March 2009.</p>	100	
Vermont	35,422	159	20.9	2.1	1.2	<p>Some Pharm Plus waiver enrollees reported to Dual Code 59 (Other duals).</p>		X
Virginia	176,983	1,339	31.5	5.6	0.9		80	
Washington	164,251	1,172	23.7	3.9	1.7	<p>Starting in October 2009, counts of full duals fluctuated when WA implemented a new MMIS and reclassified full dual eligibles from Other full duals (code 8 in byte 2 of the Dual Code) to QMB-plus or SLMB-plus duals (codes 2 and 4 in byte 2 of the Dual Code, respectively).</p>		

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2009

	Indicators of Potential Reporting Anomalies					Dual-related Coverage Options	
	Total Number of EDB Duals <sup>a</sup>	Number of Non-EDB Duals (Duals Reported in MSIS, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) <sup>b</sup>	Percent of Enrollees > age 64 Who Were Not EDB Duals <sup>c</sup>	Percent EDB Only Duals (Duals not Reported in MSIS, Found in EDB) <sup>d</sup>	Other Known Reporting Anomalies	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>
West Virginia	81,792	587	39.4	1.9	0.4		
Wisconsin	216,359 <sup>l</sup>	1,344	8.2	2.1	0.7	Pharm Plus waiver enrollees not qualifying under other dual codes receive Dual Code 59. Some disabled enrollees in UEG 32 have full benefits as part of a program that allows them to pay premiums for full Medicaid coverage.	X
Wyoming	10,702	59	32.5	1.4	1.2		
Total	9,612,557	148,107	23.0	6.9	1.6		2

Notes: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

Excludes people with missing Medicaid eligibility or S-CHIP only.

<sup>a</sup> EDB duals are Medicaid enrollees whose enrollment in Medicare has been confirmed with a link to the Medicare Enrollment Data Base (EDB).

<sup>b</sup> Many duals are eligible for only restricted Medicaid benefits related to Medicare cost sharing. Some of these so-called "partial duals" only qualify for payment of Medicare Part B premiums, while others also qualify for Medicare copayments and deductibles. Values greater than 40.0 percent are flagged as potentially anomalous.

<sup>c</sup> The vast majority of aged Medicaid enrollees are also enrolled in Medicare. However, sometimes aged individuals do not qualify for Medicare, or they are entitled, but not enrolled. States with over 10.0 percent of enrollees age 65 and older not identified as EDB duals are flagged as potentially anomalous.

<sup>d</sup> Values greater than 5.0 percent are above the expected level and are considered anomalous.

<sup>e</sup> States have the option to extend full Medicaid benefits to aged and disabled persons (including nonduals) whose income does not exceed the FPL. If a state has implemented an expansion for the aged and disabled, the % FPL used for the expansion is noted.

<sup>f</sup> States can have 1115 waivers that extend prescription drug coverage (so-called Pharm Plus states) to some partial duals, in addition to covering Medicare cost-sharing expenses.

<sup>g</sup> AR only extended this optional coverage to the aged, not the disabled.

<sup>h</sup> MA used 133 percent FPL for the disabled.

<sup>i</sup> MN's high proportion of EDB-only duals was primarily due to individuals who only qualified for limited benefits prior to full eligibility determination.

<sup>j</sup> The number of EDB-only duals in RI increased starting in July 2009 when the new global 1115 waiver was implemented; most of the EDB-only duals are found in UEG 51.

<sup>k</sup> RI extends eligibility to the aged and disabled up to 100 percent FPL, but it is unclear where or how they are reported in MAX.

<sup>l</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2009 <sup>a</sup>

	Medicaid Eligibility For SSI Recipients				Medically Needy Eligibility <sup>d</sup>	Full Benefit Poverty- Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Special Income Level for Institutionalized <sup>f</sup>	Reporting Anomalies
	Automatic Eligibility <sup>b</sup>	SSI Criteria <sup>b</sup>	Section 209(b) <sup>b</sup>	State- Administered SSI Supplement <sup>c</sup>				
Alabama	X			X			X	In AL, some individuals applying for additional Medicaid benefits were incorrectly reported with the UEG assignment associated with their pending application instead of the benefits currently being received. These UEG assignments caused some inconsistencies with expected values in other monthly data fields, such as Dual Code and RBF. Also, AL reported few enrollees to UEG 44-45 due to state coding limitations.
Alaska		X		X			X	
Arizona	X			X		100	X	
Arkansas	X				X	80 <sup>g</sup>	X	AR provided adult M-CHIP coverage through a HIFA waiver, but these enrollees were not reported in MSIS. As a result, enrollment in UEG 55 is underreported.
California	X				X	100		In May and July 2009, there were enrollment shifts from UEG 11-12 to 41-42 when some individuals in CA were discontinued from SSI and were temporarily moved to UEG 41-42 until counties completed redeterminations.
Colorado	X			X			X	Enrollment in UEG 14-15 increased during 2009 as the result of increased outreach efforts.
Connecticut			X	X	X		X	DE reported some SSI recipients to UEG 41-42 instead of UEG 11-12.
Delaware	X						X	
District of Columbia	X				X	100		
Florida	X			X	X	88	X	FL indicated the decline in reporting of family planning enrollees in UEG 55, from about 60,000 persons in November 2009 to less than 3,000 in December 2009, was an error.
Georgia	X			X	X		X	
Hawaii			X		X	100		Poverty-related pregnant women reported to UEG 55 instead of UEG 35 due to state coding limitations.
Idaho		X		X			X	
Illinois			X	X	X	100		
Indiana			X	X				
Iowa	X				X		X	
Kansas		X		X	X		X	
Kentucky	X			X	X		X	
Louisiana	X			X	X		X	Most low-income infants were reported to UEG 44 because LA deems these newborns eligible for Medicaid until age 1.

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2009<sup>a</sup>

	Medicaid Eligibility For SSI Recipients				Medically Needy Eligibility <sup>d</sup>	Full Benefit Poverty- Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Special Income Level for Institutionalized <sup>f</sup>	Reporting Anomalies
	Automatic Eligibility <sup>b</sup>	SSI Criteria <sup>b</sup>	Section 209(b) <sup>b</sup>	State- Administered SSI Supplement <sup>c</sup>				
Maine	X			X	X	100	X	ME used poverty-related and M-CHIP expansions (UEG 34) to establish Medicaid eligibility for most children.
Maryland	X			X	X		X	MD reported in MSIS individuals who receive refugee medical assistance although they may not be covered with Title XIX Medicaid funds. In July 2008, MD expanded eligibility for the Section 1931 eligibility group to 116 percent of the FPL. This led to increased enrollment in UEG 14-15 and decreased enrollment in UEG 24-25, 34-35, and 55 through 2009. In 2009, UEG 44-45 also increased due to increases in TMA enrollment.
Massachusetts	X				X	100 <sup>h</sup>		MA started reporting women in BCCPT programs to UEG 3A in 2009, previously these enrollees were reported in UEG 54-55 under the MassHealth 1115 waiver. MA revised its State Specific Eligibility Groups with the new MMIS. As a result, enrollment in several UEGs shifted during 2009. In 2009, enrollment in UEGs 14, 15, 21, 45, and 55 increased. Enrollment in UEGs 41 and 51 decreased.
Michigan	X				X	100	X	MI implemented a new MMIS in July 2009. At that time, enrollment in many UEGs shifted. In particular, enrollment in UEG 48 (foster care children) dropped and prior enrollment may be over-reported.
Minnesota			X	X	X	95		MN raised the income eligibility levels for children and adults in 2009 and enrollment increased during the year. Adult S-CHIP coverage ended in February 2009 and MN transitioned many of these enrollees to Medicaid coverage at that time.
Mississippi	X						X	Section 1931 and TMA enrollees reported to UEG 14-15 due to state coding limitations. MS reported no one to UEG 44-45 in 2009.
Missouri			X	X				TMA enrollees are included in the 1931 group reported in UEG 14-15.
Montana	X				X		X	UEG 31-32 enrollment increased in October 2009 when MT corrected its reporting of partial duals and added new enrollees. UEG 34 increased in October 2009 when MT implemented its new M-CHIP program. During 2009, some enrollees shifted from UEG 21-22 to 41-42 due to changes in eligibility status.
Nebraska		X		X	X	100	X	Pregnant women who are only eligible for Medicaid as a result of their unborn child are entered into NE's system with an MSIS ID assigned to their unborn child. The DOB is initially reported as the expected DOB. Most of these unborn children are initially mapped to UEG 35. Also, starting in April 2009, the number of TMA children in UEG 44 increased when NE reclassified these children.
Nevada		X					X	

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2009<sup>a</sup>

Medicaid Eligibility For SSI Recipients							Reporting Anomalies	
Automatic Eligibility <sup>b</sup>	SSI Criteria <sup>b</sup>	Section 209(b) <sup>b</sup>	State-Administered SSI Supplement <sup>c</sup>	Medically Needy Eligibility <sup>d</sup>	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Special Income Level for Institutionalized <sup>f</sup>		
New Hampshire		X	X	X		X	In March 2009, NH increased income limits for several groups, particularly children. This change resulted in increased enrollment for several UEG categories.	
New Jersey	X				X	100	X	NJ reported about 8,000 individuals to UEG 54-55 who were not reported with 1115 waiver enrollment. About 800 individuals in the HIFA waiver were reported to UEG 14-15, instead of UEG 54-55.
New Mexico	X		X				X	UEG 31-32 increased when NM added new partial duals (Dual Codes 53 and 56).
New York	X			X				
North Carolina	X		X	X	100			
North Dakota		X		X				ND reports hundreds of TANF recipients in UEG other than 14-17.
Ohio		X	X				X	Some Section 1931 children and adults may have been reported to UEG 44-45 in error, instead of UEG 14-15.
Oklahoma		X	X		100		X	In October 2009, OK moved blind and disabled public assistance clients from UEG 42 to 12.
Oregon		X	X				X	
Pennsylvania	X			X	100		X	UEG 55 increased due to expansion of family planning waiver.
Rhode Island	X			X	100		X	
South Carolina	X		X		100		X	
South Dakota	X		X				X	
Tennessee	X			X			X	UEG 11-12 enrollment greater than expected due to long-standing court case requiring TN to maintain Medicaid eligibility for persons leaving SSI; however, the lifting of an injunction, prompted by this court case, in 2009 contributed to an overall decrease in UEG 11-12 and an increase in UEG 31-32. There was also an ongoing shift from UEG 44-45 to 14-15 due to a new policy requiring TANF recipients to reapply for coverage.
Texas	X		X	X			X	TX reported a limited 1929(b) program to UEG 41-42. These enrollees qualify only for limited personal services and no prescription drugs. In January 2009, enrollment shifted from UEG 34-35 to UEG 54-55 when TX corrected its reporting of family planning.

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2009<sup>a</sup>

	Medicaid Eligibility For SSI Recipients							Reporting Anomalies
	Automatic Eligibility <sup>b</sup>	SSI Criteria <sup>b</sup>	Section 209(b) <sup>b</sup>	State-Administered SSI Supplement <sup>c</sup>	Medically Needy Eligibility <sup>d</sup>	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) <sup>e</sup>	Special Income Level for Institutionalized <sup>f</sup>	
Utah		X			X	100	X	In September, enrollment shifted from UEG 31-32 to UEG 21-22 due to a state programming change. UT reported enrollees in its Primary Care Network 1115 waiver to UEG 55. Enrollment increased and peaked mid-year before declining for the remainder of the year.
Vermont	X				X		X	At the end of 2009, VT moved enrollees age 65 and older from UEG 12 to UEG 11. VT implemented an amendment to its Global Commitment to Care 1115 waiver in October 2009 that expanded enrollment to both additional prescription drug only enrollees and additional ESI premium assistance enrollees, causing increases to UEG 51 and UEG 55, respectively.
Virginia			X	X	X	80	X	VA used poverty-related expansions (UEG 34) to establish Medicaid eligibility for most children. Due to coding limitations, VA reports Section 1931 and TMA adults to UEG 45, instead of UEG 15.
Washington	X			X	X		X	WA implemented a new MMIS in October 2009. Approximately 54,000 individuals who were reported in MSIS from January to September 2009 are no longer reported beginning in October. Additionally, approximately 122,000 individuals start enrollment in 2009. Additionally, UEG groups for many enrollees changed when the new MMIS was implemented.
West Virginia	X				X		X	Most children were reported to UEG 44. Also, starting in 2008, some pregnant women were shifted from UEG 45 to 35 causing enrollment increases in UEG 35 through 2009.
Wisconsin <sup>l</sup>	X			X	X		X	Under BadgerCare+, WI implemented a new 1115 waiver in July 2009 to cover childless adults, causing an increase in UEG 55; however, enrollment in this waiver was suspended as of October 2009.
Wyoming	X			X			X	
Total	33	7	11	31	34	20	40	

Notes: a Medicaid eligibility expansions that result from 1115 waivers are reported in Table 7. CHIP eligibility provisions are presented in Table 4.

<sup>b</sup> States have three options with regard to Medicaid eligibility for SSI recipients. In most states, SSI recipients are automatically enrolled in Medicaid without a separate Medicaid application. In SSI criteria states, SSI recipients are eligible for Medicaid but have to apply separately for the program. Section 209(b) states require a separate Medicaid application for SSI recipients and use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In Section 209(b) and SSI criteria states, the number of SSI enrollees reported to UEG 11-12 may be lower than the number of SSI recipients reported by SSA.

<sup>c</sup> Source: State Assistance Program for SSI Recipients, January 2009, Social Security Administration (SSA) Publication No 13-11975. In states with state-administered SSI supplements, the number of enrollees reported to UEG 11-12 may be higher than the number of SSI recipients reported by the SSA. SSI recipients should be reported to UEG 11-12.

<sup>d</sup> States can expand Medicaid eligibility by opting to implement medically needy programs that allow higher income and/or resource standards for persons otherwise ineligible for Medicaid. In determining countable income, medically needy programs must allow individuals to "spend down" income on incurred medical expenses. Medically needy enrollees should be reported to UEG 21-25.

<sup>e</sup> States have the option to extend full Medicaid benefits to aged and disabled persons (including nonduals) whose income does not exceed the FPL. If a state has implemented an expansion for the aged and disabled, the % FPL used for the expansion is noted. Individuals using this eligibility pathway should be reported to UEG 31-32.

<sup>f</sup> States have the option to set a special income standard at up to 300 percent of the SSI level (\$2,022 per month in 2009) for individuals in nursing facilities and other institutions. Individuals using this eligibility pathway should be reported to UEG 41-42.

<sup>g</sup> AR only extended this optional coverage to the aged, not the disabled.

<sup>h</sup> MA used 133 percent FPL for the disabled.

<sup>i</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

Table 7. Section 1115 Waiver Reporting and Eligibility Expansions in MAX 2009

Waiver Expands Medicaid Eligibility and/or Extends Targeted Coverage to a Special Population													
State	MAX 1115 Waiver ID(s)	June 2009 Enrollment	December 2009 Enrollment	Aged Expansion	Disabled Expansion	Children Expansion	Pregnant Women Expansion	Parents/ Caretakers Expansion	Childless Adult Expansion	Special Population: Family Planning Only Enrollees	Special Population: HIV Positive Individuals	Special Population: Prescription Drug Only Enrollees	Non-Expansion Waiver Components
Alabama	FP	74,867	75,741							X			
Alaska	CP	2,841	0										X
Arizona	A1	1,303,459	1,426,073					NR <sup>a</sup>	X	X			X
Arkansas	A1 <sup>b</sup>	356,446	365,001					NR <sup>a</sup>	NR <sup>a</sup>				X
Arkansas	A9	66,505	70,972			X							
Arkansas	B1	61,399	61,405							X			
Arkansas	B3	3,217	3,153		X	X							
California	01	1,682,650	1,703,280							X			
California	17	31,104	0										X
Colorado	No 1115 waiver												
Connecticut	No 1115 waiver												
Delaware	01	129,565	136,431					X	X	X			X
District of Columbia	01	1,355	1,342						X				
District of Columbia	06	321	298									X	
Florida	03 <sup>c</sup>	59,409	2,811							X			
Florida	22	221,514	247,099										X
Florida	23	29,206	32,367	X	X								
Georgia	No 1115 waiver												
Hawaii	H1	216,716	226,661		X	X	X	X	X				X
Idaho	No ID NR NR												
Illinois	A3	40,933	41,749							X			
Indiana	4A, 4B, 4C	713,448	687,068					X <sup>d</sup>	X <sup>d</sup>				X
Iowa	W1	25,803	25,630							X			
Iowa	X1, H1	33,349	36,157			X	X	X	X				X
Kansas	No 1115 waiver												
Kentucky	MC	152,291	157,518										X
Louisiana	FP	60,140	65,406							X			
Maine	10	330	348								X		

Table 7. Section 1115 Waiver Reporting and Eligibility Expansions in MAX 2009

Waiver Expands Medicaid Eligibility and/or Extends Targeted Coverage to a Special Population													
State	MAX 1115 Waiver ID(s)	June 2009 Enrollment	December 2009 Enrollment	Aged Expansion	Disabled Expansion	Children Expansion	Pregnant Women Expansion	Parents/ Caretakers Expansion	Childless Adult Expansion	Special Population: Family Planning Only Enrollees	Special Population: HIV Positive Individuals	Special Population: Prescription Drug Only Enrollees	Non-Expansion Waiver Components
Maine	11	11,724	10,515						X				
Maryland	HC	650,978	691,514		X			X	X	X			X
Massachusetts	B, C, D, E, F, H, I, M, N, 1, 2, 3	984,986	1,205,397		X	X	X	X	X		X		X
Michigan	AB <sup>e</sup>	91,358	72,564						X				
Michigan	FP	45,792	47,347							X			
Minnesota	B1	380,547	395,851 <sup>f</sup>			X	X	X					X
Minnesota	FP	18,150	20,105							X			
Mississippi	01	20,877	21,817							X <sup>g</sup>			
Mississippi	02	5,387	5,607	X <sup>h</sup>	X <sup>h</sup>								
Missouri	D1	16,921 <sup>i</sup>	17,630 <sup>i</sup>							X			
Montana	MB	7,943	8,554										X
Nebraska	No 1115 waiver												
Nevada	No 1115 waiver												
New Hampshire	No 1115 waiver												
New Jersey	08	86,993	93,713				X	X					
New Mexico	01	8,902	8,892			X <sup>j</sup>							X
New Mexico	02	37,723	53,923					X	X				
New Mexico	03	23,428	24,110							X			
New York	01, 10	3,130,705	3,303,654					X	X	X			X
North Carolina	FP	47,076	53,194							X			
North Dakota	No 1115 waiver												
Ohio	No 1115 waiver												
Oklahoma	WF	432,854	464,996		X			X	X <sup>k</sup>				X
Oklahoma	WH	18,587	22,337							X			
Oregon	A7 <sup>l</sup>	404,937	438,787			X	X	X	X				X

Table 7. Section 1115 Waiver Reporting and Eligibility Expansions in MAX 2009

Waiver Expands Medicaid Eligibility and/or Extends Targeted Coverage to a Special Population													
State	MAX 1115 Waiver ID(s)	June 2009 Enrollment	December 2009 Enrollment	Aged Expansion	Disabled Expansion	Children Expansion	Pregnant Women Expansion	Parents/ Caretakers Expansion	Childless Adult Expansion	Special Population: Family Planning Only Enrollees	Special Population: HIV Positive Individuals	Special Population: Prescription Drug Only Enrollees	Non-Expansion Waiver Components
Oregon	AC	NR	NR							NR <sup>a</sup>			
Pennsylvania	FP	61,300	72,469							X			
Rhode Island	DC, RC, 01, 02, 03, 04, 07, 09, 10, 11, 12, 13, 16, 17, 18, 19 <sup>m</sup>	121,859	197,520			X	X			X			X
South Carolina	WF	40,378	39,002							X			
South Dakota	No 1115 waiver												
Tennessee	01	1,241,307	1,203,411	X	X	X		X <sup>n</sup>	X <sup>n</sup>				X
Texas	H1	90,689	102,248							X			
Utah	06 <sup>o</sup>	23,777	18,475				X	X	X				
Vermont	L1, L2, L3, L4	5,194	5,200	X	X								X
Vermont	G1, G2, G3, G4, G5, G6, G7 <sup>p</sup>	121,041	127,188	X	X	X	X	X	X			X	X
Virginia	F1	4,405	4,963							X			
Washington	TC	53,252	59,693							X <sup>q</sup>			
West Virginia	No 1115 waiver												
Wisconsin <sup>r</sup>	A1	45,053	48,252			X		X					
Wisconsin <sup>r</sup>	C1	60,839	60,374									X	
Wisconsin <sup>r</sup>	D1	54,849	62,245							X			
Wisconsin <sup>r</sup>	V1 <sup>s</sup>	0	55,271						X				
Wyoming	F1	191	403							X			
Total X				5	10	12	9	16	18	26	3	2	22
Total NR/ incomplete/ over reported				0	0	1	0	2	1	1	0	0	1
Total				5	10	13	9	18	19	27	3	2	23

Notes: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

Each row in Table 7 represents an individual 1115 waiver. Some 1115 waivers have multiple waiver IDs that identify various waiver components. See the MAX 2009 waiver crosswalk for additional details of state waiver reporting in MAX.

NR = not reported

- <sup>a</sup> Enrollment was not reported in MAX due to limitations in the state's data system (AZ, AR, and OR).
- <sup>b</sup> Enrollment in AR's Safety Net Benefit waiver (ID A1) dropped by about 65,000 in January 2009 when ARKids B program enrollees were removed from the waiver. The previous reporting was inaccurate.
- <sup>c</sup> FL indicated the decline in reporting of family planning waiver enrollees, from about 60,000 persons in November 2009 to less than 3,000 in December 2009, was an error.
- <sup>d</sup> In 2009, IN suspended new enrollment of childless adults in the Healthy Indiana Plan 1115 waiver (ID 4C), but the state increased the number of enrollment slots for parents and caretakers (ID 4B).
- <sup>e</sup> MI manages enrollment in this waiver to maintain an annual appropriations limit so enrollment periodically opens and closes.
- <sup>f</sup> MN's S-CHIP coverage for adults ended in February 2009. At that time, MN transitioned many of these enrollees to Medicaid coverage under the PMAP+ 1115 waiver (ID B1).
- <sup>g</sup> Family planning waiver enrollment declined in 2009 because MS switched from biennial to annual eligibility re-determinations, removing some enrollees during the process.
- <sup>h</sup> Although the Healthier MS waiver (ID 02) targets aged and disabled nonduals, about 10 percent of enrollees in 2009 were duals. MS attributes this to delayed receipt of Medicare enrollment information in the state eligibility data system.
- <sup>i</sup> MO underreports enrollment in the Family Planning waiver. Other state sources estimate that there are around 70,000 enrollees a month in this program. The individuals with enrollment in this waiver in MAX likely represent enrollees who used these services rather than total enrollment.
- <sup>j</sup> NM does not directly expand coverage to children with the CHIP waiver (ID 01); however, the required cost-sharing for M-CHIP enrollees under this waiver allows children to be enrolled that would otherwise not be eligible.
- <sup>k</sup> OK expanded coverage to college students ages 19-22 with incomes up to 200 percent FPL in 2008, but these enrollees were not reported in MAX until April 2009.
- <sup>l</sup> OR amended its 1115 waiver to add a HIFA component to the waiver; however this waiver enrollment is not reported in 2009.
- <sup>m</sup> RI implemented its global 1115 waiver in July 2009. At this point, all of the state's existing waivers (including 1115, 1915(b) and 1915(c)) were folded into this waiver. RI uses different waiver IDs to distinguish various populations under this waiver.
- <sup>n</sup> TN closed new enrollment to these groups in 2005 and less than 500 per month remain in 2009.
- <sup>o</sup> This UT waiver also offers premium assistance to some low-income working adults and S-CHIP-eligible children of these adults.
- <sup>p</sup> Effective October 2009, VT amended its Global Commitment to Care waiver to expand enrollment to additional prescription drug only enrollees and additional ESI premium assistance enrollees, causing increases to Waiver IDs G6 and G7, respectively.
- <sup>q</sup> Not all enrollees assigned to RBF 6 are reported with enrollment in WA's family planning 1115 waiver.
- <sup>r</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.
- <sup>s</sup> Under BadgerCare+, WI implemented a new 1115 waiver in July 2009 to cover childless adults; however, enrollment was suspended in October 2009.

Table 8. Reporting of Medicaid Enrollees with Restricted Medicaid Benefits in MAX 2009

	Aliens with Emergency Coverage Only (RBF=2)	Duals with Medicare Cost- Sharing Only (RBF=3)	Pregnancy Related Services Only (RBF=4)	Family Planning Only (RBF=6)	Alternative Benchmark Plan (RBF=7)	Money Follows the Person (RBF = 8)	PRTF Grant (RBF = A)	Health Opportunity Account (RBF = B)	Premium Assistance (RBF = W) <sup>a</sup>	Pharm Plus (RBF=X,Y,Z)	Other (RBF=5)	Description of Other (RBF=5) Group
Alabama	X	X	X	X								
Alaska	X	X	X									
Arizona	X	X		X								
Arkansas	X	X		X		X						
California	X	X	X	X		X					X	Hospice enrollees with some restrictions
Colorado	X	X										
Connecticut		X				X						
Delaware	X	X		X		X						
District of Columbia	X	X	X			X						
Florida	X	X	X	X <sup>b</sup>							X	Many medically needy enrollees with slightly reduced benefits
Georgia	X	X	X <sup>c</sup>			X	X				X	Presumptively eligible women in UEG 3A
Hawaii	X	X				X						
Idaho		X	X		X							
Illinois	X	X	X	X		X <sup>d</sup>						
Indiana		X	X			X	X	X			X	Starting in 2009, aliens and pregnant women eligible only for emergency services were reported to RBF 5; IN was unable to separately identify these enrollees to assign them RBF 4 and RBF 2. IN continued to report pregnant women who received complete pregnancy-related services to RBF 4.
Iowa	X	X	X	X <sup>e</sup>		X						
Kansas	X	X			X	X	X					
Kentucky	X	X	X		NR <sup>f</sup>	X						
Louisiana	X	X	X	X		X					X	Many medically needy eligibles and some poverty-related pregnant women with substance abuse care restrictions
Maine	X	X	X									
Maryland	X	X		X		X	X				X	1115 waiver adults with benefits limited to primary care
Massachusetts	X <sup>g</sup>	X <sup>h</sup>	X					X			X <sup>i</sup>	Enrollees in UEG 44-45 and 54-55 with slightly reduced benefits package
Michigan	X	X		X		X					X	Adult M-CHIP enrollees with no inpatient coverage
Minnesota	X	X	X	X							X	Aged with "access" services only and some children and adults with unknown benefits
Mississippi	X	X	X	X			X				X	Low-income infants in UEG 34 with no dental or eyeglass coverage
Missouri		X	X	X		X						
Montana		X <sup>j</sup>					X				X	1115 waiver parents and caretaker relatives, BCCPT enrollees, "Team Care" recipients with some benefit restrictions. Some individuals in UEGs 12, 22, 34, 35, 42, 44, and 48 may have been incorrectly assigned RBF 5.
Nebraska	X <sup>k</sup>	X	X <sup>l</sup>			X						
Nevada	X	X	X								X	Medicaid/Ineligible Institutional Benefits
New Hampshire		X				X						
New Jersey	X	X	X			X					X	1915(c) waiver enrollees, nursing home recipients with Dual Code 59 not eligible for prescription benefits, and M-CHIP parents in Family Care 1115 waiver who receive limited package of benefits

Table 8. Reporting of Medicaid Enrollees with Restricted Medicaid Benefits in MAX 2009

	Aliens with Emergency Coverage Only (RBF=2)	Duals with Medicare Cost- Sharing Only (RBF=3)	Pregnancy Related Services Only (RBF=4)	Family Planning Only (RBF=6)	Alternative Benchmark Plan (RBF=7)	Money Follows the Person (RBF = 8)	PRTF Grant (RBF = A)	Health Opportunity Account (RBF = B)	Premium Assistance (RBF = W) <sup>a</sup>	Pharm Plus (RBF=X,Y,Z)	Other (RBF=5)	Description of Other (RBF=5) Group
New Mexico	X	X	X	X							X	M-CHIP adults in 1115 waiver that have slightly reduced benefits
New York	X	X	X	X		X					X	Family Health Plus 1115 waiver enrollees with no LTC coverage and other enrollees with some capitated services
North Carolina	X	X	X	X		X					X	Many medically needy enrollees with slightly reduced benefits. Inmates of prisons and patients in inpatient psychiatric facilities who receive inpatient care through Medicaid
North Dakota	X	X				X						
Ohio		X				X						
Oklahoma	X	X	X	X		X		X			X	Enrollees eligible for only tuberculosis-related services
Oregon	X	X		NR		X					X	1115 waiver adults with slightly reduced benefits
Pennsylvania	X	X	X	X		X					X	Medically needy aged, disabled, and adults
Rhode Island	X	X	X	X							X	Many medically needy enrollees with slightly reduced benefits, as well as global 1115 waiver enrollees with undefined benefits
South Carolina	X	X		X			X	X				
South Dakota	X	X	X									
Tennessee	X	X	X									
Texas	X	X	X	X		X					X	1929(b) program enrollees using LTC at home and some medically needy with slightly reduced benefits
Utah	X	X									X	Primary Care 1115 waiver enrollees with slightly reduced benefits
Vermont		X						X	X	X	X	Small number of 1115 LTC waiver enrollees only eligible for 3 home health services; some persons in PC Plus waiver who switched from FFS
Virginia	X	X		X	NR <sup>m</sup>	X	X				X	Many medically needy enrollees with slightly reduced benefits
Washington	X	X		X <sup>n</sup>		X					X	Mostly medically needy enrollees
West Virginia	X	X			X <sup>o</sup>							
Wisconsin <sup>p</sup>	X	X	X	X	X	X				X	X	Enrollees eligible for only tuberculosis-related services
Wyoming	X	X	X	X							X	Benefit restrictions unknown
Total X	43	51	31	26	4	30	8	2	3	2	27	
Total NR/incomplete	0	0	0	1	2	0	0	2	3	0	0	
Total	43	51	31	27	6	30	8	2	3	2	27	

Notes: Excludes people with missing Medicaid eligibility or S-CHIP only.

NR = not reported

<sup>a</sup> As described in the MAX data dictionary, individuals who received only premium assistance coverage were assigned to RBF W only when the enrollees in these programs were clearly identifiable. Additional states maintained premium assistance programs but enrollees could not be identified in MAX.

<sup>b</sup> FL indicated the decline in reporting of family planning enrollees (those assigned RBF 6), from about 60,000 persons in November 2009 to less than 3,000 in December 2009, was an error.

<sup>c</sup> In GA, only presumptively eligible pregnant women in UEG 35 were assigned RBF 4.

<sup>d</sup> IL's MFP enrollment was underreported in 2009.

<sup>e</sup> In IA, some people covered under the family planning waiver also receive other Medicaid coverage. These enrollees did not receive RBF 6.

<sup>f</sup> In May 2006, KY began to use 4 benchmark-equivalent alternative benefit packages; however, all enrollees continued to be assigned RBF 1 (full Medicaid benefits) through 2009.

<sup>g</sup> In MA, although the number of enrollees with RBF 2 increased when MA implemented a new MMIS in 2009, the enrollment in RBF 2 is underreported in August and September 2009.

<sup>h</sup> In MA the number of enrollees with RBF 3 increased in 2009. Some of this increase was caused by the increase in the number of partial dual eligibles. Also, MA started reporting about 12,000 nonduals or full dual eligibles each month to RBF 3, which also contributed to the increase. It's unclear whether the RBF or the Dual Code for these enrollees is correct.

<sup>i</sup> MA reported about 6,000 enrollees a month in UEG 41-42 with unknown benefits (RBF 9).

<sup>j</sup> MT underreported RBF 3 enrollment by about 4,500 individuals a month through September 2009.

<sup>k</sup> NE's reporting incomplete throughout 2009.

<sup>l</sup> NE started reporting a very small number of individuals to RBF 4 in December 2009.

<sup>m</sup> VA had a disease management program that was approved by CMS as an alternative benefit package; however, these enrollees were reported to RBF 1 (full Medicaid benefits) through 2009.

<sup>n</sup> Not all enrollees assigned to RBF 6 are reported with enrollment in WA's family planning 1115 waiver.

<sup>o</sup> RBF 7 counts increased in 2008 and 2009 when WV extended coverage to additional counties.

<sup>p</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

Table 9. Reporting of Managed Care Enrollment in MAX 2009

	Percent with HMO/HIO or PACE Enrollment						Other Managed Care Enrollment Reporting							Inconsistencies Between MAX and CMS June 2009 Managed Care Data		
	All Full-Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)		Other Plan (MC=8) Description	
Alabama	1.6	11.5	4.8	0.0	0.0	12.6 <sup>a</sup>	8.1					X	X	PHP Network - inpatient care for those without Medicare Part A	Partnership Hospital Program reported as Other managed care in MAX and as a PIHP in CMS data. United Medicare Complete HMO for duals was not reported in CMS data.	
Alaska	0.0	0.0	0.0	0.0	0.0	0.0	0.0									
Arizona	87.6 <sup>b</sup>	60.9	71.2	92.0	88.9	68.9	NA		X	X			X	Children's Rehabilitative Services (CRS); prisoners with eligibility	LTC plans reported as HMOs in CMS data. BHO plan underreported in CMS data. CRS program reported as Other in MAX but is not reported in CMS data.	
Arkansas	0.0 <sup>c</sup>	0.1	0.0	0.0	0.0	0.0	0.1				X	X	X	Transportation	PCCM reporting in MAX was 14 percent lower than in CMS data.	
California	59.1	18.2	25.9	71.5	72.6	19.0	23.9	X			X		X	Hybrid PCCM and Mental Health Support PIHP	Positive Health Care plan reported as Other in MAX but as an HMO in CMS data. Family Mosaic reported as Other in MAX but as a PIHP in CMS data. Hybrid FFS/PHP dental plans reported in MAX but not in CMS data.	
Colorado	10.9	10.5	11.6	11.1	9.7	8.0	4.7		X		X		X <sup>d</sup>		BHPs operated under the CO Medicaid Community Mental Health Services Program reported as BHO in MAX and as PIHPs in CMS data. The Rocky Mountain Health Plan not reported as managed care in MAX (due to ASO arrangements) but reported as an HMO in CMS data.	
Connecticut	74.3 <sup>e</sup>	0.0	0.9	95.3	88.7	1.0	0.5									
Delaware	86.0	12.4	63.0	91.0	92.9	13.7	3.5						X	Transportation	Transportation plan not reported in CMS data; non-capitated PCCM (reported as Other in CMS data) not reported in MAX.	
District of Columbia	69.1	0.3	11.7	92.3	93.9	2.4	0.6						X	Transportation	Health Services for Children with Special Needs plan reported as HMO in MAX but PIHP in CMS data.	
Florida	46.2	10.3	33.4	56.9	40.4	8.8	5.7	X	X		X	X	X <sup>f</sup>	DMP	Provider Service Network reported as PCCM in MAX and as Other in CMS data. Transportation, LTC and Medical-Only PIHPs reported in CMS data but not MAX.	
Georgia	73.9	0.1	5.8	92.9	87.7	1.2	0.7		X <sup>g</sup>				X	X	Transportation <sup>h</sup>	PASRR program not reported in CMS data. PCCM enrollment was 14 percent greater in MAX than in CMS data.
Hawaii	97.5	98.3 <sup>i</sup>	98.7 <sup>i</sup>	98.4	95.8	98.3	99.2		X		X					BHOs not reported in CMS data.

Table 9. Reporting of Managed Care Enrollment in MAX 2009

	Percent with HMO/HIO or PACE Enrollment							Other Managed Care Enrollment Reporting						Inconsistencies Between MAX and CMS June 2009 Managed Care Data	
	All Full- Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)		Other Plan (MC=8) Description
Idaho	0.0	0.0	0.0	0.0	0.0	0.0	0.0	X				X	X	Medicaid-Medicare Coordinated Plan	
Illinois	7.4	0.0	0.1	9.4	7.9	0.1	0.1				j	X	X	Primary Health Providers, Managed Care Community Networks (MCCNs), and Pre-PACE	MCCNs reported as Other in MAX and as HMOs in CMS data. PCCM counts in MAX were about 30 percent higher than in CMS data.
Indiana	77.6	0.3	16.0	92.6	90.1	3.1	0.9					X			ESP High Risk plan reported as an HMO in MAX but as Other managed care in CMS data.
Iowa	1.0 <sup>k</sup>	0.1	0.1	1.4	0.8	0.1	0.1		X		X	X			
Kansas	58.5	0.8	2.4	79.0	78.5	1.2	2.0		X		X	X	X	Transportation	
Kentucky	22.3	10.1	18.5	25.6	21.9	13.2	2.9					X	X	Transportation	Transportation plan reported as Other managed care in MAX and as a PAHP in CMS data.
Louisiana	0.0 <sup>c</sup>	0.3	0.0	0.0	0.0	0.2	0.0				X	X			
Maine	0.0	0.0	0.0	0.0	0.0	0.0	0.0					X			
Maryland	85.0	1.7	60.0	96.2	89.3	8.0	32.3			X					Primary Adult Care 1115 waiver program reported as HMO in MAX but as PAHP in CMS data.
Massachusetts	41.7 <sup>l</sup>	11.1	18.0	60.5	42.9	7.4	NA		X		X	X			Senior Care Options plans reported as PACE plans in MAX but as HMOs in CMS data. BHO plans reported as PIHP in CMS data.
Michigan	73.6	3.8	53.3	84.4	80.7	8.6	3.5	X	X		X				Dental plan reported as PAHP in CMS data. BHO plans reported as PIHP in CMS data.
Minnesota	72.8	65.7	13.3	86.3	83.8	43.3	43.9								
Mississippi	0.0	0.0	0.0	0.0	0.0	0.0	0.0						X	Transportation <sup>m</sup>	Transportation program reported as Other managed care in MAX but as PAHP in CMS data.
Missouri	49.1	0.2	2.0	66.9	63.7	0.6	1.0				X		NR	Transportation	Transportation program enrollment not reported in MAX, though capitation claims are reported.
Montana	0.0 <sup>c</sup>	0.0	0.0	0.0	0.2	0.2	0.0				X	X			PCCM enrollment may be underreported in CMS data.
Nebraska	18.9	1.5	10.0	22.4	21.0	0.9	0.4		X			X			
Nevada	61.7	0.0	2.1	74.5	73.1	0.9	0.0						X	Transportation	
New Hampshire	0.0	0.0	0.0	0.0	0.0	0.0	0.0								Disease management PAHP reported in CMS data but not in MAX.
New Jersey	77.7	11.8	50.2	92.5	91.4	14.2	18.0			X		X		Transportation	

Table 9. Reporting of Managed Care Enrollment in MAX 2009

	Percent with HMO/HIO or PACE Enrollment							Other Managed Care Enrollment Reporting							Inconsistencies Between MAX and CMS June 2009 Managed Care Data
	All Full-Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)	Other Plan (MC=8) Description	
New Mexico	77.8	4.0	49.6	83.0	86.3	8.8	35.2		X <sup>n</sup>	X <sup>o</sup>	X				LTC plan not reported in CMS data.
New York	70.9	14.2	37.8	81.7	84.4	7.1	6.6		X <sup>p</sup>	X	X	X			Senior Care plan reported as HMO in MAX but as Other managed care in CMS data.
North Carolina	0.0 <sup>c</sup>	0.0	0.0	0.0	0.0	0.0	0.0		X		X	X	X	Ambulatory Prepaid Health Plan	
North Dakota	0.1 <sup>c</sup>	0.6	0.1	0.0	0.0	0.4	0.0				X	X	X <sup>q</sup>	Experience Health plan	Experience Health reported as Other in MAX but as PAHP in CMS data.
Ohio	79.5	5.9	45.4	91.6	92.3	5.8	3.0				NR				PACE reported in CMS data but not in MAX.
Oklahoma	0.0 <sup>c</sup>	0.1	0.0	0.0	0.0	0.0	0.1				X	X	X	Transportation	Transportation reported as PAHPs in CMS data
Oregon	82.5	53.6	71.0	87.6	87.5	59.0	55.9	X	X		X	X			MAX managed care data do not include S-CHIP enrollees, but these enrollees were included in CMS data.
Pennsylvania	63.7	8.8	55.1	74.9	74.2	7.9	26.9		X	X	X	X	X	Transportation	
Rhode Island	66.9	0.8	15.8	91.6	87.5	2.4	3.1	X <sup>r</sup>			X				
South Carolina	54.8 <sup>s</sup>	0.8	33.7	65.7	63.9	2.4	3.7				X	X	X	Transportation	
South Dakota	0.0	0.0	0.0	0.0	0.0	0.0	0.0					X			
Tennessee	95.1 <sup>t</sup>	99.2	84.3	97.6	99.4	97.4	94.2		X <sup>u</sup>		X				Non-risk bearing plans (including dental and pharmacy benefit managers and TennCare Select) reported in CMS data but not in MAX.
Texas	53.5	29.0	35.3	60.1	49.9	31.2 <sup>v</sup>	11.5		X		X	X			DMP not reported in MAX data; BHO enrollment in MAX was 19 percent greater than CMS data.
Utah	17.1 <sup>w</sup>	14.5	15.1	20.4	11.1	14.8	12.2		X			X	X	Transportation	Non-risk based HMOs reported as PIHPs in CMS data but not reported in MAX data.
Vermont	0.1 <sup>c</sup>	0.7	0.1	0.0	0.0	0.4	NA				X	X			Global Commitment to Health1115 waiver program reported as PCCM in MAX and as HMO in CMS data.
Virginia	66.7	4.3	40.9	79.4	74.8	3.4	5.9				X	X			Uncapitated transportation program reported in CMS data but not in MAX.

Table 9. Reporting of Managed Care Enrollment in MAX 2009

	Percent with HMO/HIO or PACE Enrollment							Other Managed Care Enrollment Reporting						Inconsistencies Between MAX and CMS June 2009 Managed Care Data
	All Full-Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)	
Washington	65.9	1.3	7.4	84.1	78.9	2.1	NA		X		X	X <sup>x</sup>		DMP reported as PCCM in MAX but as PAHP in CMS data. BHO reported as PIHP in CMS data.
West Virginia	56.5	0.0	1.9	85.6	76.5	0.6	0.2					X		
Wisconsin <sup>y</sup>	67.7	4.8	4.1	87.9	78.1	4.8	1.1		X	X	NR <sup>z</sup>		X	Voluntary Independent Care Plan LTC reported as PIHP and WI's Independent Care Plan reported as HMO in CMS data. PACE reported in CMS data but not in MAX.
Wyoming	0.0	0.0	0.0	0.0	0.0	0.0	0.0							
Total X	--	--	--	--	--	--	--	6	20	5	28	30	22	
Total NR	--	--	--	--	--	--	--	0	0	0	2	0	1	
Total	52.9	14.3	28.0	60.9	63.8	14.2	11.9	6	20	5	30	30	23	

Notes: Excludes people with missing eligibility information, S-CHIP only, family planning only, aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees.

NR = not reported

<sup>a</sup> AL's United Medicare Complete covers copayments and deductibles for dual eligibles.

<sup>b</sup> Beginning in mid-2009, AZ began reporting about 1,000 prisoners each month who are not actively enrolled in a plan with associated capitation payments but nonetheless retain eligibility.

<sup>c</sup> AR, LA, MT, NC, ND, OK, and VT had PACE programs but did not have Medicaid HMO or HIO plans. PACE plans target different populations than HMO and HIO plans and managed care statistics in these states may differ from those in states with HMO or HIO plans.

<sup>d</sup> CO's PCCM enrollment dropped from December 2008 to January 2009 when previous errors in PCCM reporting were corrected.

<sup>e</sup> CT did not report any HMO enrollment from December 2007 through July 2008 when the state's HMOs ceased providing services to Medicaid enrollees. Enrollment started again in August 2008 causing HMO enrollment to increase into 2009.

<sup>f</sup> Enrollment in FL's disease management plan terminated as of March 2009 even though the plan was still active.

<sup>g</sup> GA ended managed care reporting of Mental Health/Mental Retardation PASRR Program as of June 2009, even though the waiver technically did not expire until September 2009.

<sup>h</sup> GA's non-emergency transportation program (Plan Type 08) included all Medicaid enrollees except aliens receiving emergency medical assistance, partial dual eligibles, and S-CHIP enrollees.

<sup>i</sup> As of February 2009, HI's 1115 Quest waiver moved most aged, blind, and disabled eligibles (including HCBS recipients) into managed care.

<sup>j</sup> Starting in January 2009, a correction to IL's managed care reporting caused a shift of enrollees from Plan Type 06 (PACE) to Plan Type 08 (other).

<sup>k</sup> IA terminated all Medicaid HMO coverage in February 2009.

<sup>l</sup> In 2009, MA introduced new managed care Plan IDs for all managed care plans.

<sup>m</sup> MS did not report capitation payments for the transportation program in 2009 claims data.

<sup>n</sup> In July 2009, NM's BHOs changed contractors and BHO enrollment increased at that time, including new enrollment of all CoLTS (long-term care) plan enrollees.

<sup>o</sup> NM reported all CoLTS enrollees to Plan Type 05 (LTC); however, they did not all receive LTC services. The state is unable to determine who does and does not receive LTC.

<sup>p</sup> BHO enrollment in NY essentially ended in July 2007, but NY continued to report a few enrollees with BHO coverage in 2009.

<sup>q</sup> Enrollment in ND's Experience Health Disease Management Program (Plan ID DM) may be underreported before January 2009.

<sup>r</sup> Dental plan enrollment in RI differs slightly from the corresponding waiver population enrollment (Waiver ID DC).

<sup>s</sup> Managed Care enrollment increases in SC were the result of increased state education and efforts to move people into HMO options.

<sup>t</sup> By 2009, TN had completed its rollout of Medicaid HMO coverage on a regional basis; however, comprehensive and behavioral coverage for its TennCare Select group, which began in September, was not considered at-risk and was not reported as managed care in MAX.

<sup>u</sup> From 2007-2009, many of TN's comprehensive managed care plans began to provide behavioral health services on an at-risk basis, but also continued to report behavioral enrollment separately.

<sup>v</sup> TX reported high levels of HMO enrollment among full duals (including the aged) due to the Star Plus program. The number of full duals with HMO enrollment dropped between May and June; this appears to be linked to the ending of two plans associated with a 1915(b) waiver that ended around the same time.

<sup>w</sup> As of September 2009, UT started reporting enrollees in two comprehensive plans when the state switched to a risk-based arrangement. However, UT did not report corresponding capitation claims for these plans.

<sup>x</sup> WA's PCCM enrollment dropped from about 74,000 in January to about 14,000 in February when the state ended a chronic care management contract.

<sup>y</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

<sup>z</sup> WI stopped reporting PACE program enrollment as of October 2008; however the program continued to operate in 2009.

Table 10. Private Health Insurance Coverage and TANF Status in MAX 2009

	Private Health Insurance Coverage among Medicaid Enrollees		TANF Status	
	June Percent Enrollees with Private Health Insurance (PVT INS CD = 2-4) <sup>a</sup>	Other Reporting Anomalies	TANF code 9-Filled <sup>b</sup>	Inconsistencies between MAX and ACF TANF December 2009 Data
Alabama	6.5	The number of enrollees with private health insurance increased between June and July when AL updated this information.	X	
Alaska	<b>62.1</b>	Higher rate due to Native Americans with Indian Health Service coverage and erroneous reporting of Medicare as private health insurance.	X	
Arizona	3.6			
Arkansas	6.6	Private health insurance data not reliable.	X	
California	4.6	Reported private health insurance enrollment increased in October when CA updated health insurance enrollment information.		MAX enrollment count is lower since enrollees in L.A. County have TANF 9-filled.
Colorado	3.7		X	
Connecticut	9.6		X	
Delaware	4.3		X	
District of Columbia	<b>1.9</b>			MAX higher due to inclusion of state-funded TANF enrollees.
Florida	6.4		X	
Georgia	5.1		X	
Hawaii	10.7		X	
Idaho	8.8	Due to reporting errors, ID data 9-filled the private health insurance code for most duals through June 2009.	X	
Illinois	7.5			MAX higher due to inclusion of TANF "0-grant" enrollees.
Indiana	8.9		X	
Iowa	<b>17.5</b>	Private health insurance higher than expected due to relatively large HIPPA program.	X	
Kansas	10.5		X	
Kentucky	9.5			
Louisiana	6.6	Private health insurance reporting may overestimate third party coverage and is unreliable in 2009.	X	
Maine	12.2		X	
Maryland	4.1		X	
Massachusetts	<b>22.5</b>	Higher rate of enrollees with private health insurance due to MA's premium assistance program. In 2009, the number of enrollees with state-purchased third party coverage (Code 3) dropped and the number with third party coverage jointly purchased privately and by the state (Code 4) increased. These changes are a result of revised coding in the state's new MMIS.		
Michigan	7.4		X	
Minnesota	10.7		X	
Mississippi	<b>2.0</b>		X	

Table 10. Private Health Insurance Coverage and TANF Status in MAX 2009

	Private Health Insurance Coverage among Medicaid Enrollees		TANF Status	
	June Percent Enrollees with Private Health Insurance (PVT INS CD = 2-4) <sup>a</sup>	Other Reporting Anomalies	TANF code 9-Filled <sup>b</sup>	Inconsistencies between MAX and ACF TANF December 2009 Data
Missouri	7.1			
Montana	9.1		X	
Nebraska	2.3	Private health insurance data not reliable in December 2009.		MAX higher due to inclusion of state-funded TANF enrollees.
Nevada	8.4		X	
New Hampshire	8.0			MAX was higher.
New Jersey	8.0			
New Mexico	4.2		X	
New York	7.3	Percent of enrollees, particularly dual eligibles, with private health insurance increased substantially in October 2009.		MAX lower due to unexplained increase in TANF enrollees reported in ACF data.
North Carolina	7.3			
North Dakota	19.7			
Ohio	11.8			
Oklahoma	11.1		X	
Oregon	6.3			MAX was lower.
Pennsylvania	9.6			MAX was higher.
Rhode Island	17.0		X	
South Carolina	4.9		X	
South Dakota	12.9		X	
Tennessee	3.7		X	
Texas	6.4			MAX was higher.
Utah	10.6	Between 1,200-2,400 enrollees reported each month with unknown private health insurance (code 9).	X	
Vermont	17.0	In late 2009, VT expanded enrollment in its ESI premium assistance program to cover individuals up to 300% FPL.		TANF enrollment in MAX included state-funded program enrollees who were not reported to ACF.
Virginia	6.6		X	
Washington	9.9			
West Virginia	9.2	Most enrollees with unknown private health insurance (code 9) were partial duals.	X	
Wisconsin <sup>c</sup>	16.9		X	
Wyoming	6.3		X	
Total	7.6		32	

Notes: Excludes people with missing Medicaid eligibility information or S-CHIP only.

<sup>a</sup> Values 2.0 percent or less or greater than 15.0 percent are outside of the expected range and are considered anomalous.

<sup>b</sup> The majority of states do not report TANF status information for Medicaid enrollees in MAX (TANF code is 9-filled).

<sup>c</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

Table 11. Section 1915(c) Home and Community-Based Services (HCBS) Waiver Reporting in MAX 2009<sup>a</sup>

State	Number Enrolled in 1915(c) Waiver, by Waiver Type (Most Recent)												Reporting Anomalies Waiver Type (ID)
	Number Ever Enrolled in a 1915(c) Waiver	Aged and Disabled (WVR TYPE = G)	Aged (WVR TYPE = H)	Physically Disabled (WVR TYPE = I)	People with Brain Injuries (WVR TYPE = J)	People with HIV/AIDS (WVR TYPE = K)	People with MR/DD (WVR TYPE = L)	People with MI/SED (WVR TYPE = M)	Technology Dependent/ Medically Fragile (WVR TYPE = N)	People with Autism/ Autism Spectrum Disorder (WVR TYPE = P)	Percent of HCBS Recipients with no 1915(c) Waiver Enrollment <sup>b</sup>	Percent of 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) <sup>c</sup>	
Alabama	14,906	8,670	0	547	0	51	5,635	0	11	0	1.1	1.5	Enrollment in N(TA) is generally low and sporadic.
Alaska	4,360	0	1,574	1,195	0	0	1,347	0	244	0	17.4	3.6	
Arizona	0	0	0	0	0	0	0	0	0	0	0.0	0.0	
Arkansas	14,690	637	7,521	2,578	0	0	3,954	0	0	0	0.2	23.6	
California	102,135 <sup>d</sup>	1,139	12,002	1,824	0	2,524	84,646	0	0	0	2.2	6.4 <sup>e</sup>	Enrollees in 2(08) were transitioned into L(23) in October; however, CA erroneously did not report enrollment in L(23) in MAX during 2009.
Colorado	33,048	20,315	0	1,360	260	66	8,219	2,634	97	97	8.9	3.5	
Connecticut	22,754	0	12,366	916	418	0	9,033	21	0	0	1.0	3.6	
Delaware	2,951	1,307	0	0	33	742	869	0	0	0	0.4	4.0	
District of Columbia	4,287	2,875	0	0	0	11	1,411	0	0	0	23.3	10.9	
Florida	73,219 <sup>d</sup>	15,955	21,361	11	343	5,665	29,890	0	0	0	4.8	27.7 <sup>e</sup>	H(11) and K(14) underreported.
Georgia	25,200	11,491	0	933	0	0	11,619	0	1,157	0	0.0	8.7	
Hawaii	3,099	484	0	0	0	11	2,614	0	0	0	39.4 <sup>f</sup>	14.0	During 2009, HI ended four of its 1915(c) waivers—G (H3, H4), K (H5), and N (H6)—and transitioned this coverage into its 1115 waiver.
Idaho	12,087	9,456	0	0	0	0	2,631	0	0	0	0.1	8.8	L(06) was an active waiver through June 2009 but there was no enrollment in this waiver in 2009.
Illinois	117,050	6,850	49,448	35,415	6,104	1,659	16,969	0	605	0	7.7	28.3	H(B2) covers disabled individuals age 60-64, in addition to the aged.
Indiana	22,952	11,184	0	0	149	0	11,232	0	0	387	5.6	2.0	
Iowa	28,985	0	12,594	3,917	1,255	54	11,165	0	0	0	3.4	3.2	HCBS also provided to emotionally disturbed children through Section 1115 Iowa Care waiver (ID H1)
Kansas	31,362	0	8,038	8,531	466	0	8,442	5,389	446	50	7.8	20.2	
Kentucky	18,082	12,755	0	0	280	0	4,986	0	61	0	1.6	8.9	
Louisiana	15,234	5,457	0	0	0	0	9,777	0	0	0	44.9	2.3	
Maine	5,895	898	0	659	0	0	2,874	0	0	1,464	0.0	100.0 <sup>g</sup>	
Maryland	21,290	7,600	0	448	34	0	12,096	0	210	902	1.7	22.6	
Massachusetts	0	0	0	0	0	0	0	0	0	0	100.0 <sup>h</sup>	0.0	H(S), J(T), L(R), P(No ID)
Michigan	11,535	10,974	0	0	0	0	505	56	0	0	44.4 <sup>i</sup>	13.7	
Minnesota	57,336	0	22,808	17,858	1,549	0	15,121	0	0	0	0.7	33.2	

Table 11. Section 1915(c) Home and Community-Based Services (HCBS) Waiver Reporting in MAX 2009<sup>a</sup>

State	Number Enrolled in 1915(c) Waiver, by Waiver Type (Most Recent)												Reporting Anomalies Waiver Type (ID)	
	Number Ever Enrolled in a 1915(c) Waiver	Aged and Disabled (WVR TYPE = G)	Aged (WVR TYPE = H)	Physically Disabled (WVR TYPE = I)	People with Brain Injuries (WVR TYPE = J)	People with HIV/AIDS (WVR TYPE = K)	People with MR/DD (WVR TYPE = L)	People with M/SED (WVR TYPE = M)	Technology Dependent/ Medically Fragile (WVR TYPE = N)	People with Autism/ Autism Spectrum Disorder (WVR TYPE = P)	Percent of HCBS Recipients with no 1915(c) Waiver Enrollment <sup>b</sup>	Percent of 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) <sup>c</sup>		Waiver Type(ID) for Active 1915(c) Waivers Not Reported in MAX 2009
Mississippi	16,529	13,800	0	0	764	0	1,965	0	0	0	0.0	2.1		
Missouri	29,569	19,801	0	566	0	121	9,081	0	0	0	7.2	73.3	P (No ID)	L(C6) underreported starting in July 2009. L(C3) underreported in 2009. L(C5) overreported in 2009.
Montana	4,772	2,295	0	0	0	0	2,304	153	0	20	45.4 <sup>e</sup>	50.5 <sup>e</sup>		In January 2009, MT improved reporting of G(MD) and M(MH). In January through October 2009, total enrollment in Waiver Type L (IDs ME and MF) is accurate but MT incorrectly assigned individuals between the two waivers. Adults are under-reported in L(ME) and over-reported in L(MF) during this period. MT corrected reporting for these waivers in November 2009, and enrollment shifted at that time.
Nebraska	9,716	5,691	0	0	23	0	4,002	0	0	0	0.2	4.3		
Nevada	4,413	0	2,075	640	0	0	1,698	0	0	0	1.9	1.5		
New Hampshire	8,194	3,683	0	0	178	0	4,333	0	0	0	0.2	5.6		
New Jersey	23,673	12,033	0	296	352	339	10,653	0	0	0	0.3	4.4		
New Mexico	5,966	1,899	0	0	0	11	3,888	0	170	0	44.0	0.6		
New York	106,281	26,655	0	453	3,083	0	72,527	3,526	37	0	0.4	33.8		
North Carolina	24,996	13,905	0	0	0	0	10,227	0	864	0	3.8	2.5		L(CM) changed to L(MR) in January 2009.
North Dakota	4,332	411	0	0	0	0	3,916	0	11	0	30.0	3.9		
Ohio	69,290	35,610	0	8,651	0	0	25,029	0	0	0	9.2	6.1		H(9) active as of September 2009 but had little or no enrollment each month.
Oklahoma	30,257	24,746	0	0	0	0	5,511	0	0	0	0.2	4.3		
Oregon	39,996 <sup>d</sup>	27,780	0	113	0	0	12,002	0	101	0	1.2	25.1 <sup>e</sup>		
Pennsylvania	71,372	23,821	0	13,050	784	0	33,515	0	95	107	0.2	16.6		
Rhode Island	6,709	2,362	522	42	0	0	3,759	24	0	0	27.0 <sup>j</sup>	61.5		All 1915(c) waivers were transferred into RI's global 1115 waiver in July 2009.
South Carolina	24,894	14,660	0	0	706	1,128	7,785	0	154	461	0.2	10.7		
South Dakota	4,506	1,176	0	125	0	0	3,205	0	0	0	0.4	47.2 <sup>k</sup>		
Tennessee	14,902	6,409	0	0	0	0	8,493	0	0	0	1.6	9.0		
Texas	69,195	41,307	0	162	0	0	22,499	0	5,227	0	45.0 <sup>l</sup>	5.2	G(No ID), M(F3), O(No ID)	

Table 11. Section 1915(c) Home and Community-Based Services (HCBS) Waiver Reporting in MAX 2009<sup>a</sup>

State	Number Enrolled in 1915(c) Waiver, by Waiver Type (Most Recent)											Percent of HCBS Recipients with no 1915(c) Waiver Enrollment <sup>b</sup>	Percent of 1915(c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) <sup>c</sup>	Waiver Type(ID) for Active 1915(c) Waivers Not Reported in MAX 2009	Reporting Anomalies Waiver Type (ID)
	Number Ever Enrolled in a 1915(c) Waiver	Aged and Disabled (WVR TYPE = G)	Aged (WVR TYPE = H)	Physically Disabled (WVR TYPE = I)	People with Brain Injuries (WVR TYPE = J)	People with HIV/AIDS (WVR TYPE = K)	People with MR/DD (WVR TYPE = L)	People with MI/SED (WVR TYPE = M)	Technology Dependent/ Medically Fragile (WVR TYPE = N)	People with Autism/ Spectrum Disorder (WVR TYPE = P)					
Utah	6,215	868	538	114	96	0	4,472	0	127	0	0.1	16.7			
Vermont	0	0	0	0	0	0	0	0	0	0	100.0 <sup>m</sup>	0.0			
Virginia	29,787	20,229	43	0	0	63	9,045	0	407	0	38.6 <sup>e</sup>	1.5			
Washington	0	0	0	0	0	0	0	0	0	0	100.0 <sup>h</sup>	0.0	G, L(All Waiver IDs)		
West Virginia	10,927	6,554	0	0	0	0	4,373	0	0	0	3.5	4.6			
Wisconsin <sup>n</sup>	19,922	7,564	0	272	204	0	10,820	1,062	0	0	2.5	50.9 <sup>o</sup>	G(K1), L (L1)		
Wyoming	4,371	1,974	0	0	192	0	2,129	76	0	0	0.3	3.3			
Total	1,283,241	443,280	150,890	100,676	17,273	12,445	532,266	12,941	10,024	3,488	N/A <sup>p</sup>	17.8			

Notes: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

Excludes people with missing Medicaid eligibility information or S-CHIP only.

Section 1915(c) HCBS waivers enable states to waive certain Medicaid restrictions to provide long-term care to people in the community who would otherwise be eligible for Medicaid nursing home care. Reported enrollment in this table reflects the most recent waiver in which a person was enrolled during the year. No individuals were reported to WVR TYPE = O (unspecified or unknown 1915(c) populations) in 2009.

N/A = Not Available

<sup>a</sup> See the MAX 2009 waiver crosswalk for additional details on state waiver reporting in MAX.

<sup>b</sup> Values greater than 10.0 percent are above the expected level and are considered anomalous.

<sup>c</sup> Values greater than 15.0 percent are above the expected level and are considered anomalous.

<sup>d</sup> For individuals enrolled in more than three waivers during a month, CA, FL, and OR do not report enrollment according to the CMS recommended hierarchy. This may cause underreporting of 1915(c) waiver enrollment if there were people enrolled in more than three waivers in a month.

<sup>e</sup> In CA, FL, MT, OR and VA, the poor link between 1915(c) waiver enrollment and claims reporting was caused by problems with state reporting of claims in the other claims (OT) file.

<sup>f</sup> In 2009, the majority of 1915(c) waiver enrollees were transitioned into HI's 1115 waiver. As a result, there was a large increase of HCBS services provided to non-HCBS waiver enrollees during the year.

<sup>g</sup> ME's HCBS claims were unreliable and not included in MAX 2009.

<sup>h</sup> MA and WA had active 1915(c) waivers through 2009, but due to data system limitations, no 1915(c) waiver enrollment was reported in MAX in 2009.

<sup>i</sup> Many HCBS recipients with no 1915(c) waiver enrollment were enrolled in MI's combined 1915(b)(c) waiver instead of 1915(c) waivers because these enrollees receive both managed care and HCBS through the waiver.

<sup>j</sup> In July 2009, all 1915(c) waivers were transitioned into RI's global 1115 waiver. As a result, 100 percent of HCBS services were provided to non-HCBS waiver enrollees from July 2009 onward.

<sup>k</sup> There were very few waiver claims for beneficiaries enrolled in Waiver Type G or I in SD in 2009.

<sup>l</sup> In TX, there are HCBS recipients who were not enrolled in 1915(c) HCBS waivers. This along with unreported 1915(c) waivers may explain inconsistencies between reported Section 1915(c) waiver enrollment and service use.

<sup>m</sup> VT offered HCBS to its enrollees under a Section 1115 waiver, unlike other states that offer HCBS under section 1915(c) waivers.

<sup>n</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.

<sup>o</sup> Due to incomplete HCBS waiver claim reporting and a one year lag in reporting of HCBS waiver claims in WI, many HCBS waiver enrollees are missing HCBS waiver claims.

<sup>p</sup> Total value for percent of HCBS Service Recipients with no 1915(c) waiver enrollment will be available in future versions.

Table 12. Section 1915(b) and Section 1915(b/c) Waiver Reporting in MAX 2009

State	Number with any 1915(b) Waiver Enrollment <sup>a</sup>		Number with any 1915(b/c) Waiver Enrollment <sup>a</sup>	
	1915(b) (WVR TYPE = 2)	Reporting Anomalies	1915(b/c) Combination (WVR TYPE = 4)	Reporting Anomalies
Alabama	649,723	Enrollment in Patient 1st waiver (ID P1) did not equal enrollment in PCCM plans because the state uses different sources to report these fields in MSIS. Additionally, about 24,000 enrollees in this waiver were in comprehensive managed care plans, which was not expected.	0	
Alaska	0		0	
Arizona	0		0	
Arkansas	577,677		0	
California	8,689,523		0	
Colorado	608,285		0	
Connecticut	425,171	Husky A waiver (ID M1) enrollment increased in early 2009, consistent with CT's managed care reporting.	0	
Delaware	0		0	
District of Columbia	0		0	
Florida	3,156,451	No corresponding managed care reporting for transportation managed care waiver (ID 07) enrollees.	430	
Georgia	2,021	State ended waiver reporting of Mental Health/Mental Retardation PASRR Program as of June 2009, even though the waiver did not expire until September 2009.	0	
Hawaii	0		0	
Idaho	0		0	
Illinois	0		0	
Indiana	165,259		0	
Iowa	414,978		0	
Kansas	0		0	
Kentucky	0		0	
Louisiana	0		0	
Maine	0		0	
Maryland	0		0	
Massachusetts	0		0	
Michigan	1,972,570		8,126	
Minnesota	19,317		6,155	Enrollment in the Case Management waiver (No ID) was not reported in MAX data. Duplicate reporting to the Senior Care 1915(b/c) waiver and MN's 1915(c) waivers was fixed in January 2009. Enrollment in the Senior Care waiver was overreported before that date.

Table 12. Section 1915(b) and Section 1915(b/c) Waiver Reporting in MAX 2009

State	Number with any 1915(b) Waiver Enrollment <sup>a</sup>		Number with any 1915(b/c) Waiver Enrollment <sup>a</sup>	
	1915(b) (WVR TYPE = 2)	Reporting Anomalies	1915(b/c) Combination (WVR TYPE = 4)	Reporting Anomalies
Mississippi	0		0	
Missouri	531,361		0	
Montana	81,826		0	
Nebraska	240,686		0	
Nevada	0		0	
New Hampshire	0		0	
New Jersey	28,537		0	
New Mexico	421,335		41,991	NM is unable to distinguish which CoLTS waiver enrollees (ID 12) receive long-term care HCBS and which enrollees do not. Therefore, all CoLTS enrollees are assigned Waiver Type 4.
New York	0		0	
North Carolina	103,177	Starting in January 2009, Piedmont Cardinal Health Plan changed from Waiver ID P2 to P1.	619	Starting in January 2009, Piedmont Innovations changed from Waiver ID P1 to P2.
North Dakota	2,916		0	
Ohio	0		0	
Oklahoma	0		0	
Oregon	492,646		0	
Pennsylvania	1,574,325		897	
Rhode Island	0		0	
South Carolina	0		0	
South Dakota	0		0	
Tennessee	0		0	
Texas	2,248,549	Disease Management (ID H2) and Integrated Care Model (ID H3) enrollment not reported.	0	
Utah	331,914	1915(b) enrollment may not have been captured because many enrollees are already enrolled in more than 3 waivers. However, data in parallel managed care fields are correct.	0	
Vermont	0		0	
Virginia	703,443		0	
Washington	1,180,262		0	
West Virginia	235,879		0	
Wisconsin <sup>b</sup>	0		0	Family Care waiver (ID = M1) not reported. Due to the high level of missing claims for WI HCBS waiver enrollees, it is unclear whether there are also missing claims for the 1915(b)/(c) waiver in MAX.

Table 12. Section 1915(b) and Section 1915(b/c) Waiver Reporting in MAX 2009

State	Number with any 1915(b) Waiver Enrollment <sup>a</sup>		Number with any 1915(b/c) Waiver Enrollment <sup>a</sup>	
	1915(b) (WVR TYPE = 2)	Reporting Anomalies	1915(b/c) Combination (WVR TYPE = 4)	Reporting Anomalies
Wyoming	0		0	
Total	24,857,831		58,218	

Notes: Excludes people with missing Medicaid eligibility information or S-CHIP only.

Section 1915(b) waivers enable states to waive statewideness, comparability of services, and/or freedom of choice. Section 1915(b/c) waivers are used to implement mandatory managed care programs that include HCBS. See the MAX 2009 waiver crosswalk for a listing of 1915(b) and 1915(b/c) waivers and additional details on waiver reporting in 2009.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

<sup>a</sup> Individuals may be enrolled in up to three waivers during the year in MAX data and may be enrolled in more than one 1915(b) or 1915(b/c) waiver. Thus, individuals may be counted more than once in the enrollment numbers.

<sup>b</sup> When WI implemented a new MMIS in 2008, the system changed the way it classifies enrollees causing unreliable assignments of dual status, uniform eligibility group, and restricted benefit status.



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