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ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

Abbreviations

DIV	division
ID	identifier or identification number or Idaho
Pharm	pharmacy

Acronyms

ACF	Administration for Children and Families
AFDC	Aid to Families with Dependent Children
AIDS	acquired immunodeficiency syndrome
BCCPTA	Breast and Cervical Cancer Prevention and Treatment Act
BHO	behavioral health organization
CDM	chronic disease management
CMS	Centers for Medicare & Medicaid Services
DME	durable medical equipment
DMO	disease management organization
DRG	diagnosis related group
DX	diagnosis code
EDB	Medicare Enrollment Database
EPSDT	Early Periodic Screening, Diagnosis, and Treatment program
FFS	fee-for-service
FFY	federal fiscal year
FIPS	Federal Information Processing Standards
FP	family planning
FPACT	Family Planning, Access, Care and Treatment program
FQHC	Federally Qualified Health Center
FY	fiscal year
HCBS	home- and community-based services
HCFA	Health Care Financing Administration
HCPCS	Healthcare Common Procedure Coding System
HIFA	Health Insurance Flexibility and Accountability
HIO	health insuring organization
HIPAA	Health Insurance Portability and Accountability Act
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HMO	health maintenance organization
ICF/MR	intermediate care facility for the mentally retarded
IHS	Indian Health Service
IP	inpatient hospital claims file; inpatient
KFF	Kaiser Family Foundation
LT	institutionalized long-term care claims file
LTC	long-term care

Acronyms (continued)

MAX	Medicaid Analytic Extract
MC	managed care
MMIS	Medicaid Management Information System
MPAP	Maryland Pharmacy Assistance Program
MR/DD	mental retardation/development disability
MR/RD	mental retardation and related disabilities
M-SCHIP	Medicaid Children's Health Insurance Program
MSIS	Medicaid Statistical Information System
NDC	National Drug Code
NET	non-emergency transportation
NF	nursing facility
OPD	outpatient department
OT	other, non-institutional claims file; occupational therapy
PACE	Program of All-Inclusive Care for the Elderly
PAHP	Prepaid Ambulatory Health Plans
PCCM	primary care case management
PHP	prepaid health plan
PIHP	prepaid inpatient health plan
PT/OT	physical therapy/occupational therapy
QDWI	Qualified Disabled and Working Individual
QI	Qualified Individual
QI-1	Qualified Individual 1
QI-2	Qualified Individual 2
QMB	Qualified Medicare Beneficiary
RHC	Rural Health Clinic
RID	recipient identification number
RX	prescription drug; prescription drug claims file
S-SCHIP	state-financed State 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
TB	tuberculosis
TBI	traumatic brain injury
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
TMA	transitional medical assistance
TOS	Type of Service
TPL	third party liability
UB, UB92, UB-92	uniform billing form/code

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
_ALL	Uniform Eligibility Groups	Some "disabled" enrollees were age 65 or older in 2006. This can happen when an individual was identified as "disabled" prior to age 65, and continues to be reported as "disabled" when reaching age 65. Researchers may want to consider recoding these individuals as "aged" using date-of-birth information.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AK	County Codes	AK's county codes are correct even though they do not follow the usual pattern of 3-digit odd numbers.
AK	Dual Eligibility Codes	AK reports very few QMB and SLMB onlies (dual codes 1 and 3, respectively, in byte 2 of the crossover code) and no QI-1 enrollees (dual code 6). In AK, the SSI state supplement income standard is approximately 110 percent of poverty for a single individual, and 122 percent of poverty for a couple. Hence, the vast majority of QMBs and SLMBs are eligible for full Medicaid benefits by virtue of their eligibility for the state supplement to SSI.
AK	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2005, a lower percentage than in most states.
AK	Dual Eligibility Codes	About 5 percent of EDB duals were only identified as a result of the EDB link in 2005, a higher percentage than in most states.
AK	Length of Enrollment	About 37 percent of eligibles were enrolled all 12 months in 2005, a lower percentage than in most states. Due to seasonal employment in the summer, many families do not qualify for benefits all year. In addition, a table showing the distribution of eligibles by length of enrollment for the year showed more enrollment at the 3, 6 and 9 month intervals than usually occurs, suggesting that the enrollment data may not be reliable for month to month analysis. For most quarters, enrollment is lowest in the first month and highest in the third month, and then there is a noticeable decline in the first month of the next quarter.
AK	Managed Care	AK had no managed care enrollment in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AK	Missing Eligibility Data	In 2005, 0.6 percent of records (n=849) in the AK file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$2,841,183 and averaged \$3,347 per record in the person summary file.
AK	Private Health Insurance	About 53 percent of enrollees had private insurance each month through September, and then the proportion increased to over 60 percent in October-December 2005 (cause unknown), a higher percentage than in most states. These higher rates are primarily due to Native Americans who qualified for Indian Health Service coverage.
AK	Race/Ethnicity	In 2005, race was not reported for 6.6 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
AK	SCHIP	AK reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
AK	SSN	AK had 49 SSNs with duplicate records in 2005 (affecting 0.1 percent of enrollee records). A majority of these records were for children.
AK	TANF/1931	The TANF field is 9-filled for all enrollees.
AK	Uniform Eligibility Groups	AK's 1115 Denali KidCare waiver (waiver ID 'CP', waiver type '1', approved in late 2004) expands Medicaid coverage to M-SCHIP children with family income of 150-175 percent of the federal poverty level. These children were not separately identifiable in MAX data until October 2005 (mapped to uniform eligibility groups 54 and 55).
AK	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, AK requires them to separately apply for Medicaid coverage.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AK	Uniform Eligibility Groups	AK did not have a medically needy program.
AK	Uniform Eligibility Groups	AK's data show a slight seam effect, with enrollment lowest in month 1 of each quarter.
AK	Uniform Eligibility Groups	AK has a 6 months continuous eligibility guarantee for children. Enrollment for children and adults usually declines in July (a peak employment time).
AK	Uniform Eligibility Groups	The number of enrollees in uniform groups 11-12 exceeds SSI counts because AK has a state-administered SSI supplement.
AK	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in AK. About 18 percent of 1915(c) waiver service recipients had no waiver enrollment reported in 2005 (cause unknown).
AK	Waivers	No enrollment was reported for AK's 1915(b) Non Emergency Transportation waiver (waiver type '2') in 2005. This waiver was approved in November 2005, but it is unclear when AK implemented the waiver.
AK	Waivers	AK began to report enrollment in its 1115 Denali KidCare waiver (waiver ID 'CP', waiver type '1') in October 2005. No enrollment was reported for this waiver January-September 2005 because the enrollees in this waiver were a subgroup of state group '000009', and could not be identified until AK revamped its state specific coding in October 2005.
AK	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in AK. About 18 percent of 1915(c) waiver service recipients had no waiver enrollment reported in 2005 and about 2 percent of 1915(c) waiver enrollees had no waiver claims in 2005 (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AL	County Codes	AL assigns some foster care children to county code 100.
AL	Length of Enrollment	About 65 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
AL	Managed Care	United Medicare Complete is classified by the state as a Health Maintenance Organization (HMO) for dual eligibles. The capitation rate covers Medicaid copays and deductibles. This plan does not include drug benefits. This plan is not reported in CMS June managed care data.
AL	Managed Care	About 475,000 eligibles received plan type 08 each month in MAX. These persons were enrolled in what AL refers to as its "PHP Network." This is not a comprehensive managed care plan. Rather, the PHP Network provides only inpatient care for persons who do not have Medicare Part A coverage.
AL	Managed Care	Since Q1 FY99, AL has been reporting enrollment in a prenatal/delivery plan as managed care. However, both AL and CMS have since indicated that this plan should not be treated as managed care. Therefore, AL MAX data should have all corresponding plan ID and plan type fields associated with plan type '4' 8-filled.
AL	Managed Care	In September 2004, AL began reporting Mobile County individuals to the PHP Network, resulting in an increase in plan type 08 enrollment of about 50,000 enrollees.
AL	Missing Eligibility Data	In 2005, 0.8 percent of records (n=7,936) in the AL file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$6,371,196 and averaged \$803 per record in the person summary file.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AL	Race/Ethnicity	In 2005, race was not reported for 5.7 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
AL	Restricted Benefits Flag	In 2005, AL began identifying unqualified aliens who only received emergency benefits in its MSIS files. These individuals are assigned restricted benefits flag 2.
AL	SCHIP	AL's S-SCHIP program was not reported in MSIS. M-SCHIP enrollment phased out by the end of 2002.
AL	SSN	AL had 1,219 SSNs with duplicate records in 2005 (affecting 0.3 percent of enrollee records). In addition, 1.7 percent of enrollees did not appear to have valid information in the first three positions of the SSN field according to the SSA high group test results (cause unknown).
AL	TANF/1931	The TANF flag is 9-filled for all enrollees.
AL	Uniform Eligibility Groups	AL implemented its 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F') in August 2000. This waiver provides family planning services for women with income up to 133 percent of the federal poverty level (mapped to uniform eligibility groups 54 and 55).
AL	Uniform Eligibility Groups	AL began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'KA', waiver type 'A') in September 2005.
AL	Uniform Eligibility Groups	AL did not have a medically needy program.
AL	Uniform Eligibility Groups	Until 2005, AL reported almost no one to uniform eligibility groups 44-45 due to state coding limitations. Presumably TMA enrollees were included in the uniform eligibility groups 14-15 counts, along with other 1931 enrollees. Enrollment in these groups increased in 2005 (cause unknown), but they were still relatively small.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AL	Uniform Eligibility Groups	Throughout 2005, the vast majority of adult enrollees in AL were reported to uniform eligibility group 55 and only qualified for family planning benefits.
AL	Uniform Eligibility Groups	In October 2005, about 12,000 family planning enrollees shifted from uniform eligibility group 54 to 55. Most of these individuals appeared to be 19-20 years old.
AL	Uniform Eligibility Groups	In December 2005, AL terminated about 12,000 adult family planning only enrollees and about 19,000 children when the state undertook a "cleanup" of its MMIS data.
AL	Waivers	AL began to report a small number of people in its 1915(c) HIV/AIDS waiver (waiver ID 'AD', waiver type 'K') in February 2005. No enrollment was reported for this waiver in January 2005. This waiver was approved in October 2004, but it is unclear when AL implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AR	Date of Death	Over 2,000 enrollees had a year of death prior to 2005.
AR	Dual Eligibility Codes	By mistake, AR failed to completely report its SLMB (dual code 3) population, leading to poor comparisons with MMA. In December 2006, MMA reported almost 11,400 persons belonging to the SLMB category, compared to about 1,000 in MAX.
AR	Dual Eligibility Codes	AR continued to have some problems in identifying its dual eligible population in 2005. AR reported 5,921 persons as duals in 2005 who were not found in the EDB files. In addition, 8,109 persons (7.9 percent of all EDB duals) were determined to be duals as a result of the EDB link. These individuals had not been identified as dual eligibles in MSIS data.
AR	Dual Eligibility Codes	AR provided full Medicaid benefits to the aged with income up to 80 percent of the federal poverty level beginning in 2002. However, these individuals are not separately identifiable in MAX and may not be identified by the state (when appropriate) as dual eligibles (in which case they are reported to code 0 in byte 2 of the annual crossover code).
AR	Dual Eligibility Codes	AR assigned dual code 2 (in byte 2) to all full benefit duals.
AR	Managed Care	AR's PCCM reporting was not consistent with the annual CMS managed care survey. In June 2005, MSIS reported 23 percent fewer PCCM enrollees than CMS. The state has not provided an explanation for these differences.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AR	Managed Care	AR did not report enrollment into MSIS for its transportation managed care plan in the first six months of 2005. CMS managed care data show over half of Medicaid eligibles enrolled in a transportation PHP in June 2005. Then, AR reported transportation enrollment in July and October through December 2005 in plan type 08 (other). Only the October through December counts appear reliable.
AR	Missing Eligibility Data	In 2005, 2.1 percent of records (n=15,687) in the AR file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$26,833,760 and averaged \$1,711 per record in the person summary file.
AR	Private Health Insurance	AR's private insurance data are not reliable.
AR	Race/Ethnicity	In 2005, race was not reported for 8.3 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
AR	Restricted Benefits Flag	Beginning in 2002, AR provided full Medicaid benefits to aged persons with income up to 80 percent of the federal poverty level. However, these individuals are not separately identifiable in MAX data and may be mistakenly assigned restricted benefits flag 3 (restricted benefits related to Medicare cost-sharing).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AR	SCHIP	In April 2004, AR added an S-SCHIP program for unborn children up to 200 percent of the federal poverty level. These S-SCHIP children are not included in MSIS data although they began appearing in SEDS reports in Q4 FY04. AR stopped reporting M-SCHIP enrollment to MSIS and SEDS in late 2003. However, state officials have indicated that they consider most children reported to uniform eligibility group 54 to be M-SCHIP enrollees, and they began reporting about 62,000 M-SCHIP children each month from October to December 2005 in SEDS.
AR	Sex	In 2005, 2,057 records were reported with unknown sex.
AR	SSN	AR had 53,543 enrollees (7.2 percent) with missing SSNs in 2005. About 67 percent of these enrollees were age 20 or younger; 13 percent only qualified for family planning benefits. Also, according to the SSA high group test, an additional 4.1 percent of enrollees did not have valid information in the first five positions of the SSN field (cause unknown), due in large part because the state was assigning pseudo-SSNs.
AR	SSN	AR had 215 SSNs with duplicate records in 2005 (affecting <0.1 percent of enrollee records).
AR	TANF/1931	The TANF flag is 9-filled for all enrollees.
AR	Uniform Eligibility Groups	AR received CMS approval for its 1115 Independent Choices - Cash and Counseling waiver (waiver ID 'B2', waiver type '1') in October 1998. This waiver promotes self-direction for persons receiving community supports, but does not include any Medicaid expansion.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AR	Uniform Eligibility Groups	AR implemented its 1115 TEFRA waiver (waiver ID 'B3', waiver type '1') in 2003. This waiver allows the state to impose sliding scale premiums to expand Medicaid coverage for disabled children at risk of institutionalization (mapped to uniform eligibility group 52).
AR	Uniform Eligibility Groups	AR began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'B4', waiver type 'A') in October 2005.
AR	Uniform Eligibility Groups	Beginning in 2002, AR provided full Medicaid benefits to aged persons with income up to 80 percent of the federal poverty level. However, these individuals are not separately identifiable in MAX data and may not be reported to uniform eligibility group 31, as expected.
AR	Uniform Eligibility Groups	AR received CMS approval for its 1115 Family Planning waiver (waiver ID 'B1', waiver type 'F') in June 1996. This waiver expands family planning (only) coverage to women with income up to 200 percent of the federal poverty level (mapped to uniform eligibility groups 54 and 55).
AR	Uniform Eligibility Groups	AR received CMS approval for its 1115 ARKidsB waiver (waiver ID 'A9', waiver type '1') in August 1997. This waiver expands Medicaid eligibility to uninsured children through age 18 with family income at or below 200 percent of the federal poverty level (mapped to uniform eligibility groups 54 and 55). The state allows applicants to choose between ARKids A (the State's traditional Medicaid program) and ARKids B (the State's Medicaid expansion program). ARKids B has less coverage and requires co-payments.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AR	Waivers	Enrollment in AR's 1915(c) Family Friends Respite waiver 1 (waiver ID 'A6', waiver type 'T') decreased dramatically from approximately 120 January through September 2005 to 4 October through December 2005 (cause unknown).
AR	Waivers	Enrollment in AR's 1915(c) Family Friends Respite waiver 2 (waiver ID 'A7', waiver type 'L') decreased dramatically from approximately 70 January through September 2005 to 3 October through December 2005 (cause unknown).
AR	Waivers	Some coding inconsistencies occur with the waiver data, but the numbers are relatively small (<500). Some persons reported to waiver type F (family planning) or restricted benefits flag 6 (family planning only benefits) are also reported to other waivers. Also, some persons assigned to waiver type F are reported to have full benefits.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AZ	County Codes	County Code 012 is the proper FIPS code for La Paz county, which was formed out of Yuma county in the early 80s.
AZ	Dual Eligibility Codes	AZ provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
AZ	Dual Eligibility Codes	AZ began to implement a new MMIS in October 2005. During the transition, some aged and disabled enrollees were excluded from MSIS data by mistake. Enrollees in uniform eligibility group 31 (poverty-related, aged) seem to have been most affected by this problem. This had a large impact on AZ's dual reporting in October-December 2005, resulting in an undercount of roughly 6,000 full duals, and 15,000 partial duals.
AZ	Dual Eligibility Codes	AZ did not report SLMB+ duals (dual code 4) until 2005. These duals were previously reported to dual code 8.
AZ	Managed Care	In October-December, the number of LTC managed care enrollees declined by about 7,000 compared to previous months. This appears to be related to problems with aged reporting described in the Uniform Eligibility Groups section.
AZ	Managed Care	In 2005, AZ reported about 21 percent greater behavioral health organization enrollment than CMS data. The state believes its MSIS behavioral health organization (BHO) reporting is reliable.
AZ	Managed Care	CMS June 2005 managed care data show about the same level of LTC managed care enrollment as MSIS. However, LTC plans are reported as HMOs in the CMS data, but plan type 5 (LTC plans) in MSIS data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AZ	Managed Care	In AZ, almost 90 percent of enrollees (including 69 percent of dual enrollees) were enrolled in comprehensive managed care plans. Many of the enrollees without managed care coverage each month are covered by the Indian Health Service.
AZ	Missing Eligibility Data	In 2005, 1.0 percent of records (n=14,727) in the AZ file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$2,892,971 and averaged \$196 per record in the person summary file.
AZ	Private Health Insurance	Private health insurance counts fluctuated substantially in 2004 and 2005. In 2004, AZ verified private health insurance coverage and found that third party insurance had been terminated for many enrollees. This caused the rate of private insurance coverage to drop by more than 50 percent. This pattern was reversed in October 2005, when the number of enrollees with private insurance increased roughly 50 percent. The state began using a TPL contractor to verify and obtain more information than available in its Medicaid eligibility sources.
AZ	Race/Ethnicity	In 2005, race was not reported for 48.2 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
AZ	SCHIP	Arizona is not reporting its S-SCHIP program (children and adults) in MSIS. The state does not have an M-SCHIP program.
AZ	SSN	According to the SSA high group test results, about 8 percent of enrollees did not have valid information in the first three positions of the SSN field. This is in large part because the state was assigning pseudo-SSNs.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AZ	SSN	AZ had 2,466 SSNs with duplicate records in 2005 (affecting 0.3 percent of enrollee records). Unlike earlier years of MAX data, the vast majority of records with duplicate SSNs did not involve children. Over half involved individuals age 65 or older.
AZ	Uniform Eligibility Groups	AZ began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'KR', waiver type 'A') in September 2005.
AZ	Uniform Eligibility Groups	AZ implemented its 1115 Health Care Cost Containment waiver (waiver ID 'A1', waiver types 'I' and 'F') in 1982. Prior to the implementation of this waiver, AZ did not have a Medicaid program; AZ administers its entire Medicaid program through this waiver. This waiver enables the state to require almost all its Medicaid enrollees to use HMOs. The waiver also includes family planning (only) coverage for two years for postpartum women otherwise losing Medicaid coverage. Effective 2001, the waiver also expanded Medicaid coverage to (1) adults over age 18 without dependent children and with adjusted net family income at or below 100 percent of the federal poverty level, and (2) individuals with adjusted net family income above 100 percent of the federal poverty level and at or below 200 percent federal poverty level who are parents of children enrolled in the Arizona Medicaid or SCHIP programs. In 2005, the state only reported those enrollees whose eligibility is tied to the family planning or the 2001 Medicaid expansion components of the 1115 waiver to waiver ID 'A1' and uniform eligibility groups 54 and 55. The state did not report all other Medicaid enrollees as enrolled in the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
AZ	Uniform Eligibility Groups	AZ provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
AZ	Uniform Eligibility Groups	AZ did not have a medically needy program.
AZ	Uniform Eligibility Groups	AZ began to implement a new MMIS in October 2005. During the transition, aged enrollees, and some disabled enrollees were excluded from MSIS data by mistake. Enrollees in uniform eligibility groups 31 and 41 were most affected by this problem. These groups declined by 15,000 and 5,000, respectively. As would be expected, these declines also affected dual eligible counts.
AZ	Waivers	AZ's family planning only coverage was not reported as a separate family planning only waiver ID because it was part of the larger 1115 Medicaid waiver (waiver ID 'A1', waiver type 'F').

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CA	CHIP	CA reported M-SCHIP children in MSIS. Some M-SCHIP enrollees in state-specific eligibility groups 7C, 8N, and 8T are correctly mapped to uniform eligibility group 44. These children are undocumented aliens eligible for emergency services only. The state's S-SCHIP program was not reported in MSIS.
CA	Date of Death	Date of death data were not reported in CA.
CA	Dual Eligibility Codes	About 85 percent of aged enrollees were identified as EDB duals in 2005, a lower percentage than in most states. This may occur because CA has a larger population of qualified aged immigrants who are not yet eligible for Medicare coverage. In addition, CA has some aged unqualified aliens who only received emergency benefits under Medicaid.
CA	Dual Eligibility Codes	CA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. Beginning in January 2003, CA coded its 100 percent of the federal poverty level group (state group IH) to dual code 2 (in byte 2 of the crossover code). Because CA has special income disregards up to 33 percent of the federal poverty, dual code 2 includes persons whose income can exceed 100 percent of the federal poverty level. As a result, relatively few QMB only or SLMB only duals (codes 1 and 3) were reported in the state, and no one was reported to dual code 4.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CA	Managed Care	CA reports many more dental PHP enrollees in MSIS than are reported in CMS managed care counts. A small portion of CAs dental enrollees are enrolled in "true blue" dental PHPs. These are the persons that appear in the CMS data. The remaining 4 million enrollees participate in a hybrid FFS/PHP dental plan. The CMS data do not count these plans as PHPs, but MSIS does. In addition, CA reported enrollment in several hybrid PCCM plans into plan type 8 (other) in MSIS since these are limited risk contracts and not true PCCMs. Finally, the state's Senior Care Action Network plan enrollment is reported as an HMO in MSIS, but is reported to the 'other' grouping in CMS managed care data.
CA	Managed Care	In CA, 83 percent of the full benefit EDB duals were enrolled in PHPs, a higher percentage than most states.
CA	Missing Eligibility Data	In 2005, 3.0 percent of records (n=331,245) in the CA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$201,714,282 and averaged \$609 per record in the person summary file.
CA	Race/Ethnicity	In 2005, race was not reported for 61.1 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
CA	Restricted Benefits Flag	FPACT eligibles only qualify for family planning benefits (restricted benefits flag 6). CA also has a large group of enrollees assigned restricted benefits flag 2 who only qualify for emergency benefits due to their alien status. Finally, persons assigned restricted benefits flag 5 are in hospice and thus have some benefit restrictions.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CA	SSN	About 36 percent of enrollees were missing SSNs in 2005. Over 60 percent of those with missing SSNs only qualified for family planning benefits and 23 percent were aliens who only qualified for emergency coverage. In addition, 62 percent of these enrollees were age 21-44 years.
CA	TANF/1931	CA reported about 32 percent fewer TANF enrollees in MSIS during 2005 compared to ACF administrative data. Part of the problem is that TANF status is reported as "unknown" for over 120,000 eligibles each month as L.A. county was unable to report TANF status.
CA	Uniform Eligibility Groups	CA began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID '19', waiver type 'A') in October 2005.
CA	Uniform Eligibility Groups	CA implemented its very large 1115 FPACT waiver (waiver ID '01', waiver type 'F') in December 1999. This waiver extends family planning benefits (only) to working age persons with income up to 200 percent of the federal poverty level (mapped to uniform eligibility groups 54 and 55). Enrollment exceeded 1.5 million during 2006.
CA	Uniform Eligibility Groups	CA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. In addition, the state disregards income up to 33 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CA	Waivers	No enrollment was reported for CA's 1915(c) Home and Community Based Services Assisted Living waiver (waiver ID '18', waiver type 'G') in 2005. This waiver was approved in April 2005, but it is unclear when CA implemented this waiver.
CA	Waivers	No enrollment was reported for CA's 1915(b) San Mateo County Mental Health Test waiver (waiver ID '09', waiver type '2') April-December 2005 because this waiver was terminated in March 2005. Enrollees in this waiver were transferred to CA's 1915(b) Specialty Mental Health Service Consolidation - Medi-Cal waiver (waiver ID '10', waiver type '2') in April 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CO	Dual Eligibility Codes	About 6 percent of EDB duals were only identified as a result of the EDB link in 2005, a higher percentage than in most states.
CO	Dual Eligibility Codes	Throughout 2004 and 2005, CO had some shifts in its distribution by quarterly dual code for full benefit duals (cause unknown). By the end of 2005, over 80 percent of full benefit duals (including most duals who were SSI recipients) were reported to dual code 8 (in byte 2 of the crossover code). Usually, duals in the SSI groups (uniform eligibility groups 11-12) are reported to dual code 2.
CO	Managed Care	In July 2005, enrollment in CO's behavioral health plans fell by over 40,000 (12 percent). This decrease occurred across several plans (cause unknown).
CO	Managed Care	Two of CO's 'Colorado Access' HMO managed care plans (Plan IDs 04022075 and 04022091) ended in June 2005, while a third plan, 'Denver Health' (Plan ID 76971759), ended in December 2005.
CO	Missing Eligibility Data	In 2005, 6.5 percent of records (n=42,016) in the CO file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$39,132,216 and averaged \$931 per record in the person summary file.
CO	Race/Ethnicity	In 2005, race was not reported for 53.9 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
CO	SCHIP	The S-SCHIP program covers children, and CO has a HIFA waiver to extend S-SCHIP coverage to pregnant women to 185 percent of the federal poverty level.
CO	SCHIP	CO's child and adult S-SCHIP program was not reported in MSIS until July 2004. The state does not have an M-SCHIP program.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CO	SSN	CO had 444 SSNs with duplicate records in 2005 (affecting 0.2 percent of enrollee records).
CO	SSN	Over 6 percent of enrollees were missing SSNs in 2005. About 72 percent of these enrollees were under age 20 and 56 percent were age 5 or younger. In addition, 29 percent were aliens who only qualified for emergency coverage.
CO	TANF/1931	The TANF flag is 9-filled for all enrollees.
CO	Uniform Eligibility Groups	CO did not have a medically needy program.
CO	Uniform Eligibility Groups	CO shows many more SSI recipients in uniform eligibility groups 11-12 than SSA data, but this may relate to a state-administered SSI supplement.
CO	Uniform Eligibility Groups	In 2005, enrollment in uniform eligibility groups 44-45 (state group 0433B) almost doubled. CO's new MMIS assigned code '03' (transitional assistance) in byte 4 of the state specific code to more enrollees (cause unknown).
CO	Uniform Eligibility Groups	In October 2005, CO had major shifts in uniform eligibility enrollment. CO officials indicated that improved processing of eligibility information in CO's new MMIS system probably caused this shift, not a change in policies.
CO	Waivers	No enrollment was reported for CO's 1915(c) Consumer Directed Care for the Elderly waiver (waiver ID 'CD', waiver type 'H') in 2005 (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CT	Length of Enrollment	About 66 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
CT	Missing Eligibility Data	In 2005, <0.1 percent of records (n=2,396) in the CT file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$13,369,517 and averaged \$5,580 per record in the person summary file.
CT	Race/Ethnicity	CT had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables. Also, race was not reported for 29.1 percent of enrollees (including almost all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
CT	SCHIP	CT's child S-SCHIP program was not reported in MSIS. The state's child M-SCHIP program was phased out in 2002.
CT	SSN	CT had 1,271 SSNs with duplicate records in 2005 (affecting 0.5 percent of enrollee records). The majority of these records are for children.
CT	TANF/1931	The TANF flag is 9-filled for all enrollees.
CT	Uniform Eligibility Groups	CT is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. CT only reports about one third of the SSI population in uniform groups 11-12. Some SSI recipients are reported to uniform groups 41-42 but they cannot be identified with existing data. In addition, SSI disabled children who qualify for Medicaid are not reported to uniform group 12.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
CT	Uniform Eligibility Groups	In 2004, enrollment in state-specific eligibility group 'F7' was shifted to uniform eligibility groups 14-15 since enrollees in this group qualify for Medicaid based on the old AFDC rules (Section 1931). In prior years, this group was incorrectly reported to uniform eligibility groups 44-45.
CT	Uniform Eligibility Groups	In January 2005, persons in state group 'FU' who were previously reported to uniform eligibility groups 16-17 shifted to groups 14-15. In July 2005, enrollment in uniform eligibility groups 44-45 declined when CT changed its Medicaid rules to reduce its transitional Medicaid period (from 24 to 12 months) for persons returning to work. However, it appears that some of these families were probably found to qualify for Medicaid under state group 'F7' (reported to uniform eligibility groups 14-15), which increased somewhat in July 2005.
CT	Waivers	Enrollment in CT's 1915(b) Husky Plan Part A waiver (waiver ID 'M1', waiver type '2') increased dramatically from <10,000 in January-September 2005 to >300,000 in October-December 2005 (cause unknown).
CT	Waivers	No enrollment was reported for CT's HCBS - Developmentally Disabled waiver (waiver ID 'D1', waiver type 'L') October-December 2005 because this waiver was terminated in September 2005. Enrollees in this waiver were transferred to CT's Comprehensive Supports waiver (waiver ID 'D2', waiver type 'L') in October 2005.
CT	Waivers	Enrollment in CT's 1915(c) individual and family support waiver (waiver ID 'I1', waiver type 'L') increased dramatically from <200 in January-September 2005 to >2,000 in October-December 2005 (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
DC	Dual Eligibility Codes	About 88 percent of aged enrollees and 30 percent of disabled enrollees were identified as EDB duals in 2005, lower percentages than in most states.
DC	Dual Eligibility Codes	DC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. Also, beginning in October 2005, DC used disregards to expand income eligibility for QMB benefits to 300 percent of the federal poverty level. As a result, virtually all duals are reported as QMB only or QMB plus duals (code 1 or 2, respectively, in byte 2 of the dual code).
DC	Length of Enrollment	About 71 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
DC	Managed Care	The "Health Services for Children with Special Needs" plan is reported as an HMO in MAX. This plan is reported as a "Medical-Only Prepaid Inpatient Health Plan" (or PIHP) in the CMS managed care report.
DC	Missing Eligibility Data	In 2005, 0.8 percent of records (n=1,331) in the DC file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$6,947,491 and averaged \$5,220 per record in the person summary file.
DC	Race/Ethnicity	In 2005, race was not reported for 11.0 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
DC	SCHIP	DC reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
DC	SSI	Relative to the number of aged and disabled SSI recipients reported to SSA, DC reported 17 percent more eligibles under uniform groups 11 and 12. Part of this difference may be because DC has a state-administered SSI supplement.
DC	SSN	DC had 75 SSNs with duplicate records in 2005 (affecting 0.1 percent of enrollee records).
DC	Uniform Eligibility Groups	DC implemented its 1115 Childless Adults waiver (waiver ID '01', waiver type '1') in February 2003. This waiver expands Medicaid eligibility to childless adults ages 50-64 with income at or below 50 percent of the federal poverty level (mapped to uniform eligibility group 55).
DC	Uniform Eligibility Groups	DC began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver IDs '07' and '08', waiver type 'A') in September 2005.
DC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
DC	Uniform Eligibility Groups	DC received CMS approval for its 1115 Program to Enhance Medicaid Access for Low-Income HIV Infected Individuals waiver (waiver ID '06', waiver type '1') in January 2001. This waiver expands Medicaid coverage to HIV positive individuals who meet income criteria (mapped to uniform eligibility group 55).
DC	Waivers	By mistake, a Ticket to Work program was reported to Waiver Type '7' and ID '04' in MAX 2005. This program is not a waiver and was not reported in 2006 MAX data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
DC	Waivers	DC reported a small number of people in its 1915(c) Special Needs waiver (waiver ID '02', waiver type 'O') in 2005. This waiver provides water purification systems to people with HIV/AIDS who would otherwise require institutionalization, and thus should have been mapped to waiver type 'K' instead of waiver type 'O'. Because of the limited population, enrollment in this waiver is often sparse or non-existent.
DC	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in DC. About 12 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
DE	Dual Eligibility Codes	About 44 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
DE	Dual Eligibility Codes	In July 2005, DE began to separately report all QI-1 enrollees (dual code 6 in byte 2 of the crossover code). DE did not report any enrollees to dual code 4 (SLMB plus).
DE	Dual Eligibility Codes	Aged and disabled duals are enrolled in the transportation managed care plan.
DE	Managed Care	DE reports enrollment in a transportation PHP and a PCCM. The transportation plan was not reported in CMS MC data for June 2005, while the PCCM plan was reported as a FFS capitation plan under the "other" grouping. Somewhat unusual, DE pays for PCCM services on a fee-for-service (FFS) basis when they occur.
DE	Missing Eligibility Data	In 2005, 0.6 percent of records (n=1,118) in the DE file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting a managed care encounter or positive expenditures in MAX. These claims totaled \$462,075 and averaged \$413 per record in the person summary file.
DE	Race/Ethnicity	In 2005, race was not reported for 13.6 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
DE	SCHIP	DE's child S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program until July 2002 when the state added an M-SCHIP program for infants with family income between 186 and 200 percent of the federal poverty level. This somewhat small M-SCHIP program is reported in MAX.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
DE	SSN	Almost 9 percent of enrollees were missing SSNs in 2005. About 78 percent of these enrollees were children and 28 percent were aliens who only qualified for emergency services.
DE	SSN	DE had 31 SSNs with duplicate records in 2005 (affecting 0.0 percent of enrollee records).
DE	TANF/1931	The TANF flag is 9-filled for all enrollees.
DE	Uniform Eligibility Groups	DE's 1115 Diamond State Health Plan waiver (waiver ID '01', waiver types 'I' and 'F') extends full Medicaid benefits to adults with income up to 100 percent of the federal poverty level and extends family planning benefits (only) for 24 months to women otherwise leaving Medicaid. This waiver also implemented a mandatory Medicaid managed care program statewide.
DE	Uniform Eligibility Groups	DE began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID '07', waiver type 'A') in September 2005.
DE	Uniform Eligibility Groups	DE did not have a medically needy program.
DE	Waivers	DE's family planning only coverage was reported as a separate family planning only waiver type (waiver ID '01', waiver type 'F'), even though it was part of the larger 1115 Diamond State Health Plan waiver (waiver ID '01', waiver type 'I').

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
FL	Dual Eligibility Codes	FL provided full Medicaid benefits to the aged and disabled with income up to 90 percent of the federal poverty level. Nevertheless, FL still had a large group of QMB only duals (code 1 in byte 2 of the crossover code).
FL	Dual Eligibility Codes	Effective October 2002, FL assigned dual code 9 to aged persons in its 1115 Pharm Plus Program who did not qualify under other dual codes.
FL	Managed Care	In June 2005, FL reported about 18,000 enrollees in a hospital based "Provider Service Network" (PSN) as a "PIHP" type of managed care in the June CMS report. This plan is reported to plan type 07 (PCCM) in MSIS.
FL	Managed Care	Beginning in January 2003, enrollment in several disease management organization (DMO) plans were reported to plan type 08 (Other). However, the provider IDs used in MSIS are not plan level IDs. In addition, a somewhat different method is used to identify DMO enrollees in MSIS than is used for the June 2005 CMS data, accounting for the somewhat different results. DMO enrollment is reported to the "PAHP" group in CMS data, along with dental and transportation enrollment.
FL	Managed Care	Starting in 2005, FL has a Transportation Plan for Medicaid eligibles. FL is currently unable to report enrollment or expenditures for this plan in MSIS. However, this plan is reported in June 2005 CMS administrative data for Medicaid managed care (PAHP group).
FL	Managed Care	In August 2005, there was a large shift (90,000 enrollees) from plan type 07 (PCCM) to plan type 03 (BHO).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
FL	Missing Eligibility Data	In 2005, 1.3 percent of records (n=39,422) in the FL file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$28,510,945 and averaged \$723 per record in the person summary file.
FL	Race/Ethnicity	In 2005, race was not reported for 34 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
FL	Restricted Benefits Flag	FL assigned the "other" restricted benefits flag (code 5) to many persons qualifying through the medically needy provisions. Persons in this group are eligible for a slightly reduced set of services.
FL	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefits flag X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. (Prior to 2003, these enrollees were assigned restricted benefits flag 5.) The number of Pharm Plus enrollees increased dramatically in MAX data in 2005, as a result of newly reported waiver enrollment information.
FL	SCHIP	FL reported M-SCHIP and S-SCHIP children in MSIS. The enrollment reported in its S-SCHIP program, however, is incomplete and only for a subset of eligibles ages 1-5 years who transferred out of Medicaid.
FL	SSN	FL had 484 SSNs with duplicate records in 2005 (affecting <0.1 percent of enrollee records).
FL	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
FL	Uniform Eligibility Groups	FL received CMS approval for its 1115 Family Planning waiver (waiver ID '03', waiver type 'F') in August 1998. This waiver extends family planning benefits (only) for 24 months to women otherwise leaving Medicaid (mapped to uniform eligibility group 55).
FL	Uniform Eligibility Groups	FL implemented its 1115 Pharmacy Assistance waiver (SilverSaver) (waiver ID '02', waiver type '6') in 2002. This waiver expands Medicaid prescription drug benefits to the aged with income 88-120 percent of the federal poverty level. However, most SilverSaver participants also qualified for Medicaid as partial duals and continued to be reported to uniform eligibility group 31. This waiver expired when Medicare Part D was implemented in January 2006.
FL	Uniform Eligibility Groups	FL began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID '21', waiver type 'A') in September 2005.
FL	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 90 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
FL	Uniform Eligibility Groups	FL reported about 10 percent more SSI eligibles (in uniform eligibility groups 11 and 12) than SSA did over the same period of time. This may occur because FL has a state-administered SSI supplement.
FL	Uniform Eligibility Groups	Enrollment in uniform eligibility groups 21-22 (medically needy aged/disabled) varies somewhat month-to-month (cause unknown).
FL	Waivers	FL reported a small number of people in its 1915(c) Model waiver (waiver ID '19', waiver type 'T') in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
FL	Waivers	Enrollment in FL's Supported Living Home and Community Based Services waiver (waiver ID '09', waiver type 'L') increased dramatically from 758 in January 2005 to 4,554 in December 2005 (cause unknown).
FL	Waivers	FL reported enrollment of one person in its 1915(b) Specialized intermediate care facility for the developmentally disabled waiver (waiver ID '06', waiver type '2') in January-March 2005 although this waiver expired in August 2004 (cause unknown).
FL	Waivers	No enrollment was reported for FL's 1915(b)(c) Alzheimer's Home and Community Based Services waiver (waiver ID '20', waiver type '4') in 2005. This waiver was approved in February 2004, but it is unclear when FL implemented the waiver.
FL	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in FL. About 20 percent of 1915(c) waiver service recipients had no waiver enrollment reported. FL confirmed that it substantially under-reported enrollment in Waiver IDs 13 and 14.
FL	Waivers	Enrollment in FL's 1115 Pharm Plus waiver (waiver ID '02', waiver type '6') decreased dramatically from approximately 50,000 in January 2005 to <10 in December 2005 because the waiver expired when Medicare Part D was implemented in January 2006.
FL	Waivers	FL began to report enrollment in its 1915(c) Adult Cystic Fibrosis waiver (waiver ID '16', waiver type 'L') in December 2005. No enrollment was reported for this waiver January-November 2005. This waiver was approved in October 2002, but it is unclear when FL implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
FL	Waivers	About 300-400 persons assigned restricted benefits flag 6 (family planning only) are not reported to waiver type F (family planning) each month (cause unknown).
FL	Waivers	FL confirmed that it substantially over-reported enrollment in Waiver ID 18.
FL	Waivers	No enrollment was reported for FL's 1915(b)(c) Comprehensive Adult Day Health Program waiver (waiver ID '17', waiver type '4') in 2005. This waiver was approved in March 2003, but it is unclear when FL implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
GA	Dual Eligibility Codes	GA does not automatically code dually eligible SSI recipients as QMB plus duals (code 2 in byte 2 of the crossover code). Most SSI recipients are coded as "other" full benefit duals (code 8). GA had determined that it is more affordable to pay for Medicaid coverage than Medicare Part A premiums for duals who do not automatically qualify for Part A coverage. Dual SSI recipients can apply for QMB or SLMB status, but this status has no effect on the coverage/services they receive.
GA	Managed Care	Managed care is under-reported in MSIS 2005 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 1.3 million individuals were enrolled in NET each month during 2005, according to CMS managed care data.
GA	Managed Care	The CMS managed care reports in June 2005 included 2,519 individuals in a Mental Health PHP 1915b waiver program that was not reported as a managed care plan to MSIS.
GA	Missing Eligibility Data	In 2005, 1.2 percent of records (n=24,602) in the GA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$94,338,727 and averaged \$3,835 per record in the person summary file.
GA	Race/Ethnicity	In 2005, race was not reported for 7.6 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
GA	Restricted Benefits Flag	Only presumptively eligible pregnant women were assigned restricted benefits flag 4 in 2004. Effective October 2005, GA began assigning restricted benefits flag 5 to presumptively eligible women in uniform eligibility group 3A. In April 2003 there was a substantial decline in the number of persons assigned restricted benefits flag 2 (aliens who only qualify for emergency Medicaid benefits) and counts stayed low in 2004 (cause unknown). However, beginning in October 2005, GA began to report more unqualified aliens to restricted benefits flag 2.
GA	SCHIP	GA reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
GA	SSN	About 7 percent of enrollees were missing SSNs in 2005. About 60 percent of these enrollees were age 5 or younger, and 82 percent were age 20 or younger. In addition, about 0.9 percent of enrollees did not appear to have valid information, according to the SSA high group test results (cause unknown).
GA	SSN	GA had 1,943 SSNs with duplicate records in 2005 (affecting 0.2 percent of enrollee records).
GA	TANF/1931	The TANF flag is 9-filled for all enrollees.
GA	Uniform Eligibility Groups	GA began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'KW', waiver type 'A') in September 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
GA	Uniform Eligibility Groups	In July 2004, GA ended an optional program that extended Medicaid coverage for nursing home services to people with incomes that otherwise would disqualify them for the program but were too low to cover long-term care. These persons had been reported to state groups 283 (LTC Aged, Medically Needy), and uniform eligibility group 21. As a result of this cut, enrollment in uniform eligibility group 21 fell by 1,500 (50 percent). It is unclear whether these individuals were removed completely from Medicaid, as enrollment in uniform eligibility group 41 increased by roughly 1,500 in July 2004.
GA	Waivers	No enrollment was reported for GA's 1915(c) Community Based Alternatives for Youth waiver (waiver type 'M') in 2005. This waiver was approved in September 2005, but it is unclear when GA implemented the waiver.
GA	Waivers	No enrollment was reported for GA's 1915(b) Non-Emergency Transportation waiver (the NET Broker Program) (waiver type '2') in 2005. About 1.3 million individuals were enrolled in NET each month during 2005, according to CMS managed care data.
GA	Waivers	No enrollment was reported for GA's 1915(b) Mental Health/Mental Retardation Preadmission Screening and Resident Review waiver (waiver type '2') in 2005. This waiver was approved in April 1994 and expired in October 2005, but it is unclear when GA implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
HI	Dual Eligibility Codes	HI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, almost no QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
HI	Dual Eligibility Codes	By mistake, in October 2004, HI shifted its dual code assignment for many disabled duals in uniform eligibility groups 12 and 32, moving them from dual code 2 to dual code 8 (cause unknown). This pattern was reversed in January 2005.
HI	Dual Eligibility Codes	In 2005, HI began to report enrollment to dual code 6 (QI-1) in byte 2 of the annual crossover code. In 2004, these enrollees were included in dual code 3 (SLMB only) reporting. HI also began to report to dual code 4 (SLMB plus) in 2005.
HI	Length of Enrollment	About 65 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
HI	Managed Care	About 5 percent of enrollees in the Comprehensive State Health Reform Quest 1115 waiver (waiver type '1' and waiver ID 'H1') were not reported to be enrolled in a managed care plan (in the managed care type and ID fields).
HI	Managed Care	HI's PACE program is not a full PACE, rather it is a "Pre-PACE" program operating under a waiver. As a result, it is not reported as managed care type 06 (PACE). Instead, it is correctly reported to managed care plan type 01 (HMO).
HI	Missing Eligibility Data	In 2005, 2.5 percent of records (n=5,949) in the HI file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting a managed care encounter or positive expenditures in MAX. These claims totaled \$1,595,965 and averaged \$268 per record in the person summary file.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
HI	Race/Ethnicity	In 2005, race was not reported for 4.5 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
HI	SCHIP	HI reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
HI	SSN	In 2005, HI provided pseudo-SSNs for enrollees who did not have a legitimate SSN. The state indicated that these pseudo-SSNs could be identified by an "84" within the first two digits, followed by the seven more digits which represented the first seven digits of an ID number.
HI	SSN	HI had 205 SSNs with duplicate records in 2005 (affecting 0.2 percent of enrollee records). The majority of these records were for children.
HI	TANF/1931	The TANF flag is 9-filled for all enrollees.
HI	Uniform Eligibility Groups	Poverty-related pregnant women cannot be identified in HI's data. They are included with other adults reported to uniform eligibility group 55.
HI	Uniform Eligibility Groups	HI implemented its 1115 QUEST waiver (waiver ID 'H1', waiver type '1') in 1994. This waiver is a comprehensive demonstration that mandates managed care coverage for most child and adult Medicaid enrollees, and some non-dual aged and disabled enrollees. In addition, it expands Medicaid coverage to some children, adults, and disabled enrollees. Initially the waiver covered approximately 108,000 individuals from three public medical assistance programs including: AFDC individuals, General Assistance individuals (including 9,900 Medicaid eligible children) and participants in the former state funded health insurance program.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
HI	Uniform Eligibility Groups	HI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
HI	Uniform Eligibility Groups	HI is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. However, when enrollment in uniform eligibility groups 11-12 is compared to SSI administrative data, it appears that 92 percent of SSI recipients were enrolled in Medicaid.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IA	Managed Care	In 2003, several HMOs were terminated in the second half of the year, with many (but not all) enrollees shifting to PCCMs. HMO enrollment continued to decline throughout 2004. By February 2005, HMO enrollment was cut back to only one plan - Coventry Health Care.
IA	Managed Care	In IA, 47 percent of the full benefit EDB dual population were enrolled in a PHP (behavioral health plan) and/or a PCCM, a higher percentage than in most states.
IA	Missing Eligibility Data	In 2005, 0.5 percent of records (n=2,171) in the IA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$6,819,481 and averaged \$3,141 per record in the person summary file.
IA	Private Health Insurance	About 14 percent of enrollees had private insurance in 2005, a higher percentage than in most states. The percentage with private insurance declined somewhat over the course of the year (cause unknown).
IA	Race/Ethnicity	In 2005, race was not reported for 30 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
IA	SCHIP	IA reported M-SCHIP children in MSIS. The state's S-SCHIP child program was not reported in MSIS.
IA	SSN	IA had 543 SSNs with duplicate records in 2005 (affecting 0.3 percent of enrollee records). A majority of these records were for children.
IA	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IA	Uniform Eligibility Groups	IA implemented its large 1115 IowaCare waiver (waiver IDs 'X1' and 'H1', waiver type '1') in July 2005. This waiver expands Medicaid coverage to 1) all individuals 19-64 with family incomes up to 200 percent of the federal poverty level, 2) newborns and pregnant women with income at or below 300 percent of the federal poverty level, and 3) emotionally disturbed children who need home based care who would be eligible for Medicaid if they were institutionalized, and have income below 300 percent of the SSI benefit or a family income of less than 250 percent of the federal poverty level.
IA	Uniform Eligibility Groups	IA had a 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but no enrollment in this group was reported in 2005.
IA	Uniform Eligibility Groups	IA's data show a slight seam effect in 2005, with enrollment lowest in month 3 of each quarter.
IA	Waivers	IA had a 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but no enrollment in this group was reported in 2005 or 2006.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IA	Waivers	IA's 1115 IowaCare waiver (waiver ID 'X1' and 'H1', waiver type '1' and 'M') was implemented in July 2005. IA began to report enrollment in waiver ID 'X1' in July 2005. No enrollment, however, was reported in the component of the waiver that provides home based care to children with mental health needs (waiver ID 'H1', waiver type 'M') in 2005, even though this component of the waiver had been implemented in July 2005. Individuals in 1915(c) waivers with an unknown waiver ID were reported to waiver type 'O' (other) and waiver ID '99'. Most of these individuals were children ages 6-20 years. It is unknown whether children in waiver 'H1' may have been reported to waiver type 'O' and waiver ID '99' by mistake in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ID	CHIP	ID reported M-SCHIP children in MSIS. The state started an S-SCHIP program in July 2004 and reported its S-SCHIP enrollment in MSIS from the start.
ID	CHIP	In 2005, ID's S-SCHIP and M-SCHIP programs included a CHIP 1115 demonstration called "Access Card" that allows eligible children to choose monthly premium assistance for a private insurance plan of their choice instead of the standard S-SCHIP or M-SCHIP benefit packages. This waiver was not an expansion and children receiving "Access Card" premium assistance are not included in ID's MSIS data, including its waiver data. This causes S-SCHIP enrollment to be somewhat undercounted in MSIS data from 2005 forward, but M-SCHIP enrollment continues to be reliable.
ID	County Codes	County code was missing for 2.7 percent of enrollees in 2005.
ID	Date of Death	ID does not submit date of death information.
ID	Dual Eligibility Codes	ID's SLMB only and QI duals eligibles (dual codes 3 and 6 in byte 2 of the crossover code) were not included in MSIS data until January 2005. In addition, SLMB plus enrollees (dual code 4) were reported to dual code 2 prior to January 2005. In addition, the number of SLMB only, SLMB plus and QI-1 duals increased substantially in October 2005, probably related to preparation for the implementation of Medicaid Part D in 2006. Thus, duals in these groups may have been undercounted earlier in 2005.
ID	Managed Care	The state did not have any fully capitated managed care. They did have PCCMs, however.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ID	Missing Eligibility Data	In 2005, 0.2 percent of records (n=413) in the ID file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$940,089 and averaged \$2,276 per record in the person summary file.
ID	Private Health Insurance	ID had problems with reliably reporting the private health insurance status for most dual eligibles. As a result, all dual eligibles with a health insurance code = '2' (health insurance coverage purchased by a third party) should instead be assigned code '9' (status unknown).
ID	SSN	ID had 20 SSNs with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
ID	TANF/1931	The TANF flag is 9-filled for all enrollees.
ID	Uniform Eligibility Groups	ID had an 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but no enrollment in this group was reported in 2005.
ID	Uniform Eligibility Groups	ID did not have a medically needy program.
ID	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, ID requires them to separately apply for Medicaid coverage.
ID	Uniform Eligibility Groups	The number of eligibles in uniform groups 11 and 12 exceeded SSI counts by about 23 percent. Two factors may contribute to the difference. To start, ID has a state administered SSI supplement. Second, some individuals in state group 54 may be mistakenly identified as SSI recipients.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ID	Uniform Eligibility Groups	Some changes by uniform eligibility group occurred in October 2005. Enrollment in uniform eligibility groups 31-32 increased as ID improved its partial dual reporting. Some enrollees may also have shifted from uniform eligibility group 11 to 41, and from groups 14-15 to 44-45. Some of these changes may have been related to preparation for Medicare Part D implementation in January 2006.
ID	Waivers	ID reported a small number of people in its 1915(c) Idaho State School and Hospital waiver (waiver ID '05', waiver type 'L') in 2005.
ID	Waivers	ID reported a small number of people in its 1915(c) Home and Community Based Services/Traumatic Brain Injury (HCBS/TBI) waiver (waiver ID '12', waiver type 'J') in 2005.
ID	Waivers	No enrollment was reported for ID's 1915(c) Home and Community Based Services Mental Retardation/Developmental Disability (HCBS MR/DD) waiver (waiver ID '13', waiver type 'L') in 2005 (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IL	Dual Eligibility Codes	IL provided full Medicaid benefits to the aged and disabled with income up to 85 percent of the federal poverty level.
IL	Dual Eligibility Codes	IL greatly improved its identification of duals in its Pharm Plus program effective April 2004. This resulted in increased enrollment in dual code 9 (in byte 2 of the crossover code). Most Pharm Plus enrollees are reported to this dual code.
IL	Length of Enrollment	66 percent of eligibles were enrolled all 12 months, a higher percentage than in most states.
IL	Managed Care	IL reported enrollment in plan type 08 (other). These plans consist of Primary Health Providers and Managed Care Community Networks (MCCN), and they provide different services than comprehensive plans. These plans appear to be reported as HMOs in the CMS managed care data.
IL	Missing Eligibility Data	In 2005, 0.1 percent of records (n=2,238) in the IL file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$12,892,927 and averaged \$5,761 per record in the person summary file.
IL	Race/Ethnicity	In 2005, race was not reported for 19.6 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
IL	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefits flag X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. (Prior to 2003, these enrollees were assigned restricted benefits flag 5.)

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IL	Restricted Benefits Flag	From January-June 2005, IL reported 250-300 persons/month with restricted benefits flag 2 (unqualified aliens who only received emergency services), and no one is assigned code 2 for the rest of the year. However, IL has other state-funded programs that provide coverage for this group.
IL	SCHIP	IL reported M-SCHIP and S-SCHIP children in MSIS. In October 2003, IL implemented adult coverage under its S-SCHIP program. MAX data for 2005 show about 12 percent fewer M-SCHIP child enrollees and 15 percent fewer S-SCHIP enrollees (children and adults combined) than reported in SEDS. IL officials reported that some state groups were mistakenly reported as SCHIP enrollees to SEDS.
IL	SSN	IL had 43,654 SSNs with duplicate records in 2005 (affecting 3.6 percent of enrollee records). More than one enrollee record can have the same SSN due to the state's system of assigning Medicaid identification numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled into Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication problems can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.
IL	TANF/1931	Reported TANF enrollment increased in October 2005 when IL determined that many individuals previously classified as "zero grant" were found to qualify for a small grant.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IL	Uniform Eligibility Groups	IL implemented its 1115 Family Planning waiver (waiver ID 'A3', waiver type 'F') in June 2004. This waiver extends family planning benefits (only) for 24 months to women otherwise leaving Medicaid (mapped to state groups 94FP00 and 96FP00 and uniform eligibility group 55).
IL	Uniform Eligibility Groups	IL implemented its 1115 HIFA KidCare Parent Coverage waiver (waiver ID 'A2', waiver type '5') in the fall of 2002. This waiver expands Medicaid coverage to several groups of children and parents (mapped to uniform eligibility groups 54 and 55). Medicaid assists some of the newly covered children and parents in buying into employer-sponsored or private insurance. Also, some of the 1115 expansion applied to S-SCHIP coverage.
IL	Uniform Eligibility Groups	IL implemented its 1115 Pharm Plus Benefit for Low-Income Seniors waiver (SeniorCare) (waiver ID 'A1', waiver type '6') in June 2002. This waiver extends drug benefits to the aged to 200 percent of the federal poverty level (mapped to uniform eligibility group 51). Relatively few partial duals are reported to also qualify for prescription drug benefits (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IL	Uniform Eligibility Groups	IL is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In addition, the state was not able to report all SSI recipients into uniform groups 11 and 12. SSI recipients, including SSI state supplement recipients, were reported into other uniform groups. As a result, the number of persons reported into uniform groups 11 and 12 was considerably less than the number of SSI recipients. Also, in October 2004, the number of disabled SSI recipients reported to uniform eligibility group 12 declined even more, when the state implemented some system changes. There appears to have been a shift from uniform eligibility group 12 (state group 230551) to uniform eligibility group 22 (state group 239999) at this time.
IL	Uniform Eligibility Groups	IL provided full Medicaid benefits to the aged and disabled with income up to 85 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31 and 32.
IL	Uniform Eligibility Groups	IL had many shifts by uniform eligibility group in October 2005 when it implemented several changes. More SSI enrollees were identified for uniform eligibility groups 11 and 12. Waiver identification improved and the number of supportive living facilities (SLFs) increased, contributing to an enrollment increase in uniform eligibility groups 41 and 42. Roughly 55,000 adults shifted from uniform eligibility group 25 to 45. These individuals were at the end of their Medicaid benefits period, and were found eligible for a Medicaid Medical Extension. Finally, more children and adults were found to qualify under the Section 1931 criteria (reported to uniform eligibility groups 14 and 15).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IN	Dual Eligibility Codes	About 6 percent of EDB duals were only identified as a result of the EDB link in 2005, a higher percentage than in most states. Even so, duals were underreported in IN's 2005 MAX data. Duals who did not meet spend-down targets, but who nevertheless qualified for restricted Medicaid benefits, were not reported in MSIS.
IN	Managed Care	In June 2005, PCCM counts in MAX were 20 percent lower than the PCCM counts in CMS managed care administrative data. This occurred because CMS data "double counts" PCCM enrollees who also participate in Chronic Disease Management (CDM). MAX data does not include CDM participation because individuals in this program are already members of Medicaid Select or the Primestep PCCM program. Providers do not receive any extra compensation from the State for CDM members.
IN	Managed Care	In January 2005, IN began reporting enrollees to a new comprehensive managed care plan (plan type 1), called CareSource Indiana (ID 700410350). In June 2005, IN added another plan, Molin (ID 900601440). HMO enrollment grew in 2005, because IN expanded mandatory enrollment in HMOs to counties where it had previously been optional. It appears IN is gradually moving children, pregnant women, and low-income families to HMOs, while only Medicaid Select (aged and disabled) enrollees remain in PCCMs.
IN	Missing Eligibility Data	In 2005, 1.5 percent of records (n=15,503) in the IN file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting a managed care encounter or positive expenditures in MAX. These claims totaled \$7,012,313 and averaged \$452 per record in the person summary file.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
IN	Race/Ethnicity	In 2005, race was not reported for 10 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
IN	SCHIP	IN reported M-SCHIP and S-SCHIP children in MSIS.
IN	SSN	IN had 125 SSNs with duplicate records in 2005 (affecting < .1 percent of enrollee records).
IN	TANF/1931	The TANF flag is 9-filled for all enrollees.
IN	Uniform Eligibility Groups	IN began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'KT', waiver type 'A') in September 2005.
IN	Uniform Eligibility Groups	IN is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. The total number of SSI eligibles reported into uniform eligibility groups 11 and 12 is about 20 percent lower than the number reported by SSA, suggesting that not all SSI recipients in IN are enrolled in Medicaid.
IN	Uniform Eligibility Groups	In January 2005, IN changed its uniform eligibility group mapping for some aged and disabled enrollees. The state began to use information on spend-down, money grant, and dual status, as well as aid categories in making the uniform eligibility group assignment. This change caused declines in uniform eligibility groups 11-12 and increases in 31-32 and 41-42.
IN	Uniform Eligibility Groups	In April 2005, as well as January 2006, shifts from uniform eligibility group 41-42 to 31-32 occurred when the state changed how it handled 209(b) spend-down requirements.
IN	Uniform Eligibility Groups	IN did not have a medically needy program.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
KS	9-filling	From 300-600 persons each month had the following data elements 9-filled (cause unknown): restricted benefits flag, SCHIP status, private insurance code, managed care plan type, waiver type, and waiver ID.
KS	Managed Care	KS has a behavioral health organization (BHO) - administrative services only (ASO) component which covers only administrative costs of coordinating mental health benefits, not benefits themselves. This plan is not reported in Claims or Eligibility data.
KS	Missing Eligibility Data	In 2005, 1.3 percent of records (n=4,587) in the KS file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$19,653,493 and averaged \$4,284 per record in the person summary file.
KS	Race/Ethnicity	In 2005, KS began to report more than one race code for many MSIS enrollees, causing the distribution by race to change markedly from 2004 to 2005.
KS	SCHIP	KS's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program.
KS	SSN	KS had 34 SSNs with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
KS	TANF/1931	The TANF flag is 9-filled for all enrollees.
KS	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, KS requires them to separately apply for Medicaid coverage.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
KS	Waivers	No enrollment was reported for KS's 1915(b) Children and Family Services Behavioral and Rehabilitative Treatment Services waiver (waiver type '2') in 2005 (cause unknown). This waiver was approved in May 2005, but it is unclear when KS implemented the waiver.
KS	Waivers	No enrollment was reported for KS's 1915(b) Managed Care waiver (waiver type '2') in 2005 (cause unknown). This waiver was approved in June 1998, but it is unclear if this waiver is still in effect.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
KY	Dual Eligibility Codes	The number of dual eligibles identified in MSIS increased in October 2005, and enrollment shifted somewhat across dual codes. These changes were probably related to preparation for the implementation of Medicare Part D in January 2006.
KY	Managed Care	The "other" managed care plan type (08) in KY was a special capitation plan for transportation benefits.
KY	Missing Eligibility Data	In 2005, 0.8 percent of records (n=7,322) in the KY file were missing Medicaid eligibility information (had zero months of enrollment) had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$21,362,648 and averaged \$2,918 per record in the person summary file.
KY	Private Health Insurance	The number of enrollees reported to have private insurance increased by about 20 percent in October 2005 (cause unknown).
KY	Race/Ethnicity	KY had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables.
KY	Race/Ethnicity	Race was not reported for 5.7 percent of enrollees (including 42 percent of Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
KY	SCHIP	KY reported M-SCHIP and S-SCHIP children in MSIS.
KY	TANF/1931	KY TANF enrollment data in MAX are about 15 percent lower than TANF administrative data (cause unknown).
KY	Uniform Eligibility Groups	KY has a state-administered SSI supplement which may cause the number reported to uniform eligibility groups 11 and 12 to be slightly higher than SSA data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
KY	Uniform Eligibility Groups	KY implemented its 1115 Health Care Partnership waiver (waiver ID 'MC', waiver type '1') in 1996. This waiver tried to establish Medicaid managed care throughout the state, but never included any eligibility expansions. However, the State was never able to fully implement the demonstration beyond its two most urban areas. On July 1, 2000, one of the two operating Partnerships terminated its contract with the State leaving only one Partnership remaining in the State's largest urban area. This Partnership, which is a private non-profit entity, manages the Medicaid delivery system that includes the city of Louisville in Jefferson County and fifteen surrounding counties. This area comprises 20 percent of the State's Medicaid population. This waiver expired in September 2005.
KY	Waivers	No enrollment was reported for KY's 1915(b) Non-Emergency Transportation Program waiver (waiver ID 'TN', waiver type '2') in October thru December 2005 because this waiver expired in September 2005.
KY	Waivers	No enrollment was reported for KY's 1115 Health Care Partnership waiver (waiver ID 'MC', waiver type '1') in October through December 2005 because this waiver expired in September 2005.
KY	Waivers	KY began to report enrollment in its KY's 1915(c) Home Care waiver (waiver ID 'HC', waiver type 'G') in October 2005. No enrollment was reported for this waiver January thru September 2005 (cause unknown). It is unclear when this waiver was approved and implemented.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
LA	Dual Eligibility Codes	About 35 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
LA	Dual Eligibility Codes	In October 2004, LA began reporting full duals to dual codes 4 and 8 (in byte 2 of the crossover code). Prior to October, virtually all full duals were reported to dual code 2.
LA	Dual Eligibility Codes	In October 2005, the distribution by dual code shifted somewhat, with a noticeable increase in QMB only (dual code 2) enrollment (perhaps related to improved reported in preparation for the implementation of Medicare Part D in January 2006).
LA	Length of Enrollment	About 74 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states. However, LA may have slipped somewhat in eligibility redeterminations the last few months of the year as a result of Hurricane Katrina in September 2005.
LA	Missing Eligibility Data	In 2005, 6.3 percent of records (n=78,733) in the LA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$197,630,240 and averaged \$2,150 per record in the person summary file.
LA	Race/Ethnicity	In 2005, race was not reported for 7.05 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
LA	Restricted Benefits Flag	LA assigns the "other" restricted benefits flag (code 5) to about 6,000-7,000 enrollees/month. Most of these individuals are in the medically needy uniform group, while a few are in the other adult group.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
LA	SCHIP	LA reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
LA	SSN	The reliability of SSN data in LA was improved in 2005. In earlier years, LA assigned a pseudo SSN to some enrollees. About 2.5 percent of enrollees were missing SSNs in 2005. Most of these enrollees were under age 5.
LA	TANF/1931	LA TANF data may not be reliable in 2005.
LA	Uniform Eligibility Groups	Most low-income infants are reported to uniform group 44 instead of 34, because the state deems these newborns eligible for Medicaid until age 1.
LA	Uniform Eligibility Groups	LA had an 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'KR', waiver type 'A') approved in November 2005. This waiver allowed the state to use expedited eligibility rules, special financial standards, and a period of eligibility of up to 5 months for Katrina evacuees. Most Katrina evacuees in LA were only enrolled in September and October 2005.
LA	Uniform Eligibility Groups	Between September and November 2005, LA reported many small shifts among uniform eligibility groups. The state attributed these changes to Hurricane Katrina. Many persons became newly enrolled for Medicaid as a result of the Katrina waiver, while others may have left LA (and Medicaid enrollment) as a result of the disaster.
LA	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in LA. About 50 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
LA	Waivers	LA reported a small number of people in its 1915(c) Personal Care Attendent waiver (waiver ID '03', waiver type 'T') in January through June 2005 (likely an error). This waiver expired January 15, 2005.
LA	Waivers	No enrollment was reported for LA's 1915(b) Community Care Statewide waiver (waiver ID 'CC', waiver type '2') in October through December 2005 because this waiver expired in October 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MA	Dual Eligibility Codes	MA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. MA also provided full Medicaid benefits to all disabled with income up to 133 percent of the federal poverty level under its 1115 Waiver program. As a result, very few QMB only duals and SLMB only duals (codes 1 and 3 in byte 2 of the crossover code) were reported in the state.
MA	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2005, a lower percentage than in most states.
MA	Dual Eligibility Codes	MA did not report any QI-1s (code 6 in byte 2 of the crossover code) in 2005.
MA	Foster Care	MA underreports foster care children in MSIS data.
MA	Missing Eligibility Data	In 2005, 0.8 percent of records (n=9,418) in the MA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$24,907,946 and averaged \$2,645 per record in the person summary file.
MA	Race/Ethnicity	In 2005, race was not reported for 45.6 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
MA	Restricted Benefits Flag	In 2005, MA greatly improved its use of restricted benefits flag 2 (alien - emergency services only). In January 2005, less than 250 enrollees were assigned restricted benefits flag 2, but this number increased to over 2,000 by December. In 2004, less than 100 enrollees were assigned code 2 each month.
MA	Restricted Benefits Flag	MA does not extend full Medicaid benefits to all its expansion groups. Those with some restrictions are assigned restricted benefits flag 5.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MA	SCHIP	MA reported M-SCHIP and S-SCHIP children in MSIS. MSIS data for M-SCHIP showed higher enrollment than SEDS data, while the S-SCHIP counts are very close. The state insists that MSIS data are more reliable.
MA	SSN	Ten percent of enrollees were missing SSNs in 2005. About 62 percent of these enrollees are children less than 21 years old. Thirteen percent are assigned restricted benefits flag 2 indicating that they are aliens who only qualified for emergency services.
MA	SSN	MA had 327 SSNs with duplicate records in 2005 (affecting <0.1 percent of enrollee records).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MA	Uniform Eligibility Groups	MA implemented its 1115 MassHealth waiver (waiver IDs 'B', 'C', 'D', 'E', 'F', 'G', 'H', 'I', 'M', '1', '2' and '3', waiver type '1') in 1995. This waiver expands Medicaid coverage to disabled, child, and adult enrollees. Under this program, eligibility for MassHealth's Standard benefit package is extended to pregnant women and children under the age of 1 with income up to 200 percent of the federal poverty level; children ages 1-18 with income up to 150 percent of the federal poverty level; parents of children under age 19 with income up to 133 percent of the federal poverty level; and disabled adults age 19-64 with income up to 133 percent of the federal poverty level. The waiver extends eligibility in the MassHealth CommonHealth package to disabled children through age 18 with income over 150 percent of the federal poverty level; working disabled adults, no income limit; and nonworking disabled adults with income over 133 percent of the federal poverty level. The waiver extends eligibility in the MassHealth Basic package to adults through age 64 who are long-term unemployed with income up to 133 percent of the federal poverty level. The waiver also provides premium assistance for children age 1-18 with income between 150-200 percent of the federal poverty level, and adults under age 65 with income under 200 percent of the federal poverty level who have access to employer sponsored insurance. For those children age 1-18 with income between 150-200 percent of the federal poverty level, the waiver allows the state to pay the cost of buying into the state's MassHealth Standard benefit. In 2000, the waiver was expanded to provide eligibility to individuals with HIV under age 65 who are not institutionalized and have income up to 200 percent of the federal poverty level.
MA	Uniform Eligibility Groups	MA had an 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but no enrollment in this group was reported in 2005 (cause unknown). MA reported to CMS for the Hurricane Katrina final report that there were 471 persons ever enrolled in this waiver.
MA	Uniform Eligibility Groups	MA provided full Medicaid benefits to the aged with income up to 100 percent of the federal poverty level and to the disabled with income up to 133 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits are reported to uniform eligibility groups 31-32.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MD	CHIP	MD reported M-SCHIP and S-SCHIP children in MSIS.
MD	County Codes	MD reports eligibles with county code = 510. These are residents of the city of Baltimore. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county '007'.
MD	Managed Care	Some persons in HMOs/HIOs have the plan ID field 9-filled.
MD	Missing Eligibility Data	In 2005, 0.2 percent of records (n=1,765) in the MD file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$3,782,912 and averaged \$2,143 per record in the person summary file.
MD	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefits code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits.
MD	SSN	MD had 33 SSNs with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
MD	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MD	Uniform Eligibility Groups	MD implemented its 1115 Health Choice waiver (waiver ID 'HC', waiver types '1', '6', and 'F') in 1997. Initially, this waiver converted many enrollees to a managed care system but did not expand eligibility. Now, this waiver expands Medicaid coverage to include Pharm Plus and family planning coverage. The 1115 pharmacy assistance programs cover two different groups. The MD Pharmacy Assistance Program is reported to state groups S08-S10, and covers all individuals (including aged, disabled, children and adults) up to 116 percent of the federal poverty level. The MD Pharmacy Discount Program, started in July 2003, covers beneficiaries with income up to 175 percent of the federal poverty level who have too much income/resources to qualify for MD Pharmacy Assistance Program. These individuals are reported to state codes S16-S18. MD's 1115 waiver also includes family planning only coverage for 5 years for postpartum women otherwise losing Medicaid coverage.
MD	Uniform Eligibility Groups	MD began to report enrollment in its 1115 waivers for evacuees of Hurricane Katrina (waiver ID 'HK', waiver type 'A') in September 2005.
MD	Uniform Eligibility Groups	In 2005, race was not reported for 12.3 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
MD	Uniform Eligibility Groups	MD's counts of SSI recipients (uniform eligibility groups 11 and 12) each month are higher than the counts reported in federal SSI administrative data. However, the state administers a SSI supplement program which may account for the difference.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MD	Waivers	Components of MD's 1115 Healthy Choice waiver (waiver ID 'HC') were reported as separate waiver types, even though they were covered under the same waiver. People receiving pharmacy assistance have waiver type '6', family planning only enrollees are coded with waiver type 'F', and all other enrollees have waiver type '1'.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ME	County Codes	County code was missing for over 2 percent of enrollees in 2005.
ME	Date of Death	The date of death is 8-filled for all enrollees.
ME	Dual Eligibility Codes	ME provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
ME	Dual Eligibility Codes	In October 2004, ME improved its dual code reporting by moving about 6,000 SSI duals from dual code 8 to code 2.
ME	Dual Eligibility Codes	ME continued to report a small number of enrollees (roughly 50) to dual code 7 in the first 6 months of 2005, even though the QI-2 program ended on 12/31/02. These enrollees should not have been included in MSIS.
ME	Length of Enrollment	About 67 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
ME	Missing Eligibility Data	In 2005, 0.3 percent of records (n=991) in the ME file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive prescription drug expenditures in MAX. (ME did not submit complete OT, IP, and LT files in 2005. As a result, only RX claims are included in MAX in 2005.) These claims totaled \$807,273 and averaged \$815 per record in the person summary file.
ME	Race/Ethnicity	In 2005, race was not reported for 8.5 percent of enrollees (including 42 percent of Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
ME	SCHIP	ME reported its child M-SCHIP and S-SCHIP enrollees in MSIS.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ME	SSN	ME had 85 SSNs with duplicate records in 2005 (affecting 0.1 percent of enrollee records).
ME	TANF/1931	The TANF flag is 9-filled for all enrollees.
ME	Uniform Eligibility Groups	ME received approval for its 1115 HIV/AIDS waiver (waiver ID '10', waiver type '1') in February 2000. This waiver expands Medicaid benefits to individuals who are HIV positive and at or below 250 percent of the federal poverty level (mapped to uniform eligibility group 55).
ME	Uniform Eligibility Groups	ME implemented its 1115 HIFA MaineCare for Childless Adults waiver (waiver ID '11', waiver type '5') in October 2002. This waiver expands Medicaid coverage to childless adults with income to 100 percent of the federal poverty level (mapped to uniform eligibility group 55).
ME	Uniform Eligibility Groups	ME provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
ME	Uniform Eligibility Groups	In 2005, few children (<5) qualified for Medicaid through the Section 1931 provisions (uniform eligibility group 14). Instead, ME used the poverty-related rules and M-SCHIP expansions (uniform eligibility group 34) to establish Medicaid eligibility for most children.
ME	Uniform Eligibility Groups	In 2005, enrollment declined throughout the year in the childless adult group reported to uniform eligibility group 55. The state explained this occurred because of a reevaluation of adults assigned to this group.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ME	Uniform Eligibility Groups	ME's counts of SSI recipients in uniform eligibility groups 11-12 are somewhat higher than the counts reported in SSI administrative data. This probably occurs because ME has a state-administered SSI supplement.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MI	Dual Eligibility Codes	MI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
MI	Managed Care	Dental plan enrollment is reported in MAX but is not included in the June CMS managed care report for Michigan.
MI	Missing Eligibility Data	In 2005, 1.1 percent of records (n=21,037) in the MI file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$31,023,609 and averaged \$1,475 per record in the person summary file.
MI	Race/Ethnicity	In 2005, race was not reported for 6.9 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
MI	Restricted Benefits Flag	Adults enrolled in MI's M-SCHIP program were assigned the "other" restricted benefits flag (code 5). Enrollees in this program are eligible for a limited benefits package that excludes inpatient coverage.
MI	SCHIP	MI had both M-SCHIP and S-SCHIP programs for children in 2005; however, S-SCHIP data is not reported in MAX. MI also implemented an 1115 HIFA waiver in January 2004 adding M-SCHIP coverage for childless adults to 35 percent of the federal poverty level. MAX includes enrollment data for the M-SCHIP adult group, but MAX claims for this 1115 group are incomplete.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MI	SCHIP	MI did not report any M-SCHIP child enrollment for the first 8 months of 2005. Some M-SCHIP child reporting resumed in September 2005, but these children appear to be undercounted. SEDS data suggest MI had M-SCHIP child enrollment of about 37,000 per month on average during 2005.
MI	SSN	MI had 53 SSNs with duplicate records in 2005 (affecting <0.1 percent of enrollee records).
MI	SSN	Over 6 percent of enrollees were missing SSNs in 2005. Almost 60 percent of these enrollees were age 5 or younger, and 88 percent were age 20 or younger. Overall, 18 percent of those missing an SSN were aliens who only qualified for emergency coverage.
MI	TANF/1931	The TANF flag is 9-filled for all enrollees.
MI	Uniform Eligibility Groups	MI implemented its 1115 HIFA Adults Benefits waiver (waiver ID 'AB', waiver type '5') in January 2004. This waiver expands M-SCHIP coverage for childless adults with income up to 35 percent of the federal poverty level (mapped to uniform eligibility group 55).
MI	Uniform Eligibility Groups	Beginning in 2005, all persons 65 years and older were reported as aged. This caused some enrollment shifts from uniform eligibility groups 12, 22, 32, and 42 to 11, 21, 31, and 41, respectively.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MI	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. Beginning in October 2004, these individuals are reported to uniform eligibility group 31-32. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
MI	Waivers	No enrollment was reported for MI's 1915(c) Waiver for Seriously Emotionally Disturbed Children (waiver ID 'SD', waiver type 'M') in 2005 and 2006 because enrollment in this waiver is not captured in the state's MMIS.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MN	Date of Death	About 10 percent of EDB duals had a Medicare-reported date of death in 2005, a higher percentage than in most states.
MN	Dual Eligibility Codes	About 11.5 percent of EDB duals were only identified as a result of the EDB link in 2005, a higher percentage than in most states.
MN	Managed Care	About 38 percent of full benefit EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.
MN	Missing Eligibility Data	In 2005, 0.2 percent of records (n=1,654) in the MN file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$3,580,032 and averaged \$2,164 per record in the person summary file.
MN	Race/Ethnicity	In 2005, race was not reported for 8.8 percent of enrollees (including 46 percent of Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
MN	Restricted Benefits Flag	Persons in UN2854 assigned restricted benefits flag 5 only qualify for "access" services, since their eligibility has not yet been fully established. Some children and adults are also assigned code 5 (cause unknown).
MN	SCHIP	MN reported M-SCHIP children in MSIS. The state's M-SCHIP program is very small since it covers only infants with income from 275-280 percent of the federal poverty level.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MN	SCHIP	The state did not have an S-SCHIP program until July 2001, when it transferred adults from its 1115 waiver to S-SCHIP. In January 2003, MN expanded its S-SCHIP coverage to include unborn children (PC9900). Individuals in the unborn child group are reported as adults in MSIS data, but children in SEDs data. All S-SCHIP enrollees are reported in MSIS data.
MN	TANF/1931	The TANF flag is 9-filled for all enrollees.
MN	Uniform Eligibility Groups	MN received CMS approval for its 1115 Prepaid Medical Assistance Project Plus (PMAP+) waiver (waiver ID 'B1', waiver type '1') in April 1995. This waiver expanded the use of prepaid managed care programs and expanded Medicaid eligibility to cover MinnesotaCare enrollees (an earlier state-only program). The MinnesotaCare enrollees in the waiver include children, pregnant women, and parents or caretaker adults with incomes below 275 percent of the federal poverty level. However, many parents and caretaker adults (but not all) were transferred from the Medicaid 1115 waiver to MN's S-SCHIP program in July 2001.
MN	Uniform Eligibility Groups	MN began to report enrollment of 1 to 2 people in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'D1', waiver type 'A') from January through July 2005 (probably an error). Enrollment in this waiver increased dramatically to about 500 people in September 2005, the month after the hurricane.
MN	Uniform Eligibility Groups	MN is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. However, it appears that the vast majority of SSI recipients qualify for Medicaid coverage.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MN	Uniform Eligibility Groups	MN provided full Medicaid benefits to the aged and disabled with income up to 95 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31 and 32.
MN	Waivers	Enrollment in MN's 1915(b)(c) Senior Care Project waiver (waiver ID 'SC', waiver type '4') increased dramatically from 1 in April 2005 to 40,878 in December 2005, as the waiver quickly ramped-up enrollment after the state received CMS approval in June 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MO	County Codes	Eligibles with county code = 510 are residents of the city of St. Louis. Eligibles with county code = 186 are residents of the city of St. Genevieve.
MO	Dual Eligibility Codes	Over 40 percent of the dual population are assigned dual code 8 (in byte 2 of the new annual crossover value). According to MO, these are eligibles who might qualify under QMB or SLMB rules, but pay for their own Part B premiums as a part of a 209(b) spend down. The state also indicated that dual eligibles have to apply for QMB/SLMB coverage.
MO	Dual Eligibility Codes	MO showed a decline in total aged and disabled enrollment in September 2005. Probably related, quarterly dual code reporting dropped in October 2005. Legislation passed in 2005 reduced eligibility for the elderly and disabled, causing some duals to lose their eligibility completely or only qualify through spend down.
MO	Managed Care	MO began to report PACE enrollment (about 160 per month) in MAX starting in January 2005.
MO	Missing Eligibility Data	In 2005, 0.2 percent of records (n=1,827) in the MO file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$2,836,034 and averaged \$1,552 per record in the person summary file.
MO	Private Health Insurance	The number of enrollees reported to Health Insurance flag '2' (receiving third party insurance) increased from about 59,000 enrollees per month to about 81,000 enrollees per month in October 2005 (cause unknown).
MO	SCHIP	MO reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MO	SSN	MO had 436 SSNs with duplicate records in 2005 (affecting 0.1 percent of enrollee records).
MO	TANF/1931	From January 2005 through September 2005, MO gradually reduced its reporting of TANF enrollment in MSIS to less than 25 enrollees (cause unknown). Reporting was restored in October 2005, when the comparison to ACF counts in December 2005 showed MAX counts to be 6 percent higher.
MO	Uniform Eligibility Groups	MO implemented its 1115 Managed Care Plus waiver (waiver ID 'A1', waiver types 'F' and '1') in 1998. This waiver extended managed care coverage to children with income to 300 percent of the federal poverty level (includes M-SCHIP group). In 1999, coverage was added for adults with income to 100 percent of the federal poverty level who were transitioning off TANF (they qualified for up to 1-2 years of coverage). The waiver also included family planning only benefits for one year post-partum (mapped to uniform eligibility groups 54 and 55).
MO	Uniform Eligibility Groups	MO is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements than those of the SSI program. This probably explains why the number of SSI eligibles reported into uniform eligibility groups 11 and 12 is lower than the number reported by the Social Security Administration.
MO	Uniform Eligibility Groups	MO did not have a medically needy program.
MO	Uniform Eligibility Groups	Transitional medical assistance (TMA) enrollees are included in the 1931 group mapped to uniform eligibility groups 14 and 15.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MO	Uniform Eligibility Groups	MO's total Medicaid enrollment dropped 8 percent during 2005 as a result of legislation reducing eligibility for the elderly and disabled to 85 percent of the federal poverty level and reducing eligibility for low-income parents to 22 percent of the federal poverty level. Beginning in July 2005, MO no longer reported 1115 adults with full benefits to uniform eligibility group 55. In addition, other changes caused some shifts by uniform eligibility group during the year (e.g., some children moved from uniform eligibility group 14 to 34).
MO	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in MO. About 66 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
MO	Waivers	MO's family planning only coverage was reported as a separate family planning only waiver ID even though it was part of the larger 1115 Family Planning waiver (waiver ID 'A1', waiver type 'F').
MO	Waivers	Enrollment in MO's 1915(c) MR/DD Comprehensive waiver (waiver ID 'C6', waiver type 'L') increased dramatically from 280 in January 2005 to 1,898 in December 2005 (cause unknown).
MO	Waivers	MO began to report enrollment in its 1915(c) Independent Living waiver (waiver ID 'C4', waiver type 'G') in April 2005. No enrollment was reported for this waiver in January thru March 2005 (cause unknown). This waiver was approved in January 2003, but it is unclear when the state implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MO	Waivers	Enrollment in MO's 1915(c) Community Support waiver (waiver ID 'C3', waiver type 'L') increased dramatically from 17 in January 2005 to 867 in December 2005 (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MS	County Codes	County code was missing for 3.7 percent of enrollees in 2005.
MS	Dual Eligibility Codes	MS provided full Medicaid benefits to the aged and disabled with income up to 135 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
MS	Dual Eligibility Codes	Prior to January 2004, MS reported all full duals to dual code 2 (in byte 2 of the crossover code). Starting in January 2004, full duals were reported to dual codes 4 and 8, in addition to 2. In October 2004, the distribution of full duals across codes 2, 4 and 8 shifted somewhat (cause unknown). From October - December 2004, a small number of duals (<150) were not assigned a dual code by mistake. In April 2005, some shifts occurred in dual codes 1, 3, 4 and 6 (cause unknown).
MS	Foster Care	MS reports a smaller proportion of children in foster care than generally expected.
MS	Length of Enrollment	Over 65 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
MS	Managed Care	MS began reporting enrollees in the McKesson disease management plan to plan type 08 in MSIS in October 2004 (Plan ID 000000000001). The October 2004 MAX managed care data reported 22 percent fewer enrollees than the June 2004 CMS managed care report. A similar difference occurred in June 2005. The state explained that MSIS only counts managed care enrollment when the recipient is completely set up and actively participating in the program. In addition, unlike CMS, the MSIS managed care count excludes enrollees in state group 028 (Demonstration to Maintain Independence and Employment project). The McKesson plan ended in October 2006.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MS	Missing Eligibility Data	In 2005, 0.9 percent of records (n=7,291) in the MS file were missing Medicaid eligibility information (had zero months of enrollment) had associated claims reflecting positive expenditures in MAX. These claims totaled \$25,040,622 and averaged \$3,434 per record in the person summary file.
MS	Race/Ethnicity	In 2005, race was not reported for 10.7 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
MS	Restricted Benefits Flag	In 2005, some children in uniform eligibility group 34 were assigned restricted benefits flag 5. This group numbered over 21,000 in May, but declined to less than 12,000 by December 2005 (cause unknown). MS assigns this code to infants under the age of 1 whose family income is below 185 percent of the federal poverty level. They are restricted from receiving dental services and eyeglasses. In addition, poverty-related women in uniform eligibility group 35 have benefit restrictions related to pregnancy (code 4).
MS	SCHIP	MS's S-SCHIP program was not reported in MSIS. The state's child M-SCHIP program was phased out in 2002.
MS	SSN	MS had 1,860 SSNs with duplicate records in 2005 (affecting 0.5 percent of enrollee records).
MS	SSN	About 5 percent of enrollees were missing SSNs in 2005. About 66 percent of these were "k" babies (state group kk), newborns yet to receive SSNs. In addition, over 98 percent of enrollees with missing SSNs were age 5 or younger.
MS	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MS	Uniform Eligibility Groups	MS implemented its 1115 Healthier Mississippi waiver (waiver ID '02', waiver type '1') in January 2005. This waiver expands Medicaid coverage to two groups of aged and disabled individuals whose Medicaid eligibility would otherwise have been discontinued: (1) aged and disabled nonduals with income less than 135 percent of the federal poverty level, and (2) aged and disabled duals with income less than 135 percent of the federal poverty level and certain medical conditions (RD, cancer, transplant patients and patients with mental illness receiving anti-psychotic drugs). Persons in the second group only received coverage through December 2005. This change caused an enrollment shift from uniform eligibility groups 31-32 to 51-52.
MS	Uniform Eligibility Groups	MS implemented its 1115 Family Planning waiver (waiver ID '01', waiver type 'F') in July 2002. This waiver covers women of childbearing age with incomes up to 185 percent of the federal poverty level (mapped to uniform eligibility group 55).
MS	Uniform Eligibility Groups	MS began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID '09', waiver type 'A') in August 2005.
MS	Uniform Eligibility Groups	MS provided full Medicaid benefits to the aged and disabled with income up to 135 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31 and 32.
MS	Uniform Eligibility Groups	MS did not have a medically needy program.
MS	Uniform Eligibility Groups	MS continues to report both 1931 eligibles and TMA enrollees to state group 85. As a result, TMA enrollees are no longer separately identifiable and state group 85 is mapped to uniform eligibility groups 14 and 15.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MT	Date of Death	About 100 enrollees had a year of death prior to 2005.
MT	Dual Eligibility Codes	In June 2003, MT stopped reporting SLMB only enrollees (dual code 3 in byte 2 of the crossover code) by mistake (not included in MSIS), and persons who should have been reported to dual code 4 (SLMB plus) were converted to dual code 8. These errors were corrected October 2004.
MT	Dual Eligibility Codes	Prior to October 2004, dual eligibility groups QDWI and QI-1 duals were not included in MT's MSIS files.
MT	Missing Eligibility Data	In 2005, 0.8 percent of records (n=1,048) in the MT file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$837,589 and averaged \$799 per record in the person summary file.
MT	Race/Ethnicity	In 2005, race was not reported for 3.2 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
MT	Restricted Benefits Flag	Through January 2004, Montana's welfare reform program, called "Families Achieving Independence in Montana," extended limited Medicaid benefits to some adult eligibles. People with these restricted benefits were assigned code 5 (other). Then, effective February 2004 MT switched to an 1115 waiver called "Basic Medicaid for Able-Bodied Adults." This waiver provides a reduced level of Medicaid benefits to all parents or caretaker relatives of dependent children, as long as they are age 21-64 and not pregnant or disabled. This waiver group is assigned restricted benefits flag 5. MT also assigned restricted benefits flag 5 to its BCCPTA enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
MT	SCHIP	MT reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
MT	SSN	MT's SSN information is not fully reliable. Many individuals had their Medicaid ID numbers or other numbers entered in the SSN field by mistake. The State estimates that up to 30 percent of the SSNs may not be reliable. The SSN high group test results showed that 4.1 percent of SSNs had invalid information in bytes 1-3.
MT	TANF/1931	The TANF flag is 9-filled for all enrollees.
MT	Uniform Eligibility Groups	MT received CMS approval for its 1115 Basic Medicaid for Able-Bodied Adults waiver (waiver ID 'MB', waiver type '1') in January 2004. This waiver limits coverage of certain Medicaid State Plan optional services for able-bodied, non-pregnant adults who are eligible under the State plan as parents or other caretaker relatives. No Medicaid eligibility expansion occurred with this waiver.
MT	Uniform Eligibility Groups	MT had a 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but no enrollment in this group was reported in 2005.
MT	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in MT. About 43 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NC	Date of Death	About 2,300 enrollees had a year of death prior to 2005.
NC	Dual Eligibility Codes	NC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
NC	Dual Eligibility Codes	Through September 2005, the state assigned dual code 9 to aged and disabled persons who appeared to be duals but for whom the state was not yet showing a buy-in.
NC	Managed Care	NC implemented the Piedmont Cardinal Health Care BHO plan in April 2005 which provided mental health, developmental disability, and substance abuse services to all age groups in five counties. This plan is also a waiver. The state started reporting BHO enrollment in April 2005.
NC	Managed Care	BHO enrollment in MSIS in June 2005 is about 12 percent lower than BHO enrollment reported in CMS managed care administrative data (cause unknown).
NC	Missing Eligibility Data	In 2005, 0.1 percent of records (n=967) in the NC file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting a managed care encounter or positive expenditures in MAX. These claims totaled \$1,573,895 and averaged \$1,628 per record in the person summary file.
NC	Race/Ethnicity	Race was not reported for 12.1 percent of enrollees (including 81 percent of Hispanics) in 2005. Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NC	Restricted Benefits Flag	The women in uniform eligibility group 35 who receive restricted benefits flag 2 (restricted benefits on the basis of alien status) are unqualified aliens who received emergency services only, including labor and delivery.
NC	Restricted Benefits Flag	NC assigned the "other" restricted benefits flag (code 5) to some medically needy enrollees. Persons in this group are eligible for a slightly reduced set of services.
NC	SCHIP	NC reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program until January 2006. Some M-SCHIP enrollment (<25) is reported late in 2005 and probably reflects retroactive coverage.
NC	SSN	NC had 674 SSNs with duplicate records in 2005 (affecting 0.1 percent of enrollee records).
NC	Uniform Eligibility Groups	NC implemented an 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F') in October 2005. This waiver provides family planning only coverage to persons with income up to 185 percent of the federal poverty level.
NC	Uniform Eligibility Groups	NC began to report enrollment of 2 in its 1115 waiver for evacuees of Hurricane Katrina from Louisiana (waiver ID 'LA', waiver type 'A') from January thru July 2005 (probably a mistake). Enrollment in this waiver increased dramatically to about 1,500 people in September 2005, the month after the hurricane. Additionally, NC began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina from Alabama and Mississippi (waiver ID 'AL' and 'MS', waiver type 'A') in August 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
NC	Uniform Eligibility Groups	North Carolina's count of SSI recipients differs somewhat from SSA counts. Two factors may contribute. First, North Carolina administers its own SSI Supplement program. Second, the state appears to report most disabled persons age 65 and older to uniform eligibility group 11.
NC	Waivers	NC's 1915(b) Piedmont Behavioral Healthcare waiver (waiver ID 'P2', waiver type '2') and 1915(b)(c) Piedmont Innovations waiver (waiver ID 'P1', waiver type '4') were implemented in April 2005. NC began to report enrollment in these waivers in April 2005. Individuals enrolled in waiver ID 'P1' are also enrolled in waiver ID 'P2'.
NC	Waivers	NC began to report enrollment in its 1915(c) Community Alternatives Program Choice waiver (waiver ID 'CH', waiver type 'G ') in February 2005. No enrollment was reported for this waiver in January 2005. This waiver was approved in January 2004, but it is unclear when NC implemented the waiver.
NC	Waivers	NC began to report enrollment in its 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F') in October 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ND	Dual Eligibility Codes	Most dual eligibles receive dual flag 8 (in byte 2 of the dual code), including SSI recipients. ND asserts that SSI duals should not be required to apply for QMB or SLMB status since Medicaid is already covering Medicare premiums payments and cost-sharing.
ND	Missing Eligibility Data	In 2005, 1.7 percent of records (n=1,336) in the ND file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$1,479,769 and averaged \$1,108 per record in the person summary file.
ND	Private Health Insurance	About 19 percent of enrollees had private insurance in 2005, a higher percentage than in most states.
ND	Race/Ethnicity	ND had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables.
ND	SCHIP	ND reported M-SCHIP and S-SCHIP children in MSIS.
ND	SSN	ND had 367 SSNs with duplicate records in 2005 (affecting 1 percent of enrollee records).
ND	Uniform Eligibility Groups	NC had a 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but no enrollment in this group was reported in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
ND	Uniform Eligibility Groups	ND is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In addition, ND has a state-administered SSI supplement and most disabled SSI recipients age 65 and older are reported to uniform eligibility group 11. These policies may cause the number of persons reported to uniform eligibility groups 11-12 to differ from the number of SSI recipients reported by the Social Security Administration.
ND	Uniform Eligibility Groups	In June 2004, enrollment began to be reported in uniform eligibility group 42, when the state began to report enrollment in its working disabled group (state code 052).
ND	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in ND. About 28 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NE	Date of Birth	See Uniform Eligibility Groups note regarding uniform group coding for unborn children.
NE	Dual Eligibility Codes	NE did not report any SLMB plus full duals (code 4 in the second byte of the crossover code).
NE	Dual Eligibility Codes	NE provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in byte 2) were reported in the state.
NE	Managed Care	In July 2005, NE implemented mandatory behavioral health care for all subsidized adoption recipients and full benefit dual eligibles. As a result, behavioral health enrollment grew from about 147,000 enrollees per month in January 2005 to about 168,000 enrollees per month in July.
NE	Missing Eligibility Data	In 2005, 0.2 percent of records (n=469) in the NE file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$1,809,192 and averaged \$3,858 per record in the person summary file. These records were originally reported to have Medicaid eligibility in 2005, but this status was changed with correction records.
NE	Private Health Insurance	Starting in October 2004, private health insurance information was not reported in MSIS and the field was 9-filled in MAX.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NE	Race/Ethnicity	NE had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables. Race was not reported for 16.0 percent of enrollees (including 92 percent of Hispanic enrollees) in the separate race variables. Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
NE	SCHIP	NE reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
NE	Sex	See Uniform Eligibility Groups note on unborn children.
NE	SSN	NE had 1 SSN with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
NE	TANF/1931	NE's TANF enrollment in MSIS was about 36 percent higher than ACF data. The state believes this is because there is a separate TANF plan that is not reported to ACF.
NE	Uniform Eligibility Groups	In NE, an unborn child can qualify for Medicaid. Unborn children in NE are assigned MSIS IDs, along with a 9-filled SSN, "U" sex, and a 9-filled or expected date of birth. As a result, unborn children can have (expected) dates of birth that are later than the enrollment month. Once the child is born, the date of birth, sex and SSN fields are updated. Unless otherwise eligible, the mother of the unborn child is not reported to MSIS, in which case the prenatal and delivery charges are assigned to the child. Thus, some unborn children will also have mothers in the MSIS file, while others will not. Making it even more complicated, some unborn children are reported to child uniform groups 14, 16, 34, and 44 but most are reported to the adult uniform group 35 (they can also be in 15, 25 and 45).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NE	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NE requires them to separately apply for Medicaid coverage.
NE	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NH	Dual Eligibility Codes	About 58 percent of disabled enrollees were identified as EDB duals in 2005, a higher percentage than in most states.
NH	Managed Care	CMS managed care data for NH show 2,000 individuals enrolled in a capitated disease management plan in June 2005. Enrollment in this plan is not reported in MAX.
NH	Missing Eligibility Data	In 2005, 0.1 percent of records (n=97) in the NH file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$37,050 and averaged \$382 per record in the person summary file.
NH	Race/Ethnicity	Race was not reported for 5.7 percent of enrollees (including all Hispanic enrollees) in 2005. Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
NH	SCHIP	NH reported M-SCHIP and S-SCHIP children in MSIS.
NH	SSN	NH had 13 SSNs with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
NH	TANF/1931	All persons in uniform eligibility groups 14-17 were reported to be TANF eligibles. It is unclear whether any persons other than TANF recipients qualified for Medicaid under 1931 rules.
NH	Uniform Eligibility Groups	NH is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. As a result, the number of Medicaid enrollees reported in uniform eligibility groups 11 and 12 was substantially lower than the number of SSI recipients reported in SSA administrative data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NH	Waivers	No enrollment was reported for NH's 1915(c) Home Support Waiver for Children with Developmental Disabilities - Child from an Institution (waiver ID 'CI', waiver type 'L') in 2005 and 2006 because, according to the state, the children that were originally in this waiver either aged out of the waiver or passed away, and parents now choose not to institutionalize their children.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NJ	Date of Death	Almost 700 enrollees had a year of death prior to 2005.
NJ	Dual Eligibility Codes	NJ provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
NJ	Dual Eligibility Codes	CMS approved NJ to limited use of dual code 9 for aged/disabled medically needy duals in nursing homes who do not get drug benefits (about 3,000-4,000 enrollees per quarter).
NJ	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2005, a lower percentage than in most states.
NJ	Dual Eligibility Codes	In October 2005, the distribution by full dual code shifted somewhat, with more persons reported to dual code 8 (in byte 2 of the crossover code), but the majority remained in dual code 2.
NJ	Missing Eligibility Data	In 2005, 0.8 percent of records (n=8,991) in the NJ file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$46,543,555 and averaged \$5,177 per record in the person summary file.
NJ	Race/Ethnicity	In 2005, race was not reported for 28.9 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
NJ	Restricted Benefits Flag	Some persons with restricted benefits flag 5 are in waivers and do not qualify for full Medicaid benefits. Restricted benefits flag 5 is also used for nursing home recipients with dual code 9 (in the 2nd byte of the crossover code) who do not qualify for prescription drug coverage.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NJ	SCHIP	NJ reported M-SCHIP and S-SCHIP children and adults in MSIS.
NJ	SSN	About 5.6 percent of enrollees were missing SSNs in 2005. About 64 percent of these enrollees were age 5 or younger, and 79 percent were age 20 or younger. In addition, 18 percent were aliens who only qualified for emergency coverage.
NJ	TANF/1931	Some persons in Uniform Eligibility Group 44 receive TANF. This is not an error. The state reports that they do receive TANF, but that they are not 1931 eligible (i.e. do not belong in uniform eligibility group 14).
NJ	Uniform Eligibility Groups	NJ received CMS approval for its 1115 Cash and Counseling Demonstration waiver (waiver ID '11', waiver type '1') in October 1998. This waiver allows elderly and disabled adult Medicaid eligible individuals to direct and manage their own Medicaid personal care assistant services. It does not include any Medicaid eligibility expansions.
NJ	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
NJ	Uniform Eligibility Groups	NJ implemented its 1115 Family Coverage Under SCHIP for Families and Pregnant Women waiver (waiver ID '08', waiver type '1') in January 2001. This waiver extends M-SCHIP and S-SCHIP coverage for parents and caretakers of Medicaid and SCHIP children and pregnant women.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NJ	Uniform Eligibility Groups	NJ received CMS approval for its 1115 HIFA Standardized Parent Service Package waiver (waiver ID '10', waiver type '5') in January 2003. This waiver allowed NJ to institute a more limited benefit package for M-SCHIP adults (similar to the S-SCHIP adult package) and uses the savings to increase the savings to increase the number of SCHIP adults with coverage.
NJ	Waivers	NJ mistakenly reported enrollment of only one person in its 1115 New Jersey Cash and Counseling Demonstration waiver (waiver ID '11', waiver type '1') January through March 2005 and no enrollment in January through March 2006. Approximately 300 people were reported as enrolled in the waiver in MAX for April to December 2005 and 400 people from April to December 2006.
NJ	Waivers	Enrollment in NJ's 1915(c) Technology Dependent Children under Division of Youth and Family Services Supervision waiver (waiver ID '03', waiver type 'N') decreased dramatically from approximately 130 in September 2005 to approximately 15 in October through December 2005 (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NM	County Codes	NM uses two even numbered county codes as valid FIPS codes. Code 006 = Cibola and 028 = Los Alamos.
NM	Dual Eligibility Codes	NM is not able to include SLMB-only or QI enrollees (dual codes 3, 6, or 7 in byte 2 of the dual code) in MSIS as this information is not in the state's MMIS.
NM	Managed Care	NM does not report any PACE enrollment in its MSIS data; however, the CMS June data show about 200 enrollees in a PACE plan called "Total Community Care."
NM	Managed Care	In July 2005, NM started reporting BHO managed care enrollment when the state started a 1915(b) program that provides comprehensive mental health and substance abuse services to enrollees.
NM	Missing Eligibility Data	In 2005, 0.6 percent of records (n=3,031) in the NM file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$3,934,081 and averaged \$1,298 per record in the person summary file.
NM	Race/Ethnicity	In 2005, race was not reported for 54.4 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
NM	Restricted Benefits Flag	A few persons (<80 each month) are reported to waiver type F (family planning only) but were not assigned restricted benefits flag 6 (family planning only).
NM	Restricted Benefits Flag	HIFA 1115/M-SCHIP adults whose enrollment began in July 2005 were assigned restricted benefits flag 5 (other) since they have some limits to their benefits coverage.
NM	SCHIP	NM implemented an 1115 waiver in March 1999 for its child M-SCHIP program to facilitate the use of copayments. The state does not have a child S-SCHIP program.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NM	SCHIP	In July 2005, NM started reporting M-SCHIP adult enrollment under the state's HIFA 1115 waiver that covers uninsured adults using Title XXI funds.
NM	TANF/1931	The TANF flag is 9-filled for all enrollees.
NM	Uniform Eligibility Groups	NM received CMS approval for its 1115 Family Planning waiver (waiver ID '03', waiver type 'F') in January 1999. This waiver extends family planning (only) benefits to women with income up to 185 percent of the federal poverty level (mapped to uniform eligibility group 55).
NM	Uniform Eligibility Groups	NM implemented its 1115 SCHIP waiver (waiver ID '01', waiver type '1') in March 1999. This waiver extends coverage to M-SCHIP children (mapped to uniform eligibility group 54).
NM	Uniform Eligibility Groups	NM began to report enrollment in its 1115 HIFA State Coverage Initiative waiver (waiver ID '02', waiver type '5') in July 2005. Those eligible for coverage include uninsured parents of Medicaid and SCHIP children, as well as adults without dependent children, who have incomes up to 200 percent of the federal poverty level (mapped to uniform eligibility group 55).
NM	Uniform Eligibility Groups	NM did not have a medically needy program.
NM	Uniform Eligibility Groups	There was a shift in enrollment from July to August 2004. In August, uniform eligibility groups 14-15 declined by about 16,000 enrollees (state group 072), while uniform eligibility groups 44-45 increased by about 14,000 (state group 028). The state indicated that they recertified a large number of enrollees in July as a result of new auto closure and recertification processes, causing a shift in transitional Medicaid (state group 028).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NM	Waivers	NM began to report enrollment in its 1115 HIFA waiver (waiver ID '02', waiver type '5') in July 2005. This waiver was approved in August 2002, but it is unclear when NM implemented the waiver.
NM	Waivers	NM began to report enrollment in its 1915(b) Behavioral Health waiver (waiver ID '05', waiver type '2') in July 2005. This waiver was approved in June 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NV	County Codes	NV reports eligibles with County Code = 510. These are residents of Carson City. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "025."
NV	Dual Eligibility Codes	About 40 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
NV	Length of Enrollment	About 37 percent of eligibles were enrolled all 12 months in 2005, a lower percentage than in most states.
NV	Managed Care	NV has a non-emergency transportation managed care plan reported to plan type = 08 in MSIS. MAX enrollment counts for this transportation waiver are somewhat lower than the counts reported by NV in the CMS managed care data. The CMS counts included S-SCHIP enrollees by mistake.
NV	Missing Eligibility Data	In 2005, 1.8 percent of records (n=4,859) in the NV file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$9,287,734 and averaged \$1,911 per record in the person summary file.
NV	MSIS ID	In October 2005, NV appears to have changed MSIS IDs for roughly 15,000 enrollees, mostly children. As a result, enrollment data for these individuals do not link across the entire year. In addition, for most of these enrollees the SSN field is 9-filled.
NV	Race/Ethnicity	In 2005, race was not reported for 27.4 percent of enrollees (including 86.8 percent of Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NV	SCHIP	NV's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program.
NV	SSN	Over 11 percent of enrollees were missing SSNs in 2005. Over 87 percent of those with missing SSNs were children.
NV	TANF/1931	In 2005, NV's TANF enrollment data in MAX are 43 percent higher than the TANF counts from ACF (cause unknown).
NV	Uniform Eligibility Groups	NV began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'HK', waiver type 'A') in September 2005.
NV	Uniform Eligibility Groups	NV did not have a medically needy program.
NV	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NV requires them to separately apply for Medicaid coverage. This might explain why monthly data show enrollment in uniform eligibility groups 11-12 to be lower than SSI enrollment levels reported in SSA data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NY	County Codes	County code 061 was used for the New York City boroughs. This includes persons in Bronx County (005), Kings County (047), Queens County (081), or Richmond County (085).
NY	Date of Birth	A date of birth was not assigned for about 96,000 enrollees. Most, but not all, of these enrollees were reported to child eligibility groups, and the state believes that many of these enrollees are unborn children. The state assigns Medicaid ID numbers to unborn children to make sure they are eligible for services at birth.
NY	Dual Eligibility Codes	Until 2005, NY had significant problems identifying its QMB only (code 1 in byte 2 of the crossover code), SLMB only (code 3), and QI (code 6) populations. Reporting for the SLMB only and QI groups improved in October 2004, as did reporting to dual code 2 (QMB plus full Medicaid benefits). Further improvements occurred in March 2005.
NY	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2005, a lower percentage than in most states.
NY	Missing Eligibility Data	In 2005, 0.6 percent of records (n=30,861) in the NY file were missing Medicaid eligibility information (had zero months of enrollment) had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$368,115,007 and averaged \$11,928 per record in the person summary file.
NY	Private Health Insurance	NY was likely underreporting the number of enrollees with private insurance prior to October 2004. At that time, NY implemented a better system for determining private insurance coverage.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NY	Race/Ethnicity	In 2005, race was not reported for 10 percent of enrollees (including 12 percent of Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005. This may account for the shift in enrollment by race.
NY	Restricted Benefits Flag	Persons in state groups 68-69 (Family Health Plans) are assigned restricted benefits flag 5, since they qualify for a somewhat more restrictive benefits package (no LTC for example). Most of these individuals are reported to uniform eligibility group 34 and 55. Also, in October 2004, NY began assigning restricted benefits flag 5 to enrollees receiving some other capitated services. Finally, some duals with restricted benefits flag 3 are reported to uniform eligibility groups 21-22 (cause unknown).
NY	SCHIP	NY's S-SCHIP program was not reported in MSIS. NY stopped reporting M-SCHIP children in January 2005, when the program phased out.
NY	Sex	Sex was reported as "unknown" for almost 57,000 enrollees. These are probably in the unborn group.
NY	SSN	About 6.1 percent of enrollees were missing SSNs in 2005. Just over half of these enrollees (52 percent) were children under 21 years of age. Another 23 percent did not have a date of birth and were probably in the unborn group.
NY	SSN	NY had 82,270 SSNs with duplicate records in 2005 (affecting 3.2 percent of enrollee records).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NY	Uniform Eligibility Groups	In 2006, NY had one 1115 waiver in place that extended Medicaid benefits to otherwise ineligible individuals. NY's 1115 Partnership Plan waiver (waiver ID '01', waiver type '1') initially enrolled most of the Medicaid population in managed care. This waiver also extended Medicaid to adults in the state's Home Relief (Safety Net). In October 2001, another group of low-income uninsured adults, including childless adults, was added under the Family Health Plus program, although this population qualified for a more restricted set of benefits (not LTC, for example). Finally, in October 2002, NY's waiver was expanded to include family planning (only) coverage (waiver ID '10', waiver type 'F') to persons with income up to 200 percent of the federal poverty level and postpartum women otherwise losing Medicaid coverage.
NY	Uniform Eligibility Groups	Relative to the number of aged SSI recipients, NY is reporting about 20 percent more eligibles under uniform eligibility group 11. NY has a state administered SSI supplement program for SSI recipients which may account for the difference.
NY	Uniform Eligibility Groups	In March 2005, there was a large increase in the number of enrollees reported to uniform eligibility groups 31-32 when NY added over 20,000 new partial duals.
NY	Waivers	No enrollment was reported for 1915(c) NY's Severe Emotional Disturbance Children waiver (waiver ID '03', waiver type 'M') in 2005 because the state did not have any way of identifying waiver enrollees in its MSIS data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
NY	Waivers	No enrollment was reported for NY's 1915(b) Non-Emergency Transportation waiver (waiver type '2') in 2005 (cause unknown). This waiver was approved in January 1997 and was terminated in December 2005 due to the state's inability to comply with CMS terms and issues in its approval letter.
NY	Waivers	No enrollment was reported for NY's 1915(c) Long Term Home Health Care Program waiver (waiver ID '09', waiver type 'G') in 2005. The state indicated the client exception codes were not completed so these individuals could not be identified in MSIS data.
NY	Waivers	NY's family planning only coverage was reported as a separate family planning only waiver ID even though it was part of the larger 1115 Medicaid waiver (waiver ID '10', waiver type 'F').

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OH	Dual Eligibility Codes	OH had numerous problems with its dual coding, restricted benefits coding and uniform eligibility group assignment for duals in MAX 2005, so these data should only be used with caution. The dual code and restricted benefits flag have been 9-filled for about 30,000 duals with inconsistent coding from January through September 2005. However, the uniform eligibility groups for these individuals were not changed, even though they may have been incorrect.
OH	Dual Eligibility Codes	OH's reporting by dual code shifted substantially in October 2005, as the state worked to improve its dual reporting in preparation for Medicare Part D. As a result, the number of persons assigned "unknown" dual code 9 (in byte 2 of the crossover code) fell, the number of partial duals increased, and the number of full duals declined. This suggests that partial duals were substantially undercounted in earlier months of 2005, and full duals were overcounted. Overall aged and disabled enrollment also increased in October 2005, so some partial duals may not have been included in earlier MSIS reporting.
OH	Foster Care	Several thousand children in foster care have two records with different MSIS IDs and the same SSN.
OH	Managed Care	PACE enrollment and enrollment in a disease management program are reported in the CMS managed care survey for June 2005, but are not reported in MAX managed care data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OH	Missing Eligibility Data	In 2005, 0.03 percent of records (n=550) in the OH file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$23,251,023 and averaged \$5,911 per record in the person summary file.
OH	Private Health Insurance	Enrollees reported to have private insurance increased from about 52,000 enrollees per month in September to about 142,000 enrollees in October 2005 (cause unknown).
OH	Race/Ethnicity	In 2005, race was not reported for 3.1 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
OH	Restricted Benefits Flag	See anomalies related to dual coding. OH had major inconsistencies in its restricted benefits coding for dual eligibles through September 2005. Thus, these data for duals should only be used with caution. In addition, the number of persons assigned restricted benefits flag 3 (for partial duals) increased substantially in October 2005.
OH	SCHIP	OH reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program. The state is somewhat unusual in that some M-SCHIP children are reported into uniform eligibility group 12. Since OH is a 209(b) state, some disabled children do not qualify for Medicaid through the SSI-related provisions. However, they are able to qualify for SCHIP coverage.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OH	SSN	OH had 13,244 SSNs with duplicate records in 2005 (affecting 1.2 percent of enrollee records). Almost all enrollees with duplicate SSNs were children. Part of the SSN duplication occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSNs; researchers may want to combine these records.
OH	TANF/1931	OH's data on TANF enrollment are incomplete in 2005.
OH	Uniform Eligibility Groups	OH did not have a medically needy program.
OH	Uniform Eligibility Groups	OH had a 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but no enrollment in this group was reported in 2005.
OH	Uniform Eligibility Groups	OH is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. This may explain in part why the number of SSI eligibles reported into uniform eligibility groups 11-12 is somewhat lower than the number reported by the Social Security Administration (-12 percent).
OH	Uniform Eligibility Groups	OH has an unusually large proportion of children and adults in uniform groups 44-45. Some 1931 children and adults may be reported here in error, instead of being reported to uniform groups 14-15.
OH	Uniform Eligibility Groups	Aged and disabled enrollment noticeably increased in October 2005, particularly in uniform eligibility groups 31-32 (poverty-related aged and disabled). This seems likely to have been related to OH's attempts to improve its dual reporting (especially with regard to partial duals) in preparation for Medicare Part D implementation.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OH	Waivers	OH began to report enrollment in its 1915(c) Ohio Home Care waiver (waiver ID 'A1', waiver type 'T') in October 2005 (likely an error). This waiver did not go into effect until July 2006.
OH	Waivers	OH began to report enrollment in its 1915(c) Transitions II Aging Care Out waiver (waiver ID 'A4', waiver type 'G') in October 2005 (likely an error). This waiver did not go into effect until July 2006.
OH	Waivers	OH reported only one person in its 1915(c) Passport >14 Hours waiver description waiver (waiver ID '2', waiver type 'G') in 2005. It is unclear if this was an active waiver in 2005.
OH	Waivers	Enrollment in OH's 1915(c) Residential Facility waiver (waiver ID 'D', waiver type 'L') decreased dramatically from approximately 3,000 in January 2005 to approximately 300 in December 2005 (cause unknown).
OH	Waivers	No enrollment was reported for OH's 1915(b) PremierCare waiver (waiver ID 'PC', waiver type '2') in 2005 (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OK	Dual Eligibility Codes	In October 2004, OK's total dual count increased by about 6,000 duals (7 percent). This was the result of a large increase in the number of duals reported to code 2 (in byte 2 of the crossover code). The state indicated that this increase was the result of a time lag since the MSIS FY05 files were submitted much later than the FY04 files, allowing for more current dual information. In October 2005, OK made additional improvements to its dual coding and about 4,000 duals were moved from dual code 2 to dual code 4.
OK	Dual Eligibility Codes	OK provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
OK	Managed Care	Two types of managed care are reported to the "other" (08) managed care plan type in Oklahoma. The first is a hybrid PCCM (SoonerCare) in which the capitation fee to physicians also covers a limited number of common office procedures and lab work. In 2005, these providers are also reported under the "PAHP" group in the 2005 CMS Managed care data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OK	Managed Care	The second type of managed care reported to "other" in MAX data involves transportation. The number of enrollees in plan type 08 showed a significant increase when the state added a non-emergency transportation (NET) waiver in January 2003 with Metropolitan Tulsa Transit as the provider. Another provider, Logisticare, began providing services in 8/1/03. The transportation managed care enrollment was not reported in the CMS managed care data in June 2004 but was reported in June 2005. Many clients are enrolled in both the hybrid PCCM and a transportation plan, so they have two plan 08s.
OK	Missing Eligibility Data	In 2005, 0.3 percent of records (n=2,264) in the OK file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$6,069,254 and averaged \$2,681 per record in the person summary file.
OK	SCHIP	OK reports its M-SCHIP children in MSIS (codes A7 and A8 in bytes 3-4 of the state specific code). The state does not have a child S-SCHIP program.
OK	SCHIP	OK's enrollment for M-SCHIP children increased substantially in October and November 2004 (mostly state group 01A8). The state believes this increase was the result of a correction made by the OK Dept. of Human Services to the assignment of the SCHIP indicator for many clients. Previous to October 2004, the state had trouble assigning the indicator, which means there was a possible undercounting of M-SCHIP enrollment in MSIS. OK's M-SCHIP reporting in SEDS was not reliable until July 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OK	SSN	OK had 2,940 SSNs with duplicate records in 2005 (affecting 0.8 percent of enrollee records).
OK	TANF/1931	MAX TANF counts did not compare well to TANF administrative data in 2005 (MAX count was 31 percent higher). The state believes that the MSIS/MAX counts are more accurate.
OK	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
OK	Uniform Eligibility Groups	OK received approval for its 1115 SoonerCare Family Planning waiver (waiver ID 'WH', waiver type 'F') in November 2004. This waiver extends family planning (only) benefits to persons with income up to 185 percent of the federal poverty level (mapped to uniform eligibility group 55).
OK	Uniform Eligibility Groups	OK received approval for its 1115 SoonerCare waiver (waiver ID 'WF', waiver type '1') in October 1995. This waiver is used to operate a Primary Care Case Management model. The program is partially capitated in that primary care providers are paid a monthly capitated rate for a fixed set of services with non-capitated services compensated on a fee-for-service basis. No eligibility expansion occurred with this waiver.
OK	Uniform Eligibility Groups	OK is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. This explains, in part, why the number of SSI eligibles reported to uniform groups 11-12 is lower than the number reported by the Social Security Administration.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OK	Uniform Eligibility Groups	In October 2004, enrollment in uniform eligibility group 14 dropped by about 10,000 and enrollment in uniform eligibility group 34 increased by about 14,000. It is believed that this shift is related to the increase in M-SCHIP reporting that occurred at the same time OK made a correction to its assignment of the SCHIP indicator.
OK	Uniform Eligibility Groups	In January 2005, OK started reporting enrollees to uniform eligibility group 3A under the BCCPTA provisions (state specific eligibility group "BC" in bytes 3-4).
OK	Waivers	Enrollment in OK's 1115 SoonerCare Family Planning waiver (waiver ID 'WH', waiver type 'F') steadily increased from approximately 30 in January 2005 to approximately 20,000 in December 2005 (after the waiver was approved in late 2004).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OR	Managed Care	About 47 percent of full benefit EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.
OR	Managed Care	The 2005 CMS June managed care enrollment report showed over 370,000 individuals being reported to a non-emergency transportation program by mistake. This is a 1915 (b) program started in 1994 in which the state pays a fixed amount for each ride--not a fixed capitation amount per enrollee. As a result, this is not reported as managed care in MSIS eligibility data. However, this program is reported in MSIS (and MAX) waiver-related eligibility data. The transportation claims are included as well.
OR	Missing Eligibility Data	In 2005, 0.1 percent of records (n=1,916) in the OR file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$1,242,598 and averaged \$649 per record in the person summary file.
OR	Private Health Insurance	OR found a problem in its processing code that resulted in an undercount of individuals reported with third party/state health insurance (Health Insurance = 4) from January through September 2005. In addition, some individuals (<200) had the insurance code 9-filled through September 2005 (cause unknown). The state fixed this problem in October 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OR	Race/Ethnicity	OR made some changes in its MSIS race/ethnicity data in October 2005. Approximately 70,000 individuals shifted from code 5 (Hispanic or Latino) to code 9 (unknown) in the combined race/ethnicity data field. However, the state also started reporting about 20,000 individuals to code 1 (Hispanic/Latino) in the separate Ethnicity code (previously, everyone was reported as "unknown"). The state expects to add back ethnicity information for enrollees in the future.
OR	Restricted Benefits Flag	Restricted benefits flag 5 is used for most 1115 expansion adults in uniform eligibility group 55.
OR	SCHIP	OR reported its S-SCHIP children in MSIS, but not its S-SCHIP adults. The state did not have a M-SCHIP program.
OR	SSN	About 6.9 percent of enrollees were missing SSNs in 2005. About 15 percent of these enrollees were infants (age 0). About 63 percent were under age 21. In addition, 63 percent of individuals with missing SSNs were aliens who only qualified for emergency coverage.
OR	SSN	OR had 908 SSNs with duplicate records in 2005 (affecting 0.3 percent of enrollee records).
OR	Uniform Eligibility Groups	OR implemented its 1115 Family Planning waiver (waiver ID 'AC', waiver type 'F') in 1999. This waiver extends family planning services to women and men with a family income between 100-185 percent of the federal poverty level. Individuals in this waiver were not reported to MSIS. Their enrollment and claims are handled in a separate system operated by OR's public health department.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OR	Uniform Eligibility Groups	OR received approval for its 1115 Independent Choices waiver (waiver ID 'A2', waiver type '1') in 2000. This waiver allows Medicaid eligibles enrolled in one of the state's 1915(c) waivers to have personal involvement and control in decision making with respect to a set of in-home care and related services. No eligibility expansion occurred with this waiver.
OR	Uniform Eligibility Groups	Since 1994, OR has had an 1115 program - the Oregon Health Plan - that expanded eligibility, prioritized health benefits, and relied heavily on managed care (waiver ID 'A7, waiver type '5') (Waiver enrollees were mistakenly reported to waiver type '5' instead of waiver type '1'). This 1115 waiver eliminated the spend-down component of the state's medically needy program and it also eliminated retroactive coverage, but it expanded coverage to all low-income individuals, including childless adults and eventually college students. Expansion enrollees are reported to uniform eligibility group 55. In February 2003, OR amended its original 1115 waiver and began operating a new Section 1115 HIFA Oregon Health Plan 2 (OHP2) waiver in February 2003 (HIFA waiver enrollees are not reported in MAX 2005). This new amendment allowed OR to make changes to OHP by giving the state the authority to make reductions and expansions in coverage, which included using some SCHIP (Title XXI) funds for some additional expansions, including parents of S-SCHIP children, depending on the availability of state funding. OR implemented several reductions approved under the new amendment (reduced benefits and increased premiums and cost-sharing). OHP2 also implemented a small eligibility expansion for pregnant women and children with incomes between 170-185 percent of the federal poverty level, but due to budget cutbacks, the larger expansion for parents and other adults with income between 100-185 percent of the federal poverty level has been delayed indefinitely.
OR	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, OR requires them to separately apply for Medicaid coverage.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
OR	Uniform Eligibility Groups	OR began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'AD', waiver type 'A') in August 2005.
OR	Uniform Eligibility Groups	OR did not have a medically needy program.
OR	Uniform Eligibility Groups	In 2003 and 2004, budget cuts caused OR to postpone eligibility expansions in its 1115 waiver. Instead, there was a dramatic decline in the 1115 adult population (uniform eligibility group 55) due to reduced benefits and new premiums. This decline in uniform eligibility group 55 continued in 2005.
OR	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in OR. About 15 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
PA	CHIP	PA's child S-SCHIP program was not reported in MSIS. The state does not have a child M-SCHIP program.
PA	Date of Death	About 4,000 enrollees had a year of death prior to 2005.
PA	Dual Eligibility Codes	PA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
PA	Length of Enrollment	About 66 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
PA	Managed Care	PA implemented its Access Plus 1915(b) waiver (waiver ID 'AP, waiver type '2') in January 2005 and started showing increased enrollment by March 2005. This waiver is a PCCM program and essentially replaces the Family Care Network waiver (waiver ID 'FC', waiver type '2'), except that Access Plus is intended to expand the number of children qualifying for coverage and provide a Disease Management component. Enrollment is mapped to plan type 07.
PA	Managed Care	In PA, about 52 percent of the EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.
PA	Missing Eligibility Data	In 2005, 0.4 percent of records (n=8,282) in the PA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX in the person summary file.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
PA	Private Health Insurance	The number of enrollees with private health insurance dropped from just under 200,000 in September 2005 to about 150,000 in October 2005. The state indicated that this drop was the result of some data clean-up and the new count is more accurate.
PA	Race/Ethnicity	In 2005, race was not reported for 10 percent of enrollees (including 74 percent of Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
PA	Restricted Benefits Flag	Restricted benefits flag 5 (other) is assigned to many persons with medically needy coverage. Persons in this group are eligible for a slightly reduced set of services.
PA	Restricted Benefits Flag	Until October 2005, PA assigned restricted benefits flag 2 (aliens who only qualify for emergency Medicaid coverage) to few enrollees in MSIS.
PA	SSN	PA had 78 SSNs with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
PA	Uniform Eligibility Groups	PA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
PA	Uniform Eligibility Groups	PA had an 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'DR', waiver type 'A'), but no enrollment in this group was reported in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
PA	Uniform Eligibility Groups	PA undercounted Medicaid enrollees across several uniform eligibility groups for several years in MAX. At the time the error was discovered in 2006, PA estimated that eligibility information was not submitted for about 26,000 enrollees. The state is not certain of the extent to which the problem existed in previous years, but they estimate that the undercount was approximately 1.4 percent.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
RI	County Codes	Medicaid enrollees living out of state are reported under county FIPS code 000. About 90 percent of eligibles had valid county codes, a lower percentage than most states.
RI	Dual Eligibility Codes	A few individuals (<200 each quarter) were assigned dual code 9 (in byte 2 of the crossover code) (cause unknown).
RI	Dual Eligibility Codes	RI extended full Medicaid benefits to all aged and disabled up to 100 percent of the federal poverty level. However, it is unclear where these enrollees are being reported as only a few full duals are reported to uniform eligibility groups 31-32.
RI	Length of Enrollment	About 68 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
RI	Missing Eligibility Data	In 2005, 2.3 percent of records (n=5,100) in the RI file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$79,097 and averaged \$15 per record in the person summary file.
RI	Private Health Insurance	About 12.3 percent of enrollees had private insurance in 2005, a higher percentage than in most states.
RI	Race/Ethnicity	In 2005, race was not reported for 50 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
RI	Restricted Benefits Flag	Medically needy enrollees were generally assigned restricted benefits flag 5 (other). Persons in this group are eligible for a slightly reduced set of services.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
RI	SCHIP	RI reported M-SCHIP children in MSIS. In addition to children, RI's M-SCHIP program covered low-income parents with income between 110 and 185 percent of the federal poverty level and pregnant women with income between 185 and 200 percent of the federal poverty level. Beginning in November 2002, RI added an S-SCHIP program for unborn children (including undocumented aliens), but this group is not included in MSIS data.
RI	SSN	About 1 percent of enrollees did not appear to have valid information in the first three positions of the SSN field, according to the SSA high group test results (cause unknown).
RI	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
RI	Uniform Eligibility Groups	RI received approval for its 1115 RiteCare waiver (waiver ID 'RC', waiver types 'I' and 'F') in November 1993. This waiver has always covered infants with income 185-250 percent of the federal poverty level; children 1-5 years with income 133-250 percent of the federal poverty level; children 6-7 years with income 100-250 percent of the federal poverty level; and family planning only benefits for 2 years for postpartum women otherwise losing Medicaid coverage. Until January 1997, it also covered children 8-19 years with income 100-250 percent of the federal poverty level, but this group became the first M-SCHIP population. It also covered children and pregnant women with income 185-250 percent of the federal poverty level, but in January 2001 this group was transferred to M-SCHIP as well. Initially, from January 1998 to January 2001, RI covered parents with income 110-185 percent of the federal poverty level under the state's 1931 provisions; however, this group was transferred to the 1115 program and M-SCHIP effective January 2001. This waiver added a Rite Share program effective 2001. This program is a premium assistance program for Medicaid-eligible individuals who have access to employer-sponsored insurance. These participants can be in several different aid categories and can also be counted as adult M-SCHIP enrollees. Currently, state officials have indicated that most of these participants are assigned health insurance code 2.
RI	Uniform Eligibility Groups	RI does not report all of its 1931 eligibles into uniform eligibility groups 14 and 15. Some are currently mapped to uniform eligibility groups 44 and 45.
RI	Uniform Eligibility Groups	In December 2005, RI reported about 16 percent more SSI enrollees than the count reported in SSA data. The state indicated that by mistake there are some former SSI recipients still reported to uniform eligibility groups 11-12.
RI	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
RI	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in RI. About 16 percent of 1915© waiver service recipients had no waiver enrollment reported (cause unknown).
RI	Waivers	No enrollment was reported for RI's 1915(c) Disabled Individuals waiver (waiver ID 'W8', waiver type 'G') in 2005 because this waiver is not captured in the state's MMIS.
RI	Waivers	RI's family planning only coverage was not reported to a separate family planning only waiver ID because it was part of the larger 1115 RIteCare waiver (waiver ID 'RC', waiver type 'F').

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
SC	Date of Death	About 8,000 enrollees had a year of death prior to 2005.
SC	Dual Eligibility Codes	SC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, almost no QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
SC	Dual Eligibility Codes	SC's 1115 Silvercard drug program (also referred to as "SilverRxCard"), began in January 2003. Enrollment was close to 50,000 right away. For the vast majority of SilverCard enrollees, SC defaulted to dual code 9 when the state realized most Silver Rx enrollees were dual eligible but they did not qualify as SLMB only or QI-1. A small group of SilverCard enrollees were assigned dual code 3 or 6 (SLMB only or QI).
SC	Dual Eligibility Codes	In 2005 and part of 2006, SC mistakenly undercounted persons in dual code 2 and overcounted persons in dual code 8. This error was corrected in July 2006.
SC	Dual Eligibility Codes	In some months in 2005, a small group of full benefit duals were mistakenly assigned restricted benefits flag '3' (limited Medicaid benefits related to Medicare cost-sharing).
SC	Dual Eligibility Codes	Enrollment in dual code 8 increased in October 2005. The state believes this increase was related to the start-up of the Medicare Part D program.
SC	Length of Enrollment	About 67 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
SC	Managed Care	By mistake, SC reported all PACE enrollees to a 9-filled Plan ID. This was not corrected in MSIS data until 2006 when the State started reporting PACE enrollees to several valid plan IDs.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
SC	Managed Care	South Carolina's Physician's Enhanced Program (PEP) is a hybrid managed care program. In MSIS, it is coded as plan type 08 (other). In CMS managed care data for June 2005, it is reported as a prepaid ambulatory health plan.
SC	Missing Eligibility Data	In 2005, 0.1 percent of records (n=476) in the SC file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting a managed care encounter or positive expenditures in MAX. These claims totaled \$715,434 and averaged \$1,503 per record in the person summary file.
SC	Race/Ethnicity	Race was not reported for 10.2 percent of enrollees (including all Hispanic enrollees) in 2005. Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
SC	Restricted Benefits Flag	Enrollees in the 1115 prescription drug program are assigned restricted benefits flags X, Y, or Z indicating they only qualify for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing.
SC	SCHIP	SC reported M-SCHIP children in MSIS. The state did not have an S-SCHIP program.
SC	SSN	SC had 62 SSNs with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
SC	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
SC	Uniform Eligibility Groups	SC implemented its 1115 Prescription Drug Benefit for Low-Income Seniors (waiver ID 'WP', waiver type '6') beginning in 2003. This waiver provides prescription drug (only) coverage for low-income seniors up to 200 percent of the federal poverty level. This program -- called SilverRxCard program -- is mapped to uniform eligibility group 51. Some Silver RxCard enrollees also qualify for Medicare cost-sharing benefits. The Silver RxCard program ended in December 2005.
SC	Uniform Eligibility Groups	SC implemented its 1115 Family Planning waiver (waiver ID 'WF', waiver type 'F') beginning in 1993. This waiver extends family planning only coverage to women with income up to 185 percent of the federal poverty level (mapped to uniform eligibility groups 54 and 55).
SC	Uniform Eligibility Groups	SC began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'WK', waiver type 'A') in August 2005.
SC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
SC	Uniform Eligibility Groups	SC did not have a medically needy program.
SC	Uniform Eligibility Groups	SC reports many more aged SSI recipients to uniform eligibility group 11 compared to the SSI administrative data. Two factors likely contribute. First, SC has a state-administered SSI supplementation program. Second, in SC, many disabled SSI recipients age 65 years and older are reported to uniform eligibility group 11.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
SC	Waivers	<p>In 2005, about 57,000 aged enrollees were reported to be enrolled in SC's 1115 Prescription Drug Benefit for Low-Income Seniors waiver (waiver ID 'WP', waiver type '6'). However, some aged partial duals were not reported to be enrolled in this waiver. This pattern was somewhat unexpected since these individuals had income below 200 percent below the federal poverty line, but other factors, such as enrollment in Medicare Advantage plans with prescription drug coverage, may explain this difference.</p>

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
SD	County Codes	SD has some enrollees (about 2,000) mapped to county code 999; according to the state, some of these are inappropriately mapped to this code while others are appropriately assigned this code because they are beneficiaries who reside out-of-state.
SD	Missing Eligibility Data	In 2005, 0.1 percent of records (n=94) in the SD file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$1,589 and averaged \$17 per record in the person summary file.
SD	Private Health Insurance	About 13 percent of the persons in the MAX 2005 file are coded as receiving third party insurance. This number is higher than expected, but the state confirms it is correct.
SD	SCHIP	SD reported M-SCHIP and S-SCHIP children in MSIS.
SD	SSN	SD had 2,061 SSNs with duplicate records in 2005 (affecting 3 percent of enrollee records). About 99 percent of these were for children <21 years.
SD	TANF/1931	The TANF flag is 9-filled for all enrollees.
SD	Uniform Eligibility Groups	SD did not have a medically needy program.
SD	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in SD. About 75 percent of 1915(c) waiver service recipients had no waiver enrollment reported. The state acknowledged underreporting in its 1915(c) CHOICES waiver (waiver ID '02', waiver type 'L') in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TN	Dual Eligibility Codes	TN reports many enrollees in uniform eligibility group 11-12 to dual code 8. Most of these individuals qualify for Medicaid due to a long standing court case requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Dual Eligibility Codes	TN reports QI-1 enrollees to dual code 3 (SLMB only).
TN	Dual Eligibility Codes	TN had a major shift in the number and distribution of duals in July 2004 when the state implemented a new computer system. As a result, total duals in MSIS increased by 7 percent, and the number of partial duals more than doubled. Dual code shifts involved substantial increases in dual codes 1, 2 and 3, and a decline in dual code 8 (in byte 2 of the crossover code).
TN	Dual Eligibility Codes	TN implemented new cutbacks in Medicaid eligibility for the aged and disabled (as well as others) that affected dual counts starting in July 2005. As a result, many full duals (codes 2, 4, 8) shifted to partial benefit status (codes 1 and 3).
TN	Length of Enrollment	Almost 68 percent of eligibles were enrolled all 12 months in 2005, a higher percentage than in most states.
TN	Managed Care	Beginning in July 2002, TN converted its managed care system so that its HMOs and BHOs were no longer bearing risk.
TN	Managed Care	In July 2004, TN began including PACE reporting (plan type 06) in its managed care reporting.
TN	Missing Eligibility Data	In 2005, 0.8 percent of records (n=13,366) in the TN file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$16,978,029 and averaged \$1,270 per record in the person summary file.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TN	Private Health Insurance	The number of enrollees reported as receiving third party insurance dropped from 3.8 to 0.6 percent in July 2004 when TN implemented a new system to verify private insurance. Then, the proportion increased somewhat to 1.1 percent in October 2005 as the state improved its system for identifying private health coverage.
TN	Race/Ethnicity	Race was not reported for 6.7 percent of enrollees (including all Hispanic enrollees) in 2005. Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
TN	Restricted Benefits Flag	Beginning in October 2005, TN resumed assigning restricted benefits flag 2 (restricted benefits based on alien status) to undocumented immigrants that only qualified for emergency services under TN's Medicaid program.
TN	SCHIP	The state had an M-SCHIP program which phased out by September 2002. Then in July 2004, the state began reporting over 50,000 children each month as M-SCHIP children in MSIS. In 2005, TN continues to report about 40,000 children each month as enrolled in M-SCHIP. The motivation was to get the higher FFP rate for some children (using the provisions of U.S.C 1397ee(g), according to state officials). This M-SCHIP enrollment was not reported in the CMS SEDS system. TN does not have an S-SCHIP program.
TN	SSN	TN had 393 SSNs with duplicate records in 2005 (affecting <0.1 percent of enrollee records).
TN	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TN	Uniform Eligibility Groups	TN implemented its 1115 TennCare waiver (waiver ID '01', waiver type '1') in 1994. This waiver extends eligibility to low-income persons (including the aged and disabled) who would not otherwise have qualified for Medicaid. For many years, the waiver also moved the vast majority of Medicaid enrollees to managed care, although this changed over time.
TN	Uniform Eligibility Groups	TN began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID '10', waiver type 'A') in July 2005, the month before the Hurricane (likely an error). Enrollment in this waiver (reported to uniform eligibility groups 51-55) increased in September through December 2005.
TN	Uniform Eligibility Groups	In July 2004, TN implemented a new computer system. As a result, enrollment by state specific code changed considerably for some groups, even though the state codes per se were unchanged (except that 4 leading zeros were added). In addition, TN changed the mapping for some uniform eligibility groups, resulting in enrollment shifts (especially among aged and disabled). TN also began reporting women to the BCCPTA in uniform eligibility group 3A in July 2004.
TN	Uniform Eligibility Groups	In September 2005, TN implemented major cutbacks to its 1115 expansion. These policy changes resulted in significant decreases in reporting to uniform eligibility groups 51, 52, and 55; however, there were some offsetting increases in uniform eligibility groups 14-15, 31-32, and 44-45, so that overall aged enrollment declined by 6 percent and disabled enrollment by 1 percent. Adult enrollment, however, declined by over 21 percent.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TN	Uniform Eligibility Groups	TN reported a much higher number of eligibles in uniform eligibility groups 11 and 12 than expected, given the number of SSI recipients in the state. This may relate to a long-standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in ST. About 27 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
TN	Waivers	TN began to report enrollment in its 1915(c) Self Determination waiver (waiver ID '09', waiver type '3') in July 2005. No enrollment was reported for this waiver in January through June 2005. The state estimated that enrollment in this waiver was approximately 360 people January through June 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TX	Dual Eligibility Codes	In 2003-2005, TX had about 2,500 - 5,000 individuals each month who were reported to uniform eligibility group 31-32 and assigned restricted benefits flag 3 (restricted benefits related to Medicare cost-sharing). By mistake, these individuals were assigned dual code 0 (in byte 2 of the crossover code). Presumably, these individuals should have been assigned dual code 1, 3 or 6.
TX	Dual Eligibility Codes	TX assigns dual code 8 to about 11 percent of its EDB dual eligible population. Many are reported to uniform eligibility groups 41 and 42. Texas does not automatically buy-in to Medicare for persons in these groups. In addition, some in dual code 8 are SSI recipients in uniform eligibility groups 11 and 12 whose exact dual status was not yet determined.
TX	Dual Eligibility Codes	Until March 2005, TX assigned dual codes 9 and 0 to enrollees in its 1929(b) waiver. These aged and disabled individuals only qualify for a limited set of personal care services. They do not qualify for prescription drug coverage and most are reported to uniform eligibility groups 41-42. In April 2005, TX changed its programming so that 1929(b) enrollees were assigned to dual codes 1, 3, or 6 if they qualified as QMB only, SLMB only or QI-1, with the remaining 1929(b) enrollees who were duals assigned dual code 9. This resulted in an increased count for partial duals and a decrease in dual code 9.
TX	Managed Care	TX has a PACE program, but PACE enrollment is not separately reported in MAX managed care data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TX	Managed Care	In September 2005, TX reported a major increase in PCCM enrollment (from 345,000 to over one million) when the state expanded its Medicaid PCCM program into an additional 197 counties.
TX	Missing Eligibility Data	In 2005, 0.5 percent of records (n=20,388) in the TX file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$57,049,989 and averaged \$938 per record in the person summary file.
TX	Race/Ethnicity	In 2005, race was not reported for 54.1 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
TX	Restricted Benefits Flag	Persons with restricted benefits flag 5 (other) are generally long-term care recipients in uniform eligibility groups 41-42 who are allowed to stay at home as a result of a 1929 (b) waiver (community supported living arrangement). In addition, a few medically needy recipients in uniform eligibility groups 24-25 whose date of initial coverage is complicated by a spend-down are also assigned restricted benefits flag 5. Persons in this group are eligible for a slightly reduced set of services.
TX	SCHIP	TX reported its M-SCHIP children in MSIS until the program was phased out at the end of 2002. The state's S-SCHIP program, which began in April 2000, is not reported in MSIS.
TX	SSN	TX had 197,618 records with missing SSNs (affecting 4.8 percent of enrollee records). Of these, 38 percent were infants (age < 1) and 35 percent were aliens who only qualified for emergency services.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TX	SSN	TX had 7,917 SSNs with duplicate records in 2005 (affecting 0.4 percent of enrollee records). Of these, 86 percent were children under 21 years of age.
TX	Uniform Eligibility Groups	TX began to report enrollment of one person in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'G1', waiver type 'A') in July 2005, the month before the Hurricane (likely an error). Enrollment in this waiver increased dramatically from approximately 30 in August 2005 to approximately 47,000 in December 2005 (uniform eligibility groups 51-55).
TX	Uniform Eligibility Groups	TX has a so-called 1929(b) waiver group. These aged and disabled individuals (mapped to uniform eligibility group 41-42) only qualify for a very limited set of personal care services (and no prescription drugs) under Medicaid. Enrollment in the 1929(b) waiver is not reported in the separate waiver data. These individuals are assigned program type code "T" in byte 5 of the state specific eligibility code.
TX	Waivers	No enrollment was reported for TX's 1915(b) Disease Management waiver (waiver type '2') in 2005. This waiver was approved in August 2005, but it is unclear when TX implemented the waiver.
TX	Waivers	No enrollment was reported for TX's 1915(c) HCBS waiver (waiver ID 'E3', waiver type 'L') in 2005. It is unclear if this waiver expired in 2005.
TX	Waivers	No enrollment was reported for TX's 1915(c) Mental Retardation Local Authority waiver (waiver type 'L') in 2005. This waiver was approved in June 1998, but it is unclear when TX implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
TX	Waivers	No enrollment was reported for TX's 1915(c) Aged and Disabled waiver (waiver type 'G') in 2005. This waiver was approved in February 2001, but it is unclear when TX implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
UT	Dual Eligibility Codes	UT provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state. UT does not buy into Part A Medicare coverage for duals.
UT	Dual Eligibility Codes	In January-September 2005, UT consistently reported about 700 enrollees to dual code 3 (SLMB only) and about 400 enrollees to dual code 6 (QI-1). However, no persons were assigned these codes in October-December 2005. The reliability of UT's partial dual codes in 2005 is not known.
UT	Dual Eligibility Codes	About 5.8 percent of EDB duals were only identified as a result of the EDB link in 2005, a higher percentage than in most states.
UT	Managed Care	Even though UT is reported to have a transportation managed care plan in the CMS data, it is not reported in MSIS (cause unknown).
UT	Managed Care	All HMO and PCCM enrollment in UT was phased out in 2003. Three plans (Molina, Molina+, and UHN) previously reported as HMOs in MSIS were not included in 2005 MAX data. However, these three plans continued to be reported as PIHPs in CMS data. PCCM enrollment continued to be reported in CMS data, but these were actually FFS plans.
UT	Managed Care	Reported BHO enrollment in UT dropped from 178,000 to 1,700 per month starting in January 2005 (cause unknown). This drop did not occur in CMS administrative data. In October 2005, however, BHO reporting returned to expected levels.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
UT	Managed Care	UT did not report any enrollment in long-term managed care plans in January-September 2005 (cause unknown). Reporting resumed in October 2005. No long-term managed care plan enrollment was reported in June CMS data.
UT	Missing Eligibility Data	In 2005, 3.9 percent of records (n=14,055) in the UT file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$12,928,114 and averaged \$920 per record in the person summary file.
UT	Private Health Insurance	By October 2005, over 12 percent of enrollees had private health insurance, a higher percentage than in most states.
UT	Private Health Insurance	Over 1,200 enrollees each month are reported to private health insurance code 9 (cause unknown).
UT	Race/Ethnicity	In 2005, race was not reported for 5.2 percent of enrollees (including 24.2 percent of Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
UT	Restricted Benefits Flag	Some enrollees in UT's Primary Care Network 1115 waiver program receive a reduced benefit package of Medicaid services, while others--high risk pregnant women--receive the full Medicaid benefits package. UT's data, however, shows that ALL of these waiver enrollees were assigned restricted benefits flag 1 (full benefits) until 2005. This error was corrected in 2005 MAX data.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
UT	Restricted Benefits Flag	From October to December 2005, the number of enrollees assigned restricted benefits flag 3 (restricted benefits based on dual eligibility status) almost doubled while the number of partial duals sharply declined. The reliability of UT's restricted benefits flag 3 data for 2005 is not known.
UT	SCHIP	UT reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
UT	SCHIP	S-SCHIP enrollment increased from about 24,000 to over 30,000 from April to May 2004. The state confirmed this increase was the result of increased SCHIP outreach.
UT	SSN	UT had 11 SSNs with duplicate records in 2005 (affecting <0.1 percent of enrollee records).
UT	TANF/1931	The TANF flag is 9-filled for all enrollees.
UT	Uniform Eligibility Groups	UT implemented its 1115 Primary Care Network (PCN) waiver (waiver ID '06', waiver type '1') in 2002. The waiver expands Medicaid coverage to cover adults up to 150 percent of the federal poverty level and pregnant women with assets exceeding the allowable levels for traditional Medicaid (mapped to uniform eligibility group 55). While the pregnant women expansion group qualifies for full Medicaid benefits, this network provides reduced benefit packages to adults previously ineligible for Medicaid. By mistake, high risk pregnant women covered by UT's 1115 Primary Care Network (PCN) waiver program were reported to uniform eligibility group 35 from 2002-2004. This error was corrected in 2005 MAX data.
UT	Uniform Eligibility Groups	UT began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID '07', waiver type 'A') in August 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
UT	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
UT	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, UT requires them to separately apply for Medicaid coverage. As a result, the number of enrollees in uniform groups 11-12 is considerably less than the number of SSI recipients.
UT	Uniform Eligibility Groups	UT reported a large increase in uniform eligibility group 55 enrollment from September to October 2004 when the state conducted an open enrollment period for its 1115 Primary Care Network (PCN) waiver.
UT	Uniform Eligibility Groups	From October to November 2004, UT reported unusually large enrollment increases in uniform eligibility groups 24-25 and corresponding decreases in uniform eligibility groups 44-45. These shifts in enrollment occurred because the state no longer required automatic enrollment for some groups of recipients.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
VA	County Codes	VA assigns even numbered FIPS codes (510-840) to independent cities. In addition, the state did not use standard codes for some institutionalized enrollees, for whom the FIPS code is 9-filled.
VA	Date of Death	About 700 enrollees had a year of death prior to 2005 and only about 0.05 percent of enrollees are reported to have died during 2005, a much lower percentage than in most states. It is uncertain if VA date of death data are reliable.
VA	Dual Eligibility Codes	Beginning in 2002, the state provided full Medicaid benefits to the aged and disabled with income up to 80 percent of the federal poverty level. Nevertheless, VA still had a relatively large group of QMB only duals (code 1 in byte 2 of the annual crossover code).
VA	Managed Care	PCCM enrollment dropped from about 95,000 in June 2005 to just under 80,000 in July, a 16 percent decline. The state indicated that a lot of enrollees were moving around between plans at this time which might explain the change.
VA	Missing Eligibility Data	In 2005, 0.1 percent of records (n=957) in the VA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$1,792,356 and averaged \$1,873 per record in the person summary file.
VA	Race/Ethnicity	In 2005, race was not reported for 8.5 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
VA	Restricted Benefits Flag	Many persons in medically needy groups are assigned restricted benefits flag 5. Persons in this group are eligible for a slightly reduced set of services.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
VA	SCHIP	VA reported M-SCHIP and S-SCHIP children in MSIS. In July 2005 VA also added coverage to its S-SCHIP program for pregnant women with income from 133-200 percent of the federal poverty level. This adult group is also reported to MSIS.
VA	SSN	VA had 855 SSNs with duplicate records in 2005 (affecting 0.2 percent of enrollee records).
VA	TANF/1931	The TANF flag is 9-filled for all enrollees.
VA	Uniform Eligibility Groups	VA implemented its 1115 Family Planning waiver (waiver ID 'F1', waiver type 'F') in late 2002. This waiver extends family planning (only) benefits to persons with income up to 133 percent of the federal poverty level and postpartum women otherwise losing Medicaid coverage (mapped to uniform eligibility group 55 and state group 080).
VA	Uniform Eligibility Groups	VA began to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'EA', waiver type 'A') in August 2005.
VA	Uniform Eligibility Groups	Child enrollment under the poverty-related provisions (uniform eligibility group 34) was growing quite dramatically in 2003 and 2004, but there do not seem to be any specific policy-related changes that would have contributed to this growth, except for a joint application for Welfare, Medicaid, and SCHIP.
VA	Uniform Eligibility Groups	The state bypasses the 1931 rules for children and determines eligibility for children based on the more simplified poverty-related provisions. The state has continued to use the 1931 rules to determine eligibility for adults, but they are unable to separate 1931 eligibles from other transitional assistance recipients. Both groups are under one state-specific eligibility group that is mapped to uniform group 45.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
VA	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 80 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
VA	Uniform Eligibility Groups	VA is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program.
VA	Waivers	Enrollment in VA's 1915(c) Elderly or Disabled with Consumer Direction waiver (waiver ID 'C3', waiver type 'G') decreased dramatically from approximately 600 in January 2005 to zero in August 2005. This waiver was terminated and services provided under this waiver are provided under VA's 1915(c) Individual and Family Developmental Disability Support waiver (waiver ID 'D3', waiver type 'L'). It is unclear if enrollees in waiver ID 'C3' transferred to waiver ID 'D3' when the waiver terminated, as there is not a noticeable increase in enrollment in waiver ID 'D3' in August 2005.
VA	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in VA. About 38 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
VA	Waivers	No enrollment was reported for VA's 1915(b) Non-Emergency Transportation waiver (waiver type '2') in 2005. This waiver was approved in August 2005, but it is unclear when VA implemented the waiver.
VA	Waivers	No enrollment was reported for VA's 1915(c) Alzheimer's Assisted Living waiver (waiver type 'G') in 2005. This waiver was approved in July 2005, but it is unclear when VA implemented the waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
VA	Waivers	VA's 1915(c) Day Support for Persons with Mental Retardation waiver (waiver ID 'S3', waiver type 'L') was implemented in July 2005. VA began to report enrollment in this waiver in July 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
VT	Dual Eligibility Codes	Almost 57 percent of disabled enrollees were identified as EDB duals in 2005, a higher percentage than in most states.
VT	Dual Eligibility Codes	Most QMB only and SLMB only eligibles are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). The vast majority (95 percent) of aged/disabled enrollees reported to the 1115 program are reported to have an "unknown" dual type (code 9 in byte 2 of the crossover code). As a result, 37 percent of total EDB duals are reported to dual code 59.
VT	Managed Care	Starting in October 2005, when the Global Commitment to Health waiver was implemented, VT mistakenly did not report HMO enrollment in MSIS for some enrollees. Individuals in waiver IDs V1, G1, V4, G2, V5, G3, V7 or G5 should have been assigned to Plan Type 01 (HMO) and corresponding Plan ID 'GC11W0019411' each month.
VT	Missing Eligibility Data	In 2005, 1.9 percent of records (n=3,098) in the VT file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$8,561,065 and averaged \$2,763 per record in the person summary file.
VT	Private Health Insurance	About 14 percent of enrollees had private insurance in 2005, a higher percentage than in most states.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
VT	Race/Ethnicity	Race/ethnicity was reported as "unknown" for almost 40 percent of enrollees in 2005. In addition, VT does not report any information in the five separate race variables.
VT	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefits flag X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. (Prior to 2003, these enrollees were assigned restricted benefits flag 5.) In addition, some persons in uniform eligibility group 55 are assigned restricted benefits flag 5. The exact nature of these restrictions have changed over time but have at points involved no dental coverage and higher copays.
VT	SCHIP	VT reported S-SCHIP children in MSIS. The state did not have an M-SCHIP program.
VT	Uniform Eligibility Groups	VT implemented its 1115 Health Access Plan (VHAP) waiver (waiver IDs 'V6', 'V7', and V8, waiver types '1' and '6') beginning in 1995. This waiver extended eligibility (with full benefits) to various groups of children and adults. In addition, low-income aged and disabled individuals, many of whom ordinarily would only qualify for Medicare cost-sharing, also receive limited pharmacy benefits under the waiver. In October 2005, some Medicaid expansion groups in this waiver shifted to the new 1115 Global Commitment to Health waiver.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
VT	Uniform Eligibility Groups	VT implemented its 1115 Long-Term Care Plan waiver (waiver IDs 'L1', 'L2', 'L3', 'L4' and 'L5', waiver type '1') in October 2005. This waiver focuses on improvements to the long-term care system and increases access to HCBS. A small Medicaid expansion population was included (state code 'WM'). It consists of individuals not previously enrolled in Medicaid who are in moderate need of non-institutional services. They only qualify for a limited benefits package. It appears that Medicaid enrollees in some of the state's 1915(c) waivers transferred to this waiver in October 2005.
VT	Uniform Eligibility Groups	VT began to implement its 1115 Global Commitment to Health waiver (waiver IDs 'G1', 'G2', 'G3', 'G4', 'G5' and 'G6', waiver types '1' and '6') in October 2005. This waiver has many components. Most Medicaid expansion enrollees in the 1115 VHAP waiver and Medicaid enrollees in some of the state's 1915© waivers will transfer to this waiver. This shift began in October 2005.
VT	Uniform Eligibility Groups	VT does not report any eligibles to uniform eligibility group 31 or 32, because partial duals are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate).
VT	Waivers	No enrollment was reported for the PACE and Flexible Spending/Cash and Counseling components of VT's 1115 Long-Term Care Plan waiver (waiver IDs 'L4' and 'L5', waiver type '1') in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WA	CHIP	WA's child S-SCHIP program was not reported in MSIS. The state did not have a child M-SCHIP program.
WA	Date of Death	About 1,000 enrollees had a year of death prior to 2005.
WA	Dual Eligibility Codes	About 5.6 percent of EDB duals were only identified as a result of the EDB link in 2005, a higher percentage than in most states.
WA	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2005, a lower percentage than in most states.
WA	Managed Care	The Department of Social and Health Services administers the BHO program and provides only one plan ID in MSIS in contrast to what is reported in CMS managed care administrative data.
WA	Managed Care	In June 2005, BHO enrollment in MAX was 14 percent higher than the level reported in CMS managed care administrative data. Part of the difference may have occurred because about 13,000 partial duals were reported to be BHO enrollees.
WA	Managed Care	In June 2005, WA reported persons enrolled in WA's pilot Disease Management Programs as PAHP enrollees in the CMS June managed care report. The state was not able to include these individuals in MSIS data until October 2005 when they were reported as PCCM enrollees.
WA	Missing Eligibility Data	In 2005, 6.7 percent of records (n=85,518) in the WA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$193,407,701 and averaged \$2,262 per record in the person summary file.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WA	Race/Ethnicity	Race/ethnicity was reported as "unknown" for about 14 percent of enrollees in 2005.
WA	Race/Ethnicity	In 2005, race was not reported for 33.3 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity began in MSIS in 2005. WA had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables.
WA	Restricted Benefits Flag	WA assigns restricted benefits flag 5 (other) to persons with medically needy coverage. Persons in this group are eligible for a slightly reduced set of services. In addition, women in uniform eligibility group 35 who only qualify for limited benefits in the post-partem period are assigned restricted benefits flag 5 (other).
WA	Restricted Benefits Flag	Throughout 2005, WA reported 70-1,500 people each month to restricted benefit code 9 (cause unknown).
WA	Restricted Benefits Flag	From January through September 2005, WA reported pregnant aliens who only qualified for emergency benefits (restricted benefits flag 2) to uniform eligibility group 35. This coverage ended in October 2005 when they were transferred to unborn child coverage under WA's S-SCHIP plan.
WA	SSN	WA had 158 SSNs with duplicate records in 2005 (affecting < 0.1 percent of enrollee records).
WA	TANF/1931	Almost all eligibles in uniform eligibility groups 14-15 are TANF recipients.
WA	TANF/1931	Some current enrollees (<100 each month) had the TANF flag 9-filled.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WA	Uniform Eligibility Groups	WA received CMS approval for its 1115 Premium Proposal waiver (waiver type '1') in February 2004. This waiver imposes premiums on categorically needy optional children with family incomes above 100 percent of the federal poverty level. No enrollment was reported for this waiver in 2005.
WA	Uniform Eligibility Groups	WA implemented its 1115 Family Planning waiver (waiver ID 'TC', waiver type 'F') in 2001. This waiver extends family planning benefits to persons with income up to 200 percent of the federal poverty level (mapped to uniform eligibility group 55).
WA	Uniform Eligibility Groups	In July 2005, WA removed roughly 5,000 undocumented clients in uniform eligibility group 35 from the MSIS file. These individuals qualified for emergency service related to pregnancy, but not under Title XIX Medicaid. WA moved coverage for this group to S-SCHIP (using the unborn children provisions) which the state does not report in MSIS.
WA	Uniform Eligibility Groups	In WA, enrollment was always lowest in month 3 of each quarter compared to month 1. This recurring pattern of monthly enrollment per each quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level.
WA	Uniform Eligibility Groups	WA enrollment data for SSI recipients (uniform eligibility groups 11-12) are higher than expected relative to SSA data; this may occur because of a state-administered SSI supplement.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WA	Waivers	No enrollment was reported for most of WA's waivers in 2005 because the state does not capture waiver information in its MMIS. WA did not report enrollment for the following waivers: (1) 1915(b) Selective Hospital Contracting Program (waiver ID 'SC', waive type '2'); (2) 1915(b) Disease Management waiver (waive ID 'DM', waiver type '2'); (3) 1915(b) Healthy Options waiver (waiver type '2'); (4) 1915(c) Community Options Program Entry System waiver (waiver ID 'CO', waiver type 'G'); (5) 1915(c) Medically Needy In Home waiver (waiver ID 'IH', waiver type 'G'); (6) 1915(c) Medically Needy Residential waiver (waiver ID 'CS', waiver type 'G'); (7) 1915(c) Basic waiver (waiver ID 'BW', waiver type 'L'); (8) 1915(c) Basic Plus waiver (waiver ID 'BP', waiver type 'L'); (9) 1915(c) Core waiver (waiver ID 'CW', waiver type 'L'); (10) 1915(c) Public Safety waiver (waiver ID 'PS' waiver type 'L'); and (11) 1915(c) Community Alternatives Program waiver (waiver ID 'CA', waiver type 'O').
WA	Waivers	There was inconsistency between reported Section 1915(c) waiver enrollment and service use in WA. 100 percent of 1915(c) waiver service recipients had no waiver enrollment reported because WA submitted claims for but did not report enrollment in the state's Section 1915(c) waivers in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WI	CHIP	In January 2001, Wisconsin began to cover some of its Badger Care adults under its SCHIP program. M-SCHIP adults are reported to uniform eligibility group 55. M-SCHIP adult counts in MSIS are lower than the SEDS counts because Badger Care adults with income <100 percent of the federal poverty level (state group GP) are not considered to be M-SCHIP enrollees in MSIS.
WI	CHIP	WI reported M-SCHIP children and adults in MSIS. The state did not have an S-SCHIP program.
WI	County Codes	For 1,045 eligibles in 2005, Wisconsin did not report standard FIPS codes (data element is 9-filled) in MAX. These eligibles include those served through Relief to Needy Indian Person (RNIP) agencies, juvenile correction agencies, Division of Children and Family Services agencies, and Katie Beckett eligibles. Also, county code 078 is Menominee County.
WI	Dual Eligibility Codes	Some disabled duals (and nonduals) in uniform eligibility group 32 may have full Medicaid benefits. They are in programs allowing them to pay premiums for full Medicaid coverage.
WI	Dual Eligibility Codes	Effective October 2002, WI assigned dual code 9 (in byte 2 of the annual dual code) to aged persons in its Pharmacy Plus Program who did not qualify under other dual codes. About 35 percent of EDB duals in 2005 were in the dual code 59 group. Some Pharm Plus enrollees were also identified as dual codes 1, 3, or 6 (in byte 2 of the crossover code).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WI	Managed Care	Individuals in plan type 08 are enrolled in a voluntary managed care program in Milwaukee County called "The Independent Care Plan." The plan provides medical and social services to individuals with physical, developmental, or emotional disabilities and can also take care of short-term physician-ordered nursing home stays, typically for rehabilitative purposes. This program is reported as an HMO in CMS managed care data.
WI	Managed Care	Reporting to plan type 08 increased from about 6,000 in January to over 15,000 in December 2005 when the state began to report enrollment in plans similar to Milwaukee County's "Independent Care Plan" for other counties.
WI	Missing Eligibility Data	In 2005, 1.2 percent of records (n=12,380) in the WI file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting a managed care encounter or positive expenditures in MAX. These claims totaled \$13,392,227 and averaged \$1,082 per record in the person summary file.
WI	Private Health Insurance	Over 20 percent of enrollees had private insurance in 2005, a higher percentage than in most states. The proportion increased in September 2002 with the implementation of the Pharmacy Plus program (which expanded coverage to higher income individuals more likely to have private insurance).
WI	Race/Ethnicity	Race was not reported for almost 25 percent of enrollees (including all Hispanic enrollees) in 2005. Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WI	Restricted Benefits Flag	Some enrollees assigned restricted benefits flag 5 (other) are eligible for TB-related services only. Individuals in the prescription drug program were assigned restricted benefits flag X, Y, or Z, indicating that they only qualify for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits.
WI	SSN	WI had 6,685 SSNs with duplicate records in 2005 (affecting 1.3 percent of enrollee records). A majority of these were for children.
WI	TANF/1931	The TANF flag is 9-filled for all enrollees.
WI	Uniform Eligibility Groups	WI implemented its 1115 SeniorCare waiver (waiver ID 'C1', waiver type '6') in September 2002. This waiver extends prescription drug benefits to low-income aged with incomes up to 200 percent of the federal poverty level (mapped to uniform eligibility group 51). Some persons in this group also qualify for Medicare cost-sharing benefits.
WI	Uniform Eligibility Groups	In March 2006, CMS approved WI's 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A') retroactive to September 2005. No enrollment, however, was reported in MSIS data in 2005. The state estimated that about 700 persons were covered under the Katrina waiver from September to December 2005.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WI	Uniform Eligibility Groups	WI implemented its 1115 Partnership Program (waiver ID 'E1', waiver type '1') in 1999. This waiver is an integrated health and long-term managed care program that provides services for both people with disabilities and older adults by combining all health and long-term care services offered under Medicare, Medicaid, and the Medicaid Home and Community-Based waiver programs. Two capitation payments, Medicare and Medicaid, are paid to one of four community-based organizations that coordinate and manage all aspects of care for program enrollees. This waiver did not include any eligibility expansion.
WI	Uniform Eligibility Groups	WI implemented its major 1115 BadgerCare waiver (waiver IDs 'A1' and 'B1', waiver type '1') in 1999. This waiver extends coverage to low-income adults (including single adults), as well as children. Some, but not all, of the 1115 children and adults are M-SCHIP enrollees. M-SCHIP children are reported to ID 'B1', while M-SCHIP adults are reported to ID 'A1'.
WI	Uniform Eligibility Groups	WI received approval for its 1115 Family Planning waiver (waiver ID 'D1', waiver type 'F') in June 2002. This waiver extends family planning (only) benefits to women with income up to 200 percent of the federal poverty level (mapped to uniform eligibility groups 54 and 55).
WI	Uniform Eligibility Groups	Effective January 2005, some disabled persons age 65 and older previously reported to uniform eligibility group 42 were shifted to uniform eligibility group 41.
WI	Uniform Eligibility Groups	WI has a state-administered SSI supplement program, which probably explains why the counts in uniform eligibility groups 11-12 are higher than the number of SSI recipients reported by SSA.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WI	Waivers	In 2005, about 85,000 aged enrollees were reported to be enrolled in WI's 1115 SeniorCare waiver (waiver ID 'C1', waiver type '6') for prescription drug coverage. However, some aged partial duals were not reported to be enrolled in this waiver. This pattern was somewhat unexpected since these individuals had income below 200 percent below the federal poverty line, but other factors, such as enrollment in Medicare Advantage plans with prescription drug coverage, may explain this difference.
WI	Waivers	No enrollment was reported for some of WI's 1915(b) and 1915(c) waivers in 2005 because the state does not capture much of its waiver enrollment in its MMIS. This enrollment information was going to be available as part of the state's new MMIS, but that system has been put on hold. WI did not report enrollment for the following waivers: (1) 1915(b) Allied Services for Healthy Foster Children waiver (waiver type '2'); (2) 1915(c) Community Options Program waiver (waiver ID 'F1', waiver type 'G'); (3) 1915(c) Family Care - Aged /PD (waiver ID 'K1', waiver type 'G'); (4) 1915(c) Children's Physical Disability waiver (waiver ID 'O1', waiver type 'I'); (5) 1915(c) HCBS: TBI waiver (waiver ID 'H1', waiver type 'J'); (6) 1915(c) Services to People with Brain Injuries waiver (waiver type 'J'); (7) 1915(c) HCBS: DD waiver (waiver ID 'G1', waiver type 'L'); (8) 1915(c) HCBS: MR/DD waiver (waiver ID 'J1', waiver type 'L'); (9) 1915(c) Family Care - MR/DD (waiver ID 'L1', waiver type 'L'); (10) 1915(c) Children's Developmental Disability waiver (waiver ID 'P1', waiver type 'L'); (11) 1915(c) Community Integration Program waiver (waiver type 'L'); (12) 1915(c) Children's Mental Health waiver (waiver ID 'R1', waiver type 'M'); (13) 1915(b)(c) Family Care waiver (waiver IDs 'M1' and 'N1', waiver type '4').

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WI	Waivers	There was inconsistency between reported Section 1915(c) waiver enrollment and service use in WI. 100 percent of 1915(c) waiver service recipients had no waiver enrollment reported because the state does not capture much of its waiver enrollment in its MMIS.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WV	County Codes	County code was missing for 4.1 percent of enrollees in 2005.
WV	Dual Eligibility Codes	WV reported almost all full benefit duals to dual code 8 (in byte 2 of the crossover code) in its MSIS data until October 2005, when it began to separately identify QMB plus enrollees (code 2).
WV	Dual Eligibility Codes	WV did not include partial benefit duals in codes 3 and 6 in its MSIS reporting.
WV	Managed Care	HMO enrollment increased in both 2004 and 2005, while PCCM enrollment fell. HMO and PCCM counts in MSIS compared well to CMS Medicaid managed care data in June 2005.
WV	Managed Care	WV reported up to 600 enrollees each month in 2005 to managed care code '99' (cause unknown).
WV	Missing Eligibility Data	In 2005, 2.7 percent of records (n=10,505) in the WV file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$4,919,610 and averaged \$468 per record in the person summary file.
WV	SCHIP	WV's S-SCHIP program was not reported in MSIS. The state's M-SCHIP program was phased out by late 2000.
WV	SSN	WV had 129 SSNs with duplicate records in 2005 (affecting <0.1 percent of enrollee records).
WV	TANF/1931	The TANF flag is 9-filled for all enrollees.
WV	Uniform Eligibility Groups	Enrollment in uniform groups 11-12 is about 11 percent higher than the number of SSI recipients reported by SSA. This may be caused by persons receiving state supplemental SSI benefits administered by the state.

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WV	Uniform Eligibility Groups	In October 2004, WV made some changes in eligibility mapping from state specific codes to uniform eligibility groups. The biggest shift (about 130,000 child enrollees) was from uniform eligibility group 34 to 44 (state code FCMQCA) and reflected a different approach to eligibility determination for children. Other changes that corrected known mapping problems caused a shift from uniform eligibility groups 11-12 to 21-22 and uniform eligibility groups 17 and 35 to uniform eligibility group 25.
WV	Waivers	No enrollment was reported for WV's 1915(c) Aged and Disabled in Assisted Living waiver (waiver type 'G') in 2005. This waiver was approved in July 2004, but it is unclear when WV implemented the waiver.
WV	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in WV. About 24 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2005 State Eligibility Anomalies

State	Measure	Issue
WY	Managed Care	WY had no managed care enrollment in 2005.
WY	Missing Eligibility Data	In 2005, 0.5 percent of records (n=400) in the WY file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$3,893,730 and averaged \$9,734 per record.
WY	Race/Ethnicity	In 2005, race was not reported for 11.8 percent of enrollees (including all Hispanic enrollees). Separate reporting of race and Hispanic ethnicity in MSIS began in 2005.
WY	SCHIP	WY's S-SCHIP program was not reported in MSIS. The state did not have an M-SCHIP program.
WY	SSN	WY had 84 SSNs with duplicate records in 2005 (affecting 0.2 percent of enrollee records).
WY	TANF/1931	The TANF flag is 9-filled for all enrollees.
WY	Uniform Eligibility Groups	WY did not have a medically needy program.
WY	Uniform Eligibility Groups	WY had an 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A') that was approved in February 2006, but no retroactive enrollment in this group was reported in 2005.
WY	Uniform Eligibility Groups	Some enrollment shifted from uniform eligibility group 34 (poverty-related children) to uniform eligibility group 35 (poverty-related pregnant) in July 2004 due to an age sort change.
WY	Uniform Eligibility Groups	Enrollment in uniform eligibility group 44 increased substantially in 2005 due to growth in the unborn child group, newborns, and children qualifying through the TMA provisions.