MAX 2002 State Eligibility Anomalies

State	Measure	Issue
AK	County Codes	Alaska's county codes do not follow the usual pattern of 3-digit odd numbers. However, they are correct.
AK	Dual Eligibility Codes	Alaska reports very few QMB and SLMB onlies (dual codes 1 and 3, respectively, in the 2nd byte of the new annual crossover value). In Alaska, the SSI state supplement income standard is approximately 110 percent of poverty for a single individual, and 122 percent of poverty for a couple. Hence, the vast majority of QMBs and SLMBs are eligible for full Medicaid benefits by virtue of their eligibility for the state supplement to SSI.
AK	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, AK stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8.
AK	Length of Enrollment	Only 35% of eligibles were enrolled 12 months in 2002, a lower than expected proportion. However, due to seasonal employment in the summer, many families do not qualify for benefits all year. In addition, a table showing the distribution of eligibles by length of enrollment for the year showed more enrollment at the 3, 6 and 9 month intervals than usually occurs, suggesting that the enrollment data may not be reliable for month to month analysis. For most quarters, enrollment is lowest in the first month and highest in the third month, and then there is a noticeable decline in the first month of the next quarter.
AK	Managed Care	AK is one of the few states without any MC enrollment.
AK	Private Health Insurance	AK's rate of private insurance coverage - close to half of monthly eligibles - occurs because of Native Americans who qualify for Indian Health Service coverage.
AK	Race/Ethnicity	5% of eligibles were coded as "unknown".

State	Measure	Issue
AK	SCHIP Code	Alaska reports its M-SCHIP eligibles in MSIS. The state does not have an S-SCHIP program. M-SCHIP counts in MAX are lower than M-SCHIP counts reported in the CMS SEDS system and are probably an undercount of M-SCHIP enrollment.
AK	SSN	55 SSNs have duplicate records; this represents <0.1% of records in CY02. The majority of these records are for children.
AK	TANF/1931	AK 's TANF data are not reliable.
AK	Uniform Eligibility Groups	AK's data show a slight seam effect, with enrollment lowest in month 1 of each quarter.
AK	Uniform Eligibility Groups	Alaska has a 6 months continuous eligibility guarantee for children. Enrollment for children and adults usually falls in July, a time of peak employment.
AK	Uniform Eligibility Groups	AK's number of enrollees in uniform groups 11-12 exceeds SSI counts because of a state administered SSI supplement.
AK	Uniform Eligibility Groups	A small number of persons age >64 years are mapped to uniform eligibility group 12, 32 and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
AL	1115 Waiver	Beginning in August 2000, Alabama implemented a new 1115 Waiver. This 1115 welfare waiver provides family planning services for Plan First families (mapped to uniform groups 54-55).
AL	County Codes	AL assigns some foster care children county code 100.
AL	Date of Death	AL DOD data are incomplete.
AL	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, AL stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8.
AL	Length of Enrollment	AL had 62% of eligibles with 12 months of enrollment, a higher proportion than most states.

State	Measure	Issue
AL	Managed Care	The United Medicare Complete is classified by the state as a Health Maintenance Organization (HMO) for dual eligibles, but the average capitation rate is only $15 indicating that it is very limited coverage. This plan does not include drug benefits. This plan is not reported in CMS managed care data.
AL	Managed Care	More than 300,000 eligibles received PLAN TYPE 08 each month in MSIS. These persons were enrolled in what Alabama refers to as its "PHP Network." This is not a comprehensive managed care plan. Rather, the PHP Network provides only inpatient care for persons who do not have Medicare Part A coverage.
AL	Managed Care	Although disparities exist between CMS and MSIS Medicaid managed care counts (22% lower PCCM counts), AL maintains that the MSIS counts are more accurate.
AL	Restricted Benefits Flag	Persons in uniform groups 54 and 55 only qualify for family planning benefits and are assigned restricted benefits code 6, while pregnant women are assigned restricted benefits code 4.
AL	SCHIP Code	AL reported its M-SCHIP children, but did not report any of its S-SCHIP children. M-SCHIP enrollment declined and phased out by the end of CY 2002. AL did not ever report its M-SCHIP program in SEDS.
AL	SSN	In Alabama, 1,467 SSNs have duplicate records; this represents 0.2% of records in CY02. The majority of these records are for children.
AL	Uniform Eligibility Groups	No MSIS retroactive coverage or correction records were used for AL's 2002 MAX data since they did not appear to be reliable.
AL	Uniform Eligibility Groups	AL reports almost no one to uniform groups 44-45 due to state coding limitations. Presumably TMA enrollees are included in the uniform groups 14-15 counts, as well as other 1931 enrollees.
AL	Uniform Eligibility Groups	Throughout 2002, the vast majority of adult enrollees in AL were reported to uniform group 55 and only qualified for family planning benefits.
AL	Uniform Eligibility Groups	AL began reporting to uniform eligibility group 3A in October 2002. This group covers persons with breast and cervical cancer (BCCPTA).
AL	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.

State	Measure	Issue
AR	1115 Waiver	Arkansas has an 1115 Waiver program and reported many of its poverty related children into uniform group 54. The adults in uniform group 55 only qualify for family planning benefits.
AR	County Codes	AR county code data are not reliable until 2003.
AR	Date of Death	Just over 1,900 enrollees had a year of death prior to 2002.
AR	Dual Eligibility Codes	AR reported 30,160 persons as duals in 2002 who were not found in the EDB files.
AR	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, AR greatly reduced the number of persons it identified in MSIS as duals. This relates to the higher number of "false" duals reported in 2001 and 2002 (that is, duals not confirmed by EDB links).
AR	Managed Care	Managed care enrollment was undercounted for Arkansas. Arkansas only reported PCCM enrollment for ARKids, a subset of PCCM enrollees. This was corrected in October 2002, resulting in a significant increase in reported PCCM enrollment.
AR	Managed Care	AR did not report enrollment into MSIS for its transportation PHP; however, CMS managed care data show over half of Medicaid eligibles enrolled in a PCCM and a transportation PHP.
AR	Private Health Insurance	AR's private insurance data are not reliable.
AR	Restricted Benefits Flag	Adults in uniform group 55 were assigned restricted benefits code 6 since they only qualify for family planning benefits.
AR	SCHIP Code	AR had an M-SCHIP program until September 2003. This program covered older children to 100% FPL. AR reported more M-SCHIP children than were reported into the CMS SEDS system through 2002. No M-SCHIP children were reported to SEDS from July to September 2002, even though they continue to be reported in MSIS.
AR	SSN	In Arkansas, 681 SSNs had duplicate records; this represented 0.2% of records in CY02.

State	Measure	Issue
AR	SSN	Nine percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 71 percent of these enrollees were age 20 or younger. In addition, eleven percent of those with missing SSNs only qualified for family planning benefits.
AR	TANF/1931	Arkansas did not report TANF data into MSIS.
AR	Uniform Eligibility Groups	AR's data show a seam effect each quarter with enrollment highest in month 1 and then declining in months 2 and 3. Then month 1 of the next quarter shows a noticeable increase.
AR	Uniform Eligibility Groups	In January 2002, enrollment in uniform eligibility groups 14 and 15 increased, with a commensurate decline in uniform eligibility groups 24-25 (cause unknown).
AR	Uniform Eligibility Groups	AR data show a 7% increase in enrollment in October 2002. This occurred in part because these data were submitted late in 2004. SSI disabled enrollment in particular showed a big increase.
AR	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
AZ	County Codes	County Code 012 is the proper FIPS code for La Paz county, which was formed out of Yuma county in the early 80s.
AZ	Dual Eligibility Codes	About 91% of aged enrollees were identified to be EDB duals, a lower proportion than most states.
AZ	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, AZ stopped using dual code 9 (in the 2nd byte of the crossover code). Most of the duals appear to have been shifted to dual code 8. In addition, AZ began reporting SLMB-only and QI enrollees in MSIS in October, resulting in about a 10,000 person increase in the total number of duals.
AZ	Long Term Care	In the PSF valids tables, AZ show a much lower percentage of aged and disabled with LTC claims than expected; however, this occurs because AZ LTC coverage is delivered through LTC managed care plans.

State	Measure	Issue
AZ	Managed Care	In AZ, about 57% of EDB duals were ever enrolled in HMO/HIOs. In addition, about 25% of EDB duals in 2002 were enrolled in PHP only or PHP/PCCM only, higher proportions than most states.
AZ	Managed Care	CMS Managed care data did not show the same level of LTC managed care enrollment (plan type 5) as MSIS. LTC plans may be reported as HMOs in the CMS data.
AZ	Managed Care	According to CMS data, there were about 50,000 Behavioral Health Plans (BHP) enrollees in AZ in June 2002. However, AZ did not report enrollment in MSIS BHPs until October 2002. There may be BHP capitation claims in MSIS prior to October.
AZ	Restricted Benefits Flag	Persons who qualify for only family planning benefits (state group 960) are assigned restricted benefits code 6.
AZ	SCHIP Code	Arizona is not reporting their S-SCHIP program into MSIS. The state does not have an M-SCHIP program.
AZ	SSN	In Arizona, 2,258 SSNs have duplicate records; this represents 0.4% of records in CY02. The vast majority of records with duplicate SSNs involved infants and children under age 6.
AZ	Uniform Eligibility Groups	AZ extends full medical benefits for the aged and disabled with income <100% FPL.
AZ	Uniform Eligibility Groups	State groups 585 (<100 percent FPL), 587 (<40 percent FPL) and 595 (spenddown to 100 percent FPL or less) are for adults with no children who are not otherwise eligible for Medicaid. These groups are part of the 1115 expansion waiver reported to Uniform Eligibility Group 55.
AZ	Uniform Eligibility Groups	In 2001, Arizona had a considerable amount of shifting between uniform eligibility groups. The shifts stemmed from the introduction of new Key Codes, as well as a new hierarchy for determining Medicaid eligibility. Growth continued in 2002 across several of the child and adult groups.
AZ	Uniform Eligibility Groups	AZ began reporting SLMB only and QI enrollees in MSIS in October 2002, causing about a 10,000 person increase in the number of aged and disabled persons reported to uniform eligibility groups 31-32. These persons are assigned new state specific codes ACE and LTC.

State	Measure	Issue
AZ	Uniform Eligibility Groups	Some persons age >64 years are mapped to 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
CA	1115 Waiver	California introduced a very large 1115 Waiver program (FPACT) in December 1999, which extended family planning benefits (only) to working age women. Enrollment was close to two million during 2001 and 2002.
CA	Date of Death	California did not report any date of death data.
CA	Dual Eligibility Codes	In CA, only 87% of persons over 64 years of age were EDB duals, a lower proportion than in most states.
CA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. CA's total dual enrollment did not change much from September to October, but the state stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8.
CA	Managed Care	California reports many more dental PHP enrollees in MSIS than are reported in CMS counts. As it turns out, a small portion of California's dental enrollees are enrolled in "true blue" dental PHPs. These are the persons that appear in the CMS data. The remaining 4 million enrollees participate in a hybrid FFS/PHP dental plan. The CMS data do not count these plans as PHPs, but MSIS does. In addition, CA reported enrollment in several hybrid PCCM plans into plan type 8 (other) in MSIS since these are limited risk contracts and not true PCCMs. However, these plans are reported as PCCMs in the CMS management care reports.
CA	Managed Care	In CA, about 84% of the EDB duals were enrolled in PHPs, a higher proportion than most states.
CA	Missing Eligibility Data	About 5% of persons in the CA file for whom Medicaid claims were paid did not have any reported months of eligibility in the year. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS eligibility files. According to the state, most of these persons were women who were determined to be presumptively eligible for pregnancy-related services on a temporary basis. These records cannot be linked for women who eventually enrolled in Medicaid.

State	Measure	Issue
CA	Restricted Benefits Flag	FPACT eligibles are only eligible for family planning benefits. Effective January 2001, they were assigned restricted benefits code 6. CA also has a large group of enrollees assigned restricted benefits code 2 who only qualify for emergency benefits due to their alien status. Finally, persons assigned restricted benefits code 5 are in hospice and thus have some benefit restrictions.
CA	SCHIP Code	California reports its M-SCHIP enrollees, but not its S-SCHIP population. Additionally, some M-SCHIP enrollees in state-specific eligibility groups 7C, 8N, and 8T are correctly mapped to uniform eligibility group 44. These children are undocumented aliens eligible for emergency services only.
CA	SSN	About 35 percent of Medicaid enrollees in the CY02 MAX file were misisng an SSN. Sixty-four percent of these enrollees were age 21-44 years. In addition, 67 percent of those with missing SSNs only qualified for family planning benefits, and 23 percent were aliens who only qualified for emergency coverage.
CA	TANF/1931	TANF status is reported as "unknown" for over 100,000 eligibles each month. L.A. county was unable to report TANF status. In addition, CA reported about 12% more TANF enrollees in MSIS than ACF data in 2002 (cause unknown)
CA	Uniform Eligibility Groups	CA covers all aged and disabled for full Medicaid benefits to 100% FPL. In addition, the state disregards income of 33% FPL.
CA	Uniform Eligibility Groups	Women receiving family planning benefits who are under age 18 are mapped to uniform group 54.
CA	Uniform Eligibility Groups	Effective January 2002, California begins to report women in the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) group to uniform eligibility group 3A.
CA	Uniform Eligibility Groups	Some persons over 64 years are reported to uniform groups 12, 22, 32, and 42. Researchers may want to map these individuals to 11, 21, 31 and 41.
CO	County Codes	In November 2001, Broomfield county (FIPS code 014) was officially created in Census. The new county took parts of Boulder County (013), Jefferson County (059), and Weld County (123).
CO	Date of Death	The state does not report dates of death for any eligibles.

State	Measure	Issue
CO	Dual Eligibility Codes	Through September 2002, a specific dual eligibility flag code could not be assigned to about 22 percent of the dual population. These persons had "9" in the second byte of the amended dual code. In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, CO stopped using dual code 9. Most of these duals appear to have shifted to dual code 8. It also appears some persons shifted from dual code 2 to dual code 8.
CO	Managed Care	About 17% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 66% were enrolled in PHPs or PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.
CO	Managed Care	In November 2002, the United Healthcare and Kaiser HMOs were shut down. In June 2002, there is a discrepancy between the BHP enrollment count in MSIS compared to the CMS managed care report. Colorado reports that this discrepancy was caused by the state's failure to include two of its BHP plans (Jefferson Center for Mental Health and Access Behavioral Care: Pikes Peak) in the CMS managed care report. The state asserts that its MSIS data are accurate.
CO	Race/Ethnicity	8% of eligibles have an "unknown" race ethnicity code.
CO	SCHIP Code	Colorado's S-SCHIP program is not reported in the MSIS data. Colorado does not have an M-SCHIP program.
CO	SSN	Ten percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 77 percent of these enrollees were under age 20 and 63 percent were age 5 or younger. In addition, 24 percent were aliens who only qualified for emergency coverage.
CO	SSN	In CY02, 102 SSNs have duplicate records; this represents 0.0% of records in that year.
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	CO started reporting persons to uniform eligibility group 3A under the BCCPTA provisions in July 2002.
CO	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.

State	Measure	Issue
CT	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. CT's total dual enrollment increased slightly from September to October, and the state stopped using dual code 9 (in the second byte of the crossover code). Most of the duals appear to have shifted to dual code 8. There was also a slight increase in the number reported to dual code 6.
CT	Length of Enrollment	About 64% of eligibiles were enrolled all 12 months in 2001, a higher proportion than most states.
CT	SCHIP Code	Connecticut has both M-SCHIP and S-SCHIP programs for children. CT is not able to identify M-SCHIP eligibles. Currently, M-SCHIP children belong to certain state specific groups that also include non-SCHIP children. As a result, these state-specific groups are coded as 9 (SCHIP status unknown) for the SCHIP indicator. The state does not report its S-SCHIP eligibles either.
CT	SSI	CT is a 209(b) state and only reports 50 percent of the SSI population in uniform groups 11-12. Part of the problem is that the state does not report disabled children who quality for Medicaid in uniform group 12.
CT	SSN	In 2002, 1,356 SSNs have duplicate records; this represents <1% of records in CY02. The majority of these records are for children.
CT	TANF/1931	Connecticut cannot identify its TANF population. The field is 9-filled for all eligibles.
CT	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
DC	Dual Eligibility Codes	In DC, only 86% of persons greater than 64 years of age and 31% of disabled persons were EDB duals, lower proportions than in most states.
DC	Dual Eligibility Codes	Beginning in 2002, DC included the following groups of duals in its MSIS data: SLMB-only, QI-1, QI-2, QWDI. Information on these eligibles was not retained in DC's MMIS prior to this time.
DC	Dual Eligibility Codes	From April-September 2002, DC erroneously used dual code 9 instead of dual code 8 (in the second byte of the crossover code). This inconsistency in reporting occurred because DC resubmitted these months of data to correct an MSIS ID problem without correcting its dual reporting.

State	Measure	Issue
DC	Dual Eligibility Codes	In October 2002 many states updated their dual coding, in preparation for the new Medicare Part D program. DC's total duals did not change very much; however, there were shifts in the distribution across dual coding. There was a decline in persons reported to dual code 8 or 9, with most shifting to dual code 2.
DC	Length of Enrollment	DC had 69% of eligibles enrolled all 12 months of the year, a higher proportion than most states.
DC	Managed Care	MSIS reports the "Health Services for Children with Special Needs" plan as an HMO. However, this plan is reported as a "Medical-Only PHP" in the CMS managed care report.
DC	Missing Eligibility Data	About 1.4%of persons in the DC MAX 02 file who used services in 2002 did not have any reported months of eligibility in 2002. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
DC	MSIS ID	DC changed its MSIS ID numbering scheme in October 2001.
DC	SCHIP Code	DC is reporting its M-SCHIP data. DC does not have an S-SCHIP program. MSIS M-SCHIP counts are considerably higher (about 40% more) than those reported by DC in the CMS reporting system for SCHIP. DC maintains that the MSIS data on M-SCHIP enrollment are more reliable.
DC	SSI	Relative to the number of aged and disabled SSI recipients reported to SSA, DC reported 14% more eligibles under uniform groups 11 and 12. Part of this difference may result because DC has a state-administered SSI supplement.
DC	SSN	About 2.6% of eligibles do not have valid SSNs. In DC, 94 SSNs have duplicate records; this represents <1% of records in CY02. The majority of these records are for children.
DC	Uniform Eligibility Groups	DC extends full Medicaid benefits to all aged and disabled with income <100% FPL.
DC	Uniform Eligibility Groups	A noticeable increase in uniform eligibility groups 31-32 occurred in January 2002 when DC began reporting several restricted benefit dual groups for the first time.
DC	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.

State	Measure	Issue
DE	1115 Waiver	Delaware's 1115 Waiver program extends full Medicaid benefits to adults with income to 100% FPL. It also extends family planning benefits (only) for 24 months to women leaving Medicaid.
DE	Dual Eligibility Codes	In October 2002, many states updated their dual coding in preparation for the new Medicare Part D program. In October, DE stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8. Total dual enrollment increased as well.
DE	Managed Care	In the beginning of CY02, the majority of eligibles were enrolled in two HMOs as part of the state's 1115 demonstration. However, starting in July 2002, the number of HMOs dropped to one Soon afterwards, DE shifted to using PCCMs for a small group of enrollees.
DE	Managed Care	In October, 2002 the state began to report enrollment in a transportation PHP. This transportation plan is not reported in CMS MC data.
DE	Missing Eligibility Data	Almost 19% of persons in DE for whom Medicaid claims were paid did not have any reported months of eligibility in 2002. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS eligibility files. This occurred because DE used incorrect MSIS IDs on some of its RX claims in 2002.
DE	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits.
DE	SCHIP Code	Delaware's S-SCHIP program is not being reported into MSIS. DE did not have an M-SCHIP program until July 2002 when the state added an M-SCHIP program for infants 186 to 200% FPL. This program was not reported to the CMS SEDS system until 2004, but it was included in MSIS from the start.
DE	SSN	In DE, 51 SSNs have duplicate records; this represents <1.0% of records in CY02.
DE	SSN	Six percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 79 percent of these enrollees were age 20 or younger, and 63 percent of enrollees missing an SSN were aliens who only qualified for emergency coverage.
DE	TANF/1931	DE 9-filled TANF status.
DE	Uniform Eligibility Groups	Most disabled SSI beneficiaries over age 64 are reported to uniform eligibility group 11.

State	Measure	Issue
DE	Uniform Eligibility Groups	Due to state coding constraints, not all eligibles in 1619(b) waivers and foster care could be separately identified and mapped to the correct uniform eligibility groups.
DE	Uniform Eligibility Groups	Through 2001, DE reported most children and adults to uniform eligibility groups 14-15 as a result of expanded section 1931 rules. However, persons that qualified for transitional medical assistance were also reported to uniform groups 14-15; they should have been reported to uniform eligibility groups 44-45. This was fixed in January 2002, resulting in a major shift of enrollees from Uniform Eligibility Groups 14-15 to 44-45. Over the year, however, enrollment in Uniform Eligibility Groups 14-15 increased due to growth in the 1931 program, while enrollment in Uniform Eligibility Groups 44-45 declined.
DE	Uniform Eligibility Groups	DE began reporting to uniform eligibility group 3A in January 2002. This group covers persons with breast and cervical cancer (BCCPTA).
DE	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 32 and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
FL	Dual Eligibility Codes	Relatively few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Florida extends full Medicaid benefits to the aged and disabled with income below 90% FPL.
FL	Dual Eligibility Codes	EDB-only dual eligibles (code 0 in byte 2 of the annual crossover value) were 2.7% of total EDB duals in CY 2002, compared to 7.3% in CY 2001. In addition, the number of duals with partial Medicaid benefits increased by 36% from CY 2001 to CY 2002.
FL	Dual Eligibility Codes	In October, 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. FL's total dual enrollment did not change very much from September to October, but there were shifts in the distribution across dual codes. Increases were reported for dual codes 1, 2 and 3 (in the second byte of the new crossover code), while decreases occurred with codes 4, 6 and 8. Overall, the number of full benefit duals (codes 2, 4, and 8) declined by about 5 percent, while the number of partial benefit duals (codes 1, 3, or 6) increased by about 40 percent. The reliability of the new annual crossover code should benefit from this updating, since it reports the most recent dual code information for each eligible.

State	Measure	Issue
FL	Managed Care	Florida generally codes enrollees in its MediPass plan to Plan Type 07 (PCCM). However, enrollees with mental health MediPass providers are coded to Plan Type 03 (BHP). MSIS reports approximately 17,000 fewer enrollees in Plan Type 03 than CMS reports in its PHP count for 6/02, but the state maintains that the MSIS figure is accurate.
FL	Missing Eligibility Data	Just under 2% of persons in FL for whom medical claims were paid did not have eligibility records in 2002. These persons did not have MSIS IDs or SSNs that link with the identifiers in the MSIS eligibility files.
FL	Persons With No Enrollment	About 16,000 persons had eligibility records, but no months of Medicaid enrollment in CY02. Most of the persons without any Medicaid enrollment were refugees. In addition, this group may have included a few hundred children with enrollment in the state's separate SCHIP program (SCHIP code 3)
FL	Race/Ethnicity	About 12% of eligibles were coded as 'unknown.'
FL	Restricted Benefits Flag	Persons with restricted benefits code 6 (state group 'FP') only qualify for family planning benefits. In addition, some persons qualifying through the medically needy provisions are assigned code 5 (other).
FL	SCHIP Code	Florida reports enrollment in its M-SCHIP and S-SCHIP programs. The enrollment reported in its S-SCHIP program, however, is incomplete and only for a subset of eligibles ages 1-5 years who transferred out of Medicaid.
FL	SCHIP Code	In 2002, M-SCHIP counts in MSIS are about 11% lower than M-SCHIP counts in SEDS; however, both MSIS and SEDS show declining M-SCHIP enrollment during this year.
FL	SSN	In Florida, 2,006 SSNs have duplicate records; this represents 0.1% of records in CY02. The majority of these records are for adults.
FL	TANF/1931	Florida cannot identify TANF recipients. All eligibles receive TANF = 9, indicating that their TANF status is unknown.
FL	Uniform Eligibility Groups	1115 enrollment is also reported in Uniform Eligibility Group 51. In 8/02, FL began to implement a Pharm Plus Waiver extending Rx benefits to aged with income from 88% - 120% FPL.
FL	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 90% FPL.

State	Measure	Issue
FL	Uniform Eligibility Groups	Enrollment in the state's 1115 program is reported in uniform groups 54 and 55. The 1115 program provides family planning only benefits to persons in state specific group FP.
FL	Uniform Eligibility Groups	Florida reported about 11% more SSI eligibles (in uniform eligibility groups 11 and 12) that does SSA over the same period of time.
FL	Uniform Eligibility Groups	In all disabled uniform eligibility groups (12, 22, 32 and 42), a sizeable proportion of enrollees are over age 65. Researchers may want to remap these individuals to the aged groups (11, 21, 31 and 41).
FL	Uniform Eligibility Groups	In 2002, the number of individuals in uniform eligibility group 42 grew while the number in uniform eligibility group 41 fell. Much of the growth in uniform eligibility group 42 involves persons greater than 64 years old. This was especially true for those in state group MI ID who were institutionalized.
FL	Uniform Eligibility Groups	In January 2002, FL began reporting persons to uniform eligibility group 3A under the BCCPTA provisions.
FL	Uniform Eligibility Groups	In July and August 2002, enrollment in uniform eligibility group 22 surged. The state had reduced it medically needy income thresholds for the aged and disabled, but litigation forced FL to reinstate individuals who lost eligibility for two months. They were reported into state group NS_D.
GA	County Codes	GA's county code data were not reliable in 2002.
GA	Dual Eligibility Codes	Through September 2002, Georgia coded the majority of its dual eligible population with dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicaid eligibility is unknown. In addition, dual eligibility was undercounted through September 2002 when the state changed contractors. SLMB only and QI's duals were not reported.
GA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, GA stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8. The state also started reporting SLMB only and QIs in its MSIS data and total duals enrollment increased due to previous undercounting.

State	Measure	Issue
GA	Managed Care	Managed care is under-reported in MSIS 2002 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 1,000,000 individuals were enrolled in NET each month during 2002, according to CMS managed care data.
GA	Managed Care	In addition, PCCM counts were not consistent between MSIS and the CMS reports. In June 2002, CMS data reported about 35% more PCCM enrollees compared to MSIS data.
GA	Managed Care	Through September 2002 there was a quarterly seam effect with PCCM enrollment data with enrollment lowest in month 1 and highest in month 3. The PCCM enrollment falls in month 1 of the next quarter.
GA	Race/Ethnicity	In 2002, 6% of eligibles were coded as 'unknown.'
GA	Restricted Benefits Flag	In January through September, 2002, about 100,000 children each month in MASBOE 34, were mistakenly assigned restricted benefits code 9 instead of code 1 (full benefits). This error was corrected in October.
GA	SCHIP Code	Georgia reports S-SCHIP children in MSIS. The number of S-SCHIP enrollees was about 9% greater in MSIS than the level of S-SCHIP enrollment reported in the CMS SEDS system. The state does not have an M-SCHIP program.
GA	SSN	In GA, 43,258 SSNs have duplicate records; this represents over 5% of records in CY02. The majority of these records are for children. The state reports that this is caused by outside agencies providing data to MSIS.
GA	SSN	Seven percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 68 percent of these enrollees were age 5 or younger, and 87 percent were age 20 or younger. In addition, seven percent of those with a missing SSN were enrolled in the state's S-SCHIP program.
GA	TANF/1931	Georgia 9-fills the TANF field.
GA	Uniform Eligibility Groups	GA uniform eligibility group data showed some unusual patterns with enrollment often increasing noticeably in month 1 of each quarter.

State	Measure	Issue
GA	Uniform Eligibility Groups	The state specific coding system was changed effective October 2002. This had little effect on uniform eligibility groups with two exceptions: GA included SLMB and QI enrollees for the first time, thus increasing enrollment in uniform eligibility groups 31-32. In addition, enrollment in several of the disabled groups increased noticeably. This may have occurred because MSIS the file was cut at a later date.
GA	Uniform Eligibility Groups	By mistake, from October to December some enrollees were reported as full duals instead of partial duals. Enrollees in state eligibility groups 460 and 660 should have been assigned dual code 01. Enrollees in state eligibility groups 466 and 661 should have been assigned dual code 03. Enrollees in state eligibility group 662 should have been assigned dual code 06.
HI	Dual Eligibility Codes	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
HI	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, HI's total dual enrollment increased by about 3,000 duals. Increases were experienced across all 4 dual codes used by the state (codes 1, 2, 3, and 8 in the second byte of the crossover code). HI continues not to report to dual code 6.
HI	Long Term Care	The number of long-term care (LTC) users went from 3,006 in MAX 2001 to 11,745 in MAX 2002 (cause unknown). The 2002 LTC users data do not appear to be reliable.
HI	Managed Care	HI's PACE program is not a full PACE, rather it is a "Pre-PACE" program operating under a waiver. As a result, it is not reported as managed care type 06 (PACE). Instead, it is correctly reported to managed care plan type 01 (HMO).
HI	Managed Care	MSIS MC data show lower HMO enrollment than CMS MC data. The state explained that this occurs because state-only enrollees were mistakenly included with the CMS managed care data.
HI	Missing Eligibility Data	About 2.7% of persons in HI for whom Medicaid claims were paid in 2002 did not have any reported months of eligibility in 2002. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
HI	SCHIP Code	Hawaii has an M-SCHIP program, but no S-SCHIP program.

State	Measure	Issue
HI	SCHIP Code	In 2002, HI reports more M-SCHIP enrollees than SEDS. THe state cannot explain this discrepancy.
HI	SSN	In Hawaii, 240 SSNs have duplicate records; this represents 0.2% of records in CY02. The majority of these records are for children.
HI	TANF/1931	Hawaii 9-fills the TANF field for all eligibles.
HI	Uniform Eligibility Groups	Hawaii is a so-called 209(b) state, meaning that it uses more restrictive eligibility criteria for Medicaid than the SSI program uses. However, it appears that about 90% of SSI recipients are enrolled in Medicaid, when enrollment in uniform groups 11-12 is compared to SSI administrative data.
HI	Uniform Eligibility Groups	Hawaii extends full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL). As a result, the disabled poverty-related group included both dual eligibles and persons who were not dual eligibles.
HI	Uniform Eligibility Groups	In CY2002, child enrollment shifted somewhat from uniform eligibility group 34 to uniform eligibility group 14. Enrollment in uniform eligibility group 15 also increased.
HI	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, and 42. Researchers may want to recode these persons into groups 11, 21, and 41.
IA	Dual Eligibility Codes	Through September 2002, about 5% of dual eligibles were assigned dual code 9 (in the 2nd byte of the new annual crossover value). Iowa was not able to identify the dual group to which these people belonged.
IA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, Iowa shifted most of its duals in code 9 (in the second byte of the crossover code) to dual code 8.
IA	Managed Care	In Iowa, 35% of the EDB dual population were enrolled in PHPs or PHPs and PCCMs, a higher proportion than most states.
IA	Private Health Insurance	Roughly 16% of Iowa's Medicaid population was reported to have private health insurance, a higher proportion than most states.
IA	Race/Ethnicity	In 2002, about 14% of eligibles were coded as "unknown".

State	Measure	Issue
IA	SCHIP Code	Iowa reported its M-SCHIP children in MSIS. The state did not report its S-SCHIP children, however.
IA	SSN	497 SSNs have duplicate records; these represent 0.3% of total records in CY02. The majority of these SSNs are for children.
IA	TANF/1931	Effective 2001, IA's TANF data are 9-filled.
IA	Uniform Eligibility Groups	Some persons aged >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
ID	Dual Eligibility Codes	SLMB only and QI duals eligibles were not included in the MSIS data.
ID	Dual Eligibility Codes	In 2002, About 13% of dual eligibles in ID were identified through the EBD link (not MSIS data), a much lower proportion than in previous years. However, this is still higher than most states.
ID	Dual Eligibility Codes	In October 2002, most states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, ID increased the number of eligibles being reported to MSIS as duals, causing total dual enrollment to increase by about 4,000 persons in October. Most of these new duals appear to be reported to dual code 8 (in the second bye of the crossover code).
ID	Managed Care	The state does not have any fully capitated managed care. They do have PCCMs, however.
ID	Managed Care	In ID, 34% of EDB duals were enrolled in PCCMs, a higher proportion than most states.
ID	Private Health Insurance	Idaho reports that over 20 percent of eligibles have private insurance. This proportion is much higher than in most other states.
ID	SCHIP Code	Idaho reports its M-SCHIP enrollment. The state did not have an S-SCHIP program.
ID	SSN	64 SSNs have duplicate records. This represents 0.1% of records in CY02.
ID	TANF/1931	Idaho 9-fills the TANF flag for all eligibles.

State	Measure	Issue
ID	Uniform Eligibility Groups	The number of eligibles in uniform groups 11 and 12 exceeded SSI counts because of a state administered SSI supplement.
ID	Uniform Eligibility Groups	By mistake, a few persons (<10) in state group 53H were reported to uniform eligibility group 45 instead of uniform eligibility group 15.
ID	Uniform Eligibility Groups	A small number of persons age >64 are reported to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
IL	Dual Eligibility Codes	When IL's 1115 Pharm Plus waiver program for seniors started in June 2002, these enrollees were reported to dual code 9 (in the second byte of the crossover code). This resulted in a significant increase in the total number of duals reported in MSIS. However, some waiver enrollees were assigned dual code 00 by MSIS and not identified as dual until the link of MSIS data with the EDB files. As a result, 13% of EDB duals in 2002 were identified as a result of EDB link. This is a higher proportion than most states.
IL	Dual Eligibility Codes	Illinois does not have Qualified Disabled Working Individuals (QDWIs). In July 2002, approximately 6000 persons moved to dual code 02 (QMB +) from dual code 01 (QMB only) when the state increased its medically needy eligibility level from 85 percent to 100 percent FPL for aged and disabled enrollees.
IL	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. IL reviewed its dual coding, resulting in some changes in the distribution of dual coding across codes. In particular, the number of duals reported to dual code 9 (in the second byte of the crossover code) fell, while the number going to dual code 8 increased.
IL	Dual Eligibility Codes	In IL, only 85% of persons >64 years were EDB duals, a lower proportion than most states.
IL	Managed Care	IL reported enrollment in plan type 08 (other). These plans consist of Primary Health Providers and Managed Care Community Networks (MCCN), and they provide different services than comprehensive plans. These plans appear to be reported as HMOs (not PHPs) in the CMS managed care data.
IL	Race/Ethnicity	The addition of the Pharm Phus program in 2002 contributed to a noticeable shift in the distribution of enrollees by race/ethnicity in 2002.

State	Measure	Issue
IL	Restricted Benefits Flag	Beginning in June 2002, the new Pharm Plus enrollees were assigned restricted benefit code 5, indicating they only qualified for prescription drug benefits.
IL	SCHIP Code	IL reported both M-SCHIP and S-SCHIP enrollment in MSIS. In November 2002, IL implemented adult S-SCHIP coverage.
IL	SCHIP Code	In CY 2002, MSIS data generally show more personmonths of enrollment than SEDS data for both M-SCHIP and S-SCHIP. It is not clear whether the MSIS or SEDS numbers are more reliable.
IL	SSN	Roughly 2.7% (57,246) of IL's eligibles had 9-filled SSNs. In addition, 19,270 SSNs had duplicate records; this represents about 1.9% of records in CY 2002. SSNs can be assigned to more than one record in IL due to the state's system of assigning Medicaid identification numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled into Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication problems can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.
IL	Uniform Eligibility Groups	IL uses more restrictive rules to determine Medicaid eligibility for SSI recipients, under the 209(b) provisions. In addition, the state is not able to report all SSI recipients into uniform groups 11 and 12. SSI recipients, including SSI state supplement recipients, are reported into other uniform groups. As a result, the number of persons reported into uniform groups 11-12 was considerably less than the number of SSI recipients. In addition, IL extends full Medicaid benefits to all aged and disabled led with income <85 percent FPL.
IL	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
IL	Uniform Eligibility Groups	In 2002, IL experienced several shifts in uniform eligibility group enrollment which the state believes are the result of its move to a new database. The shifts included a decline in uniform eligibility groups 14 tp 17, which were offset by increases in other groups, particularly TMA enrollees in uniform eligibility groups 44 and 45. In addition, there were some increases in 41 and 42 due to a more accurate reporting of waiver participants.

State	Measure	Issue
IL	Uniform Eligibility Groups	Effective 2002, IL implemented two new types of coverage in an 1115 waiver. In June, IL began enrollment in a Senior Care program, extending drug benefits to aged to 200 percent FPL. These enrollees were reported to uniform eligibility group 51. In the fall of 2002, IL extended coverage to several groups of children and adults. Many of the newly covered children buy into employer-sponsored or private insurance. Plus, the state added new S-SCHIP groups (uniform eligibility group 00).
IL	Uniform Eligibility Groups	From September to October 2002, there were major shifts in uniform eligibility group enrollment for aged and disabled as the state implemented coding changes with its new system. The eventual impact is a major increase in uniform eligibility groups 31-32 and declines in uniform eligibility groups 21-22 and 41-42. Many of those newly reported to uniform eligibility groups 31-32 are full benefit duals.
IL	Uniform Eligibility Groups	Effective November 2002, IL began to cover adults under its S-SCHIP program. The SCHIP adults are reported to uniform eligibility group 00 and assigned SCHIP code 3.
IN	Dual Eligibility Codes	IN assigned dual code 8 (in the 2nd byte of the new annual crossover value) to about 24% of its dual population. IN explained that these persons have Medicare Part B, but don't fall into one of the other dual categories.
IN	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, IN had a slight increase in the number of dual eligibles. In addition, the distribution by dual code shifted somewhat, with more duals reported to dual codes 04 and 08.
IN	Managed Care	In the first eight months of 2002, several thousand individuals were enrolled in both HMOs and PCCMs. In March in particular, over 27,000 individuals had this problem (cause unknown). This problem was resolved by September.
IN	Private Health Insurance	Roughly 12% of Indiana's Medicaid population was reported to have private health insurance, a higher than expected proportion.
IN	SCHIP Code	IN reports M-SCHIP and S-SCHIP children in MSIS.
IN	SSN	In Indiana, about 3.0% of SSNs, or 26,234 records, are 9-filled in CY2002. 392 SSNs have duplicate records; this represents 0.1% of records in CY02. The majority of these records are for children.

State	Measure	Issue
IN	TANF/1931	In September 2002, there is an 30% discrepancy between MSIS and ACF TANF counts. EDS responded that the ACF counts include some assisted guardianship enrollees that are not reported in MSIS data, as well as other enrollees in families where someone is getting SSI.
IN	Uniform Eligibility Groups	IN is a so-called 209(b) state. This explains why the total number of SSI eligibles reported into uniform groups 11-12 is somewhat lower than the number reported by SSA. IN reports the SSI disabled over age 64 into uniform group 11.
IN	Uniform Eligibility Groups	In October 2002, enrollment shows a larger than usual increase across several uniform eligibility groups. This may have resulted from the delayed submission of data as a result of the MMA.
IN	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility group 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
KS	Managed Care	Kansas continued to over report managed care enrollment through September 2002 relative to CMS data. Both the HMO and PCCM enrollment numbers are about 20 percent greater than the comparable counts in the CMS managed care reports. Managed care enrollment numbers in MSIS declined in October making them more consistent with CMS reporting. In addition, about 28% of the EDB duals were enrolled in HIOs and 33% of the EDB duals were enrolled in PCCMs, higher proportions than reported by most other states.
KS	Managed Care	In October 2002, KS began reporting a small number of persons (<20) to the PACE program.
KS	Private Health Insurance	Prior to October 2002, KS under-reported private insurance recipients. This reporting was corrected in October, causing a noticeable increase.
KS	Race/Ethnicity	Beginning in October 2002, KS began reporting Hispanic enrollees to Race Code 7 (Hispanic/Latino and 1+ races) instead of Race Code 5 (Hispanic/Latino). KS also began using Race Code 8 (more than 1 race, no Hispanic/Latino).
KS	SCHIP Code	Kansas is not reporting their S-SCHIP children. The state does not have an M-SCHIP program.
KS	SSN	103 SSNs have duplicate records. This represents 0.1% of records in CY02.

State	Measure	Issue
KS	TANF/1931	Kansas TANF data are not reliable. The reported number in MSIS is below the number of expected recipients. Then, in October 2002 all enrollees are incorrectly assigned TANF code 1.
KS	Uniform Eligibility Groups	Toward the end of 2001, KS changed how it reported its Work Transition program so that more eligibles qualified under the 1931 provisions, causing a shift in enrollment from uniform groups 44-45 to uniform groups 14-15. This shift continued through the first half of 2002.
KS	Uniform Eligibility Groups	The state believes enrollment was under-counted in 2002 until July due to a problem with the submission of retroactive and correction records. Enrollment increased about 8% from June to July across many Uniform Eligibility Group groups.
KS	Uniform Eligibility Groups	Effective October 2002, some children and adults previously mapped to uniform eligibility groups 24-25 were remapped to uniform eligibility groups 44-45. KS believes uniform eligibility groups 24-25 enrollment was higher than it should have been in the past.
KS	Uniform Eligibility Groups	In October 2002, KS began reporting enrollees to uniform eligibility group 3A under the BCCPTA provisions.
KS	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
KY	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, KY stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8. In addition, KY moved some persons without confirmed Part A coverage from dual code 2 to code 8. There was also an increase in the total number of duals, perhaps resulting from a later submission data for the file.
KY	Managed Care	About 9% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 62% were enrolled in PHPs or PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.

State	Measure	Issue
KY	Managed Care	KY added a new region to its transportation plan (plan type 08) in July 2002. However, MSIS reporting did not reflect this new region (about 100,000 enrollees) until October 2002. Then, from December 2002 to April 2003, the state temporarily shut down the transportation plan for this region before returning services in May 2003.
KY	Managed Care	The "other" managed care plan type in KY was a special capitation plan for transportation benefits. At the beginning of 2002, over half of eligibles each month were in the transportation plan. By the end of 2002, two-thirds of eligibles each month were in the transportation plan, following a sharp increase in July 2002.
KY	Race/Ethnicity	Race was reported as unknown for about 5% of eligibles.
KY	SCHIP Code	KY reported M-SCHIP and S-SCHIP data into MSIS.
KY	SCHIP Code	MSIS reported 13-17% more M-SCHIP enrollees during the first six months of 2002 compared to enrollment numbers reported to CMS.
KY	SCHIP Code	In 2002, S-SCHIP enrollment dropped from about 19,000 in September to about 2,000 in October. This is an error. About 17,000 S-SCHIP children were mistakenly dropped from MSIS data in October, November, and December 2002. Thus, S-SCHIP enrollment is substantially undercounted during these months.
KY	SSN	About 2% of eligibles have 9-filled SSNs.
KY	TANF/1931	KY TANF enrollment data in MAX are about 13% lower than TANF administrative data.
KY	Uniform Eligibility Groups	In October 2002, KY started reporting enrollees to uniform eligibility group 3A under the BCCPTA provisions.
KY	Uniform Eligibility Groups	Enrollment increased somewhat in October 2002, probably because these records were submitted at a later than usual date as a result of the Medicare Part D resubmission requirements.
KY	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.

State	Measure	Issue
LA	Dual Eligibility Codes	In LA, about 31% of the disabled were reported to be EDB duals, a lower proportion than most states.
LA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this update, LA had a noticeable increase in the number of dual eligibles across most of the dual groups.
LA	Length of Enrollment	62% of enrollees were enrolled all 12 months in CY 2002, a higher proportion than most states.
LA	Managed Care	In 2002, Louisiana data shows significant growth in PCCM enrollment. This growth is also reflected in CMS managed care data.
LA	Missing Eligibility Data	Eligibility records were not found in MSIS data for 1.9% of records with claims in 2002. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
LA	Private Health Insurance	In October 2002, Louisiana corrected some problems with how it coded private insurance. This resulted in a 12 percent reduction in the number of people reported to have private coverage.
LA	Race/Ethnicity	Race is reported as unknown for about 6% of enrollees.
LA	Restricted Benefits Flag	LA assigns the "other" restricted benefits flag (code 5) to about 6,000 enrollees/month. Most of these individuals are in the medically needy uniform group, while a few are in the poverty-related adult group. Since many in the poverty-related adult group are reported to have restrictions related to their pregnancy status (restricted benefits code 4), those in the "other" (code 5) group may have restrictions related to substance abuse.
LA	SCHIP Code	Louisiana reports its M-SCHIP children in MSIS. The state does not have an S-SCHIP program.
LA	SSN	LA did not have any duplicate SSNs in its MAX 02 file.
LA	TANF/1931	TANF enrollment data was overreported for the beginning of 2002. This problem results from the fact that Medicaid does not automatically disenroll TANF individuals when notified. The Medicaid policy is to extend eligibility for TANF individuals until they are able to determine an appropriate Medicaid disposition. Starting in September, the TANF enrollment reported in MAX is consistent with enrollment reported to ACF.

State	Measure	Issue
LA	Uniform Eligibility Groups	Most low-income infants are reported to uniform group 44 instead of 34, because the state deems these newborns are covered until age 1.
LA	Uniform Eligibility Groups	A small number of persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MA	1115 Waiver	Massachusetts operates an 1115 waiver program, extending Medicaid coverage to additional groups of low-income disabled, children, and adults.
MA	Correction Records	Retroactive coverage and correction records submitted in the MA Q1FY03 MSIS file were not used for MA's 2002 MAX data because it was determined that these records had problems.
MA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, MA stopped reporting to dual code 9 (in the 2nd byte of the crossover code). It appears most of these enrollees shifted to code 8. Some also went to code 2. Total enrollment increased slightly.
MA	Dual Eligibility Codes	Through September 2002, almost 60 percent of the persons identified by the state in MSIS data as dual eligibles were assigned dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the records are for duals, but their dual group (e.g., QMB, SLMB, etc.) cannot be determined.
MA	Dual Eligibility Codes	Massachusetts reports very few eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state provides full Medicaid benefits to all aged up to 100% FPL. Also, because Massachusetts provides full Medicaid benefits to all disabled up to 133% FPL in its 1115 Waiver program, the state reports very few disabled with dual codes 1 or 3 (also in the 2nd byte of the new annual crossover value).
MA	Foster Care	Massachusetts underreports foster care children in MSIS data.
MA	Length of Enrollment	MA had about 65% of eligibles with 12 months of enrollment, a higher proportion than most states.
MA	Race/Ethnicity	About 19 percent of eligibles are coded with an unknown race.

State	Measure	Issue
MA	Restricted Benefits Flag	MA does not extend full Medicaid benefits to all its expansion groups. Those with some restrictions are assigned restricted benefits code 5. It is unclear what these benefit restrictions include.
MA	SCHIP Code	Massachusetts reports children in both its M-SCHIP and S-SCHIP programs. MSIS data on both programs do not exactly track the SEDS data. The state insists that the MSIS data are more reliable.
MA	SSI	Enrollment in uniform eligibility group 11 is about 2/3 of the SSI aged enrollment reported in SSA administrative data, while enrollment in uniform group 12 is about 25% higher than SSA administration (cause unknown).
MA	SSN	In Massachusetts, 1,539 SSNs have duplicate records; this represents 0.3% of records in CY02.
MA	SSN	Seven percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 65 percent of these enrollees were age 20 or younger.
MA	Uniform Eligibility Groups	In January 2002, MA corrected is MASBOE mapping in MSIS, moving 20,000 individuals from uniform eligibility group 14 to uniform eligibility group 34, and about 9,000 individuals from uniform eligibility group 15 to 55.
MA	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MA	Uniform Eligibility Groups	Massachusetts provides full Medicaid benefits to aged enrollees up to 100% FPL and disabled enrollees up to 133% FPL.
MD	County Codes	Maryland reports eligibles with county code = 510. These are residents of the city of Baltimore. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "007."
MD	Dual Eligibility Codes	In MD, only 89% of persons over 64 years of age were identified as EDB duals, a lower proportion than most states.

State	Measure	Issue
MD	Dual Eligibility Codes	MD's 1115 pharmacy program began in October 2002 and included State group S08, S09, and S10. Dual status information was not available for most persons in state group S09, so they were assigned dual code 9 (in byte 2). Most of the enrollees in S09 are <65. 1115 enrollees in State groups S08 and S10 were reported to dual codes 01, 03, 06, and 07.
MD	Dual Eligibility Codes	EDB duals increased 14% in 2002. However, 22% of EDB duals were only identified as duals when MAX data were linked to the EDB file. It seems likely that many of these unidentified duals were persons participating in the newly implemented 1115 Pharm Plus program. The dual status was not known for most of the Pharm Plus enrollees until the EDB link.
MD	Length of Enrollment	Over 62% of eligibles were enrolled all 12 months of 2001, a higher proportion than most states.
MD	Managed Care	Some persons in HMOs/HIOs have the PLAN ID field 9-filled.
MD	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits.
MD	Restricted Benefits Flag	A small group of individuals (<100) are assigned restricted benefit code 5 (reason unknown).
MD	SCHIP Code	Maryland has both M-SCHIP and S-SCHIP programs, but its S-SCHIP program was not reported in MSIS until August 2001.
MD	SSN	27,250 persons have the SSN field 9-filled (3% of the population). 11 SSNs have duplicate records; this represents <1% of the records in CY02.
MD	TANF/1931	TANF counts in MSIS are 22% higher than expected based on TANF administrative data.
MD	Uniform Eligibility Groups	Some persons age >64 years were mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MD	Uniform Eligibility Groups	In October 2002, MD converted its state pharmacy plan to a 1115 waiver program. This plan covers children and adults, as well as aged and disabled individuals. This new program caused a substantial increase in enrollment. MD continues to cover FP only services as part of its 1115 waiver. Many aged and disabled partial benefit duals shifted from UEG 31-32 to UEG 51-52 when the Pharm Plus program was implemented, so that they could receive Medicaid drug benefits, in addition to Medicare cost-sharing benefits.

State	Measure	Issue
MD	Uniform Eligibility Groups	Maryland reports more SSI recipients (UEG 11 and 12) each month than expected, based in a comparison to federal SSI administrative data. However, the state administers a SSI supplement program.
MD	Uniform Eligibility Groups	Persons who only qualify for family planning benefits (state groups 'P10N' and 'S12N') are reported to uniform group 55.
ME	Date of Death	The DOD is 8-filled for all eligibles.
ME	Dual Eligibility Codes	Maine extends full Medicaid benefits to the aged and disabled with income <100% FPL, accounting for the lower proportion of QMB only dual eligibles.
ME	Dual Eligibility Codes	When the 1115 prescription drug program started in June 2001, many of the enrollees in the program were assigned dual code 0 and 8 (in the 2nd byte of the crossover code), in addition to 1, 3, 6, and 7. The high number of dual code 0 enrollees caused a drop in the percent of aged who were found to be EDB dual eligibles. It went from 95% in 2000 to 79% in 2001 and 80% in 2002. Presumably, SSNs were not provided for many of the aged prescription drug enrollees, making a link to the EDB file impossible. A drop also occurred in the rate of disabled EDB duals, which went from 51% in 2000 to 27% in 2001 and 2002. Finally, there was a large increase in the number of enrollees identified as duals in MSIS who could not be linked to the EDB files.
ME	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, all 1115 prescription drug enrollees in Maine were assigned dual code 2, 4, or 8 (in the second byte of the crossover code), in compliance with new CMS MMA criteria. This caused enrollment in dual code 1, 3, 5, 6 and 7 to decline.
ME	Length of Enrollment	In 2002, 74% of eligible were enrolled all 12 months of the year, a higher proportion than most states.
ME	Long Term Care	ME's LTC user rates for aged and disabled are lower than most states because the denominator of aged and disabled enrollees includes a large group of enrollees in the state's 1115 prescription drug plan.
ME	Private Health Insurance	Private insurance data was inaccurate from April-September 2002; 9,000 (33%) of enrollees who should have been reported to private insurance were not. In October 2002, private insurance patterns returned to normal.

State	Measure	Issue
ME	Restricted Benefits Flag	Restricted benefits code 5 was assigned to persons in the state's 1115 prescription drug program, implemented in July 2001. For persons in dual codes 1, 3, 6 and 7 (in the 2nd byte of the crossover code) enrolled in the waiver program, the restricted benefits code changed from 3 to 5.
ME	SCHIP Code	Maine has both M-SCHIP and S-SCHIP programs, and both are reported into MSIS.
ME	SSN	Roughly 2.0 percent of Maine's eligibles had 9-filled SSNs; most of these eligibles are babies. Also, 176 SSNs have duplicate records; this represents <1% of records in CY02.
ME	TANF/1931	Maine's TANF data are unreliable. The TANF flag is 9-filled for all eligibles.
ME	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL, which explains why some persons in uniform group 32 are not dual eligibles.
ME	Uniform Eligibility Groups	Maine's counts of SSI recipients in uniform eligibility groups 11-12 are somewhat higher than the counts reported in SSI administrative data. This probably occurs because Maine has a state-administered SSI supplement.
ME	Uniform Eligibility Groups	In June 2001, the state launched a Medicaid prescription drug program for the aged and disabled under an 1115 waiver. This accounts for a large proportion of overall aged and disabled enrollees.
ME	Uniform Eligibility Groups	In 2002, enrollment in uniform eligibility groups 14-15 dropped due to a decline in welfare enrollment (state eligibility groups 04 and 05), while there was an increase in uniform eligibility groups 44-45 through TMA (state eligibility groups 15 and 16), as well as those "eligible for AFDC, but not receiving" (group 67). Further shifts occurred in October as well.
ME	Uniform Eligibility Groups	Through February, a small group of children who did not qualify for S-SCHIP were mapped to uniform eligibility group 54.
ME	Uniform Eligibility Groups	In October 2002, a new 1115 waiver extended Medicaid to childless adults under 100% FPL (uniform eligibility group 55)
ME	Uniform Eligibility Groups	In October 2002, enrollment in uniform eligibility group 48 increased as a result of a coding change. Prior to this point, foster care children were underreported.

State	Measure	Issue
ME	Uniform Eligibility Groups	In October 2002, ME began to report some (but not all) disabled SSI recipients over age 65 to uniform eligibility group 11 who were previously reported to uniform eligibility group 12. This contributed to an increase in uniform eligibility group 11 enrollment in October 2002. Enrollment in state group 540000 also increased sharply in October 2002, contributing to the growth in uniform eligibility group 11.
ME	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, 42, and 52. Researchers may want to recode these persons into groups 11, 21, 31, 41, and 51.
MI	Date of Death	All dates of death are "8-filled".
MI	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. MI's review of its dual coding resulted in changes to the distribution by dual code, although the total duals was about the same. In particular, enrollment shifted from dual codes 2 and 9 to dual code 8 (in the second byte of the crossover codes).
MI	Dual Eligibility Codes	Through September 2002, roughly half of Michigan's dual eligibles are reported with dual code 9 (in byte 2 of the dual code); also, few eligibles are assigned dual code 1, since the state provides full Medicaid benefits to the aged and disabled with incomes less than 100% FPL.
MI	Managed Care	The state reports enrollment in HMOs, behavioral health plans, and a dental managed care plan; however, dental plan enrollment is not included in the CMS managed care report for Michigan.
MI	Missing Eligibility Data	Over 7% of persons in the MI MAX 02 file who used services in 2002 did not have any reported months of eligibility in 2002 (cause unknown). These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
MI	SCHIP Code	Michigan reports its M-SCHIP enrollment. It does not report its S-SCHIP enrollment, however.

State	Measure	Issue
MI	SCHIP Code	Beginning in January 2002, the state changed its SEDS reporting to accurately report enrollees that have aged out of the M-SCHIP group. This resulted in a decline in the number of reported M-SCHIP enrollees. However, MSIS data did not reflect this change in 2002. Thus, there is an overcount of M-SCHIP eligibles in 2002.
MI	SSN	In the CY02 file, 251 SSNs have duplicate records; this represents <1% of records in that year.
MI	SSN	Four percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 51 percent of these enrollees were age 5 or younger, and 87 percent were age 20 or younger. In addition, 23 percent of those missing an SSN were aliens who only qualified for emergency coverage.
MI	TANF/1931	Michigan is unable to provide TANF flags for its Medicaid population.
MI	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MI	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
MI	Uniform Eligibility Groups	Michigan has a higher than expected number of enrollees younger than age 16 in uniform groups 15, 25, 35 and 45. This is likely tied to the fact that the state mapped its state-specific eligibility groups directly to the uniform groups, rather than using any sort of age sort. Researchers might want to remap enrollees under age 16 to uniform groups 14, 24, 34 and 44.
MI	Uniform Eligibility Groups	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, MI had a decline in the number of persons reported to UEG 32, but increases in UEG 12 and 42. This shift probably reflects better updated data on SSI status.
MN	Dual Eligibility Codes	About 16,500 EDB only duals in MN in 2002 were identified as a result of the EDB link, a higher proportion than most states. They were 12.5% of all EDB duals. Most of these individuals were in the UN2854 group.

State	Measure	Issue
MN	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, MN stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8.
MN	Managed Care	In MN, about 33% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
MN	Race/Ethnicity	MN reported about 5% of its enrollees to race code 9 ("unknown").
MN	Restricted Benefits Flag	Persons assigned restricted benefits code 5 only qualify for "access" services, since their eligibility has not yet been fully established.
MN	SCHIP Code	Minnesota reports its very small M-SCHIP program that covers only infants with income from 275-280% FPL.
MN	SCHIP Code	The state did not have an S-SCHIP program until July 2001, when it transferred adults from its 1115 waiver to S-SCHIP. There are no children in MN's S-SCHIP program. SEDS data for S-SCHIP parents are not reliable in 2002.
MN	TANF/1931	Eligibles reported as TANF recipients in Minnesota's data are actually recipients of the Minnesota Family Income Program. For their Medicaid population, this is nearly equivalent of the TANF code and is of greater interest to the state (from a data feedback perspective).
MN	TANF/1931	In 2002, the TANF numbers in MAX were about 30% higher than the TANF administrative data.
MN	Uniform Eligibility Groups	Minnesota is a 209(b) state, meaning that the state requires SSI recipients to apply for Medicaid, and the state uses somewhat more restrictive criteria. However, it appears the vast majority of SSI recipients qualify for Medicaid coverage.
MN	Uniform Eligibility Groups	Minnesota reports almost all of its poverty-related children and adults into uniform eligibility groups 54-55 as a part of its MinnesotaCare 1115 Waiver Program.

State	Measure	Issue
MN	Uniform Eligibility Groups	In July 2001, MN exercised the OBRA 86 option, extending full Medicaid benefits to the aged and disabled to 95% FPL. However, these individuals were not assigned a special eligibility code and will not be identified in MAX data until mid 2003. They are probably reported to uniform eligibility groups 21-22. In addition, in 2001, MN began extending "access" services to persons whose eligibility was not yet finally established
MN	Uniform Eligibility Groups	Effective January 2002, the vast majority of persons in state group UN2854 (about 3,000) were mapped to uniform eligibility group 41; causing a corresponding decrease in uniform eligibility group 45 (where they were mistakenly mapped in prior years.) Most of the individuals in UN2854 only had 1-2 months of enrollment during the year, since they only qualified for access services.
MN	Uniform Eligibility Groups	In July 2002, MN started reporting enrollees to uniform eligibility group 3A under the BCCPTA provisions.
MN	Uniform Eligibility Groups	Some shifts in child enrollment for uniform eligibility groups 14 and 44 occurred in July and November 2002 (cause unknown). There is also a noticeable increase in medically needy adults (uniform eligibility group 25) in July (cause unknown).
MN	Uniform Eligibility Groups	Some persons over 64 years are reported to uniform groups 12, 22, and 32. Researchers may want to map these individuals to 11, 21, and 31.
MO	1115 Waiver	Adults and children are covered under an 1115 program. Some of the adults only qualify for family planning benefits.
MO	County Codes	Eligibles with county code = 510 are residents of the city of St. Louis.
MO	Date of Death	MO reported about 3,500 persons with a date of death prior to 2002.
MO	Dual Eligibility Codes	About half of the dual population are assigned dual code 8 (in the 2nd byte of the new annual crossover value). According to the state, these are eligibles who might qualify under QMB or SLMB rules, but pay for their own Part B premiums as a part of a 209(b) spend down. The state also indicated that dual eligibles have to apply for QMB/SLMB coverage.

State	Measure	Issue
MO	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. MO's review of its dual coding resulted in the identification of additional dual enrollees. Total dual enrollment increased by about 11,000 enrollees from September to October. Most of these new duals were assigned to dual code 8 (in the second byte of the crossover code), although codes 2, 4, and 6 also reported increases.
MO	Length of Enrollment	MO had 67% of eligibles with 12 months of enrollment in 2002, a higher proportion than most states.
MO	Persons With No Enrollment	MO reported 12,803 persons with zero months of enrollment in 2002 (cause unknown).
MO	Race/Ethnicity	Race/ethnicity was reported as "unknown" for over 3% of enrollees in 2002.
MO	Restricted Benefits Flag	Persons with restricted benefits code 6 only qualify for family planning benefits. The number of code 6 enrollees dropped in July 2002 when cutbacks were made to MO's 1115 program. In addition, some presumptively eligible pregnant women are assigned restricted benefits code 4.
MO	SCHIP Code	Missouri is reporting M-SCHIP eligibles into MSIS. The state does not have an S-SCHIP program. The data differs from SEDS through CY 2002, but the state insistes their MSIS data are correct.
MO	SSN	616 SSNs have duplicate records; this represents < 1% of records in 2002.
MO	SSN	Three percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 72 percent of these enrollees were age 5 or younger. In addition, 7 percent of enrollees missing an SSN were assigned to restricted benefit code 4 (only eligible for pregnancy-related services).
MO	Uniform Eligibility Groups	MO is a so-called 209(b) state. This explains why the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by Social Security Administration.
MO	Uniform Eligibility Groups	Missouri does not provide medically needy coverage.
MO	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.

State	Measure	Issue
MO	Uniform Eligibility Groups	Effective January 2002, Missouri increased its 1931 income threshold to 100 percent FPL, causing many children to transfer from UEG 34 to 14 and many adults to transfer from UEG 55 to 15. Effective July 2002, the 1931 threshold was lowered to 77 percent FPL, causing many adults to disenroll and some children to transfer from UEG 14 to UEG 34. Also, in July 2002, Missouri cut back eligibility for 1115 enrollees in UEG 55, reducing TMA coverage for state groups 76C from 24 months to 12 months. Cutbacks in family planning only coverage (state group 80R) also occurred.
MO	Uniform Eligibility Groups	For the April - September period of 2002, MO did not have reliable SSI information. As a result, reporting to UEG 11-12 and 41-42 was not reliable durrent this period. This problem was corrected in October 2002. In addition, in October - December 2002, enrollment increased in several UEG groups, while a few had declines. This likely occurred because these data were updated several times as a result of the MMA effort.
MO	Uniform Eligibility Groups	TMA enrollees are included in the 1931 group mapped to 14-15.
MS	1115 Waiver	MS had an 1115 FP waiver approved for implementation in July 2002; however, data reporting did not begin in MAX until October 2003.
MS	Dual Eligibility Codes	Mississippi assigned dual code 2 (in the 2nd byte of the crossover code) to all full benefit duals, rather than distinguishing between QMB plus (2s), SLMB plus (4s) and other full duals (8s). This occurred because the state disregarded income between 100-135 percent FPL.
MS	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since the state provided full Medicaid benefits to the aged and disabled with income less than 135% FPL. This change in coverage led to a 7,000 drop in the number of SLMB only dual eligibles.
MS	Foster Care	Mississippi reports a smaller proportion of children in foster care than generally expected.
MS	Managed Care	MS's only managed care enrollment involved PCCMs, which was discontinued in April 2002.
MS	Private Health Insurance	The state believes they underreported private health insurance in 2002.
MS	Race/Ethnicity	About 5% of eligibles were coded as "unknown".

State	Measure	Issue
MS	SCHIP Code	Mississippi had both an M-SCHIP and an S-SCHIP program; however, the M-SCHIP program phased out in 2002. The S-SCHIP program is not reported in MSIS.
MS	SCHIP Code	Until October 2002, Mississippi's state-specific eligibility group "91" encompasses M-SCHIP children, non-SCHIP poverty-related children and poverty-related pregnant women. The state cannot accurately determine which individuals in state group "91" are M-SCHIP children so the state elected to assign SCHIP code "9" (SCHIP status unknown) to all individuals under age 19 in code "91".
MS	SSN	In CY02, 94 SSNs have duplicate records. This represents 0.0% of records in that year.
MS	SSN	Six percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 97 percent of these enrollees were age 5 or younger.
MS	TANF/1931	MS TANF data may not be reliable. Throughout 2002, the number of TANF recipients was about 10-14% less than the number reported in ACF administrative data.
MS	Uniform Eligibility Groups	Mississippi provides full benefits to aged and disabled eligibles with less than 135% FPL.
MS	Uniform Eligibility Groups	Mississippi continues to report both 1931 eligibles and TMA enrollees to state group 85. As a result, TMA enrollees are no longer separately identifiable and state group 85 is mapped to uniform eligibility group 14-15. Only a small group of hospice recipients remain in uniform eligibility group 45 in 2002.
MS	Uniform Eligibility Groups	Throughout 2002, MS reported some individuals to uniform eligibility group 99. The number was small most months (<100).
MS	Uniform Eligibility Groups	Some persons age > 64 years are reported to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
MT	Date of Death	< 100 persons are reported with a date of death prior to 2002.
MT	Dual Eligibility Codes	Dual eligibility groups QDWI, QI1, and QI2 duals are not included in MT's MSIS files.

State	Measure	Issue
MT	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, MT stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have been shifted to dual code 8.
MT	Restricted Benefits Flag	Montana's welfare reform program, called "FAIM," extends reduced Medicaid benefits to some adult eligibles. People with these restricted benefits are assigned code 5 (other). MT also assigned restricted benefits code 5 to its BCCPTA enrollees.
MT	SCHIP Code	Montana begins reporting its S-SCHIP data in October 1999. The state does not have an M-SCHIP program.
MT	SCHIP Code	There was considerable discrepancy between SEDS and MSIS S-SCHIP counts from July to September CY 2002. According to the state, the SEDS numbers are incorrect. Subsequent SEDS data is comparable to MSIS data.
MT	SSN	MT's SSN information is not fully reliable. Many individuals had their state Medicaid ID numbers or other numbers entered in the SSN field by mistake.
MT	TANF/1931	Montana 9-fills the TANF field.
MT	Uniform Eligibility Groups	MT appears to report many of disabled SSI >64 years of age to uniform eligibility group 11.
MT	Uniform Eligibility Groups	Montana had an age calculation problem until mid-2002, causing some persons > 20 years to be reported to uniform eligibility groups 14 and 44.
MT	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
NC	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since North Carolina extended full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL).
NC	Dual Eligibility Codes	The state assigns dual code 9 (in byte 2) to aged and disabled persons who appear to be duals but for whom the state is not yet showing a buy-in.

State	Measure	Issue
NC	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, NC stopped using dual code 9 (in the 2nd byte of the crossover code). Most of these duals appear to have been transferred to dual code 8. NC was shifting enrollees out of dual code 9 throughout the year.
NC	Race/Ethnicity	The race code is reported as "unknown" for about 6% of NC enrollees.
NC	Restricted Benefits Flag	The women in uniform eligibility group 35 who receive RBF = 2 (restricted benefits on the basis of alien status) are aliens who receive coverage for emergency services, including labor and delivery.
NC	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
NC	SCHIP Code	NC has opted to report its S-SCHIP group. The state does not have an M-SCHIP program.
NC	SSN	40,848 persons have the SSN field 9-filled (2.7% of the population). 693 SSNs have duplicate records; this represents 0.1% of records in CY02.
NC	TANF/1931	TANF counts in MAX 2002 were about 20% higher than ACF TANF counts, suggesting they may not be reliable.
NC	Uniform Eligibility Groups	NC extended full Medicaid benefits to aged and disabled up to 100% FPL.
NC	Uniform Eligibility Groups	NC reports most disabled SSI recipients >64 year to uniform group 11.
NC	Uniform Eligibility Groups	North Carolina's count of SSI recipients differs somewhat from SSA counts. Two factors may contribute. First, North Carolina administers its own SSI Supplement program. Second, the state appears to report most disabled persons over age 64 to Uniform Eligibility Group 11.
NC	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform groups 12, 22, and 32. Researchers may want to recode these persons into groups 11, 21, and 31.
ND	Dual Eligibility Codes	Most dual eligibles receive the dual flag 8 (in the second byte of the crossover code), including SSI recipients. ND asserts that SSI duals should not be required to apply for QMB or SLMB status since Medicaid is already covering Medicaid premiums payments and cost-sharing.

State	Measure	Issue
ND	Private Health Insurance	North Dakota reports that about 20% of its eligibles have private insurance, a higher than expected proportion.
ND	SCHIP Code	North Dakota reports its M-SCHIP children. The state also has an S-SCHIP program, but full S-SCHIP data were not reported to MSIS until October 2000.
ND	SCHIP Code	In 2002, the number of M-SCHIP enrollees reported to MSIS is significantly higher than the number reported in the CMS SEDS data; however, the state believes the MSIS numbers are more reliable. The S-SCHIP numbers are comparable between MSIS and SEDS.
ND	SSN	294 SSNs had a duplicate record in 2002.
ND	Uniform Eligibility Groups	ND is a 209(b) state that use more restrictive eligibility rules for SSI recipients. In addition, ND has a state-administered SSI supplement and most disabled SSI recipients >64 years 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 2002, increases occurred in uniform eligibility groups 44-45 as a result of growth in TMA (state specific groups 26 and 27).
ND	Uniform Eligibility Groups	A small number of persons age > 64 years are mapped to uniform eligibility groups 12, 22, and 32. Researchers may want to recode these persons into groups 11, 21, and 31.
NE	Date of Birth	The coding of unborn children in NE complicates MSIS records for infants <1 year and pregnant women. NE considers that an unborn child can qualify for Medicaid, but not the pregnant mother, unless she otherwise qualifies. Unborn children in NE are assigned MSIS IDs, along with a 9-filled SSN, "U" sex and a 9-filled or expected DOB. Once the child is born, the DOB, sex and SSN fields are updated. Unless otherwise eligible, the mother of the unborn child is not reported to MSIS. The prenatal and delivery charges are assigned to the child, if the mother is not otherwise eligible. Thus, some unborn children will also have mothers in the MSIS file, while others will not. Making it even more complicated, some unborn children are reported to child uniform groups 14, 16, 34, and 44 but most are reported to the adult uniform group 35 (they can also be in 15, 25 and 45). Unborn children can also have (expected) DOBs that are later than the enrollment month.

State	Measure	Issue
NE	Dual Eligibility Codes	NE assigns dual flag 9 (in byte 2 of the annual crossover code) to 100 - 200 enrollees per quarter. In addition, the state does not use dual flags 4, 6, and 7. QI-1 duals are included with the dual code 3 group.
NE	Dual Eligibility Codes	Nebraska does not report any eligibles with the dual code 1 (in the 2nd byte of the crossover code), since the state extends full Medicaid to all aged/disabled <100 percent FPL.
NE	Persons With No Enrollment	578 persons were included in the NE file with no reported months of enrollment in 2002.
NE	SCHIP Code	Nebraska reports its M-SCHIP children. The state does not have an S-SCHIP program.
NE	Sex	See Unborn Child note.
NE	SSN	NE had the SSN 9-filled for about 3.5% of the records in CY 02.
NE	TANF/1931	NE's TANF enrollment in MSIS was about 27 percent higher than ACF data. The state believes this is because there is a separate TANF plan that is not reported to ACF.
NE	Unborn Children	Pregnant women who are only eligible for Medicaid as a result of their unborn child are not entered into the MSIS system. Instead, an MSIS ID is assigned to the unborn child. The unborn child's SSN is 9-filled and the sex is Unknown. The DOB is the expected date of birth.
NE	Uniform Eligibility Groups	See DOB note above regarding uniform group coding for unborn children.
NE	Uniform Eligibility Groups	NE extends full Medicaid benefits for all aged/disabled up to 100% FPL.
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	In December 2002, adult enrollment dropped 9% and child enrollment dropped 3%. These declines may be related to eligibility cuts in NE for working families.
NE	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.

State	Measure	Issue
NH	Dual Eligibility Codes	Through September 2002, NH did not include dual eligibles in the SLMB only, QI-1, QI-2, and QDWI groups in its MSIS data. In addition, all full benefit duals were reported to dual code 2 (in the 2nd byte of the crossover code).
NH	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, NH began including SLMB-only and QI enrollees in its MSIS data. In addition, the state was able to report some dual eligibles who were not included in previous data files. These changes resulted in about a 4,000 increase in the total number of reported duals. Finally, NH began reporting full benefit duals to codes 4 and 8 (in the 2nd byte of the crossover codes), as well as dual code 2.
NH	Managed Care	In February 2002, NH switched its HMO plan from Matthew Thornton to Anthem/BCBS.
NH	Managed Care	The dental managed care NH began reporting in MSIS in October 2002 is not reported in CMS managed care data until June 2003.
NH	Private Health Insurance	From October to December 2002, NH reported about 10,000 enrollees to the state-purchased insurance code 3. It is believed this was done by mistake.
NH	SCHIP Code	NH operates both M-SCHIP and S-SCHIP programs, but only reported its M-SCHIP eligibles initially. S-SCHIP reporting began in October 2002.
NH	SCHIP Code	In July - September 2002, there is a 12% discrepancy between MSIS and SEDS M-SCHIP counts. The state says that this occurred because the state submitted its MSIS files before all of the M-SCHIP data had been received. The SEDS and MSIS data were comparable again starting in October 2002.
NH	SSN	82 SSNs have duplicate records; this represents 0.1% of records in CY02.
NH	TANF/1931	All persons in uniform groups 14-17 were reported to be TANF eligibles. It is unclear whether any persons other than TANF recipients qualified for Medicaid under 1931 rules.
NH	Uniform Eligibility Groups	New Hampshire is a 209(b) state, explaining in part why the number of eligibles reported in uniform groups 11 and 12 was substantially lower than the number receiving SSI, according to the SSA.
NH	Uniform Eligibility Groups	A small number of persons over 64 years are reported to uniform groups 12, 22, 32 and 42. Researchers may want to map these individuals to 11, 21, 31, and 41.

State	Measure	Issue
NJ	Date of Death	About 850 enrollees had a date of death prior to 2002.
NJ	Dual Eligibility Codes	Only 88% of persons age > 64 years are dual eligibles, a lower proportion than most states.
NJ	Dual Eligibility Codes	New Jersey does not report any eligibles with dual eligibility code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits for all aged/disabled up to 100% FPL.
NJ	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, NJ significantly reduced its use of dual code 9 (in the second byte of the crossover code). It appears most of these duals shifted to codes 2 and 8. CMS approved NJ to continue limited use of dual code 9 for aged/disabled medically needy duals in nursing homes who do not get drug benefits (<800 enrollees/month).
NJ	Length of Enrollment	About 61% of NJ enrollees had 12 months of enrollment in 2002, a higher proportion than most states.
NJ	Managed Care	About 30,000 persons each month receive the Plan Type value 08 (other). These persons are residents of long term care facilities, and are receiving captitated payments for the costs associated with dispensing prescription drugs. The actual drugs are paid FSS. Related to this issue, we do not have Plan IDs for these capitated pharmaceutical plans since the payments are made to pharmacies, not nursing home providers. Finally, this type of managed care is not reported to the CMS Medicaid managed care survey.
NJ	Race/Ethnicity	NJ reports 11% of its eligibles with an unknown race.
NJ	Race/Ethnicity	In 2002 there was a considerable change in the distribution of enrollees by race, especially for whites and Hispanics/Latinos. Early in the year, 31 percent of enrollees were coded as white and 25 percent were coded as Hispanic/Latino, whereas, later in the year, 36 percent were coded as white and 20 percent were coded as Hispanic/Latino. The state was unable to explain the shift.
NJ	Restricted Benefits Flag	Persons with restricted benefits flag 5 (other) are generally in waivers and do not qualify for full Medicaid benefits

State	Measure	Issue
NJ	SCHIP Code	NJ reports both M-SCHIP and S-SCHIP enrollees in MSIS. In the last few months of 2000, NJ added M-SCHIP coverage for parents as well. Then, in January 2001, coverage for S-SCHIP parents began as well. M-SCHIP parents are reported to uniform eligibility group 55. S-SCHIP parents are reported to uniform eligibility group 00, with SCHIP code 3.
NJ	SSN	Twelve percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 52 percent of these enrollees were age 5 or younger, and 74 percent were age 20 or younger. In addition, eight percent of those with a missing SSN were enrolled in the state's S-SCHIP program, and six percent were aliens who only qualified for emergency coverage.
NJ	TANF/1931	Some persons in Uniform Eligibility Group 44 receive TANF. This is not an error. The state reports that they do receive TANF, but that they are not 1931 eligible (i.e.. they are mapped correctly, and do not belong in Uniform Eligibility Group 14).
NJ	Uniform Eligibility Groups	NJ provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.
NJ	Uniform Eligibility Groups	Effective January 2001, NJ added M-SCHIP coverage for parents as part of an 1115 waiver (uniform eligibility group 55).
NJ	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
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	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, NM reviewed its dual logic and improved its coding. Most of the duals previously reported to dual code 9 (in the second byte of the crossover code) were shifted to dual code 2 as they were SSI recipients mapped to Uniform Eligibility Group 11-12. The rest of the duals in code 9 were shifted to dual code 8. The state is still not able to include dual code 3 (SLMB only) or codes 6-7 (QIs) enrollees in MSIS as this information is not in the state's MMIS.

State	Measure	Issue
NM	Length of Enrollment	About 61% of eligibles were enrolled in Medicaid all 12 months of 2002, a higher proportion than most states.
NM	Restricted Benefits Flag	Persons (in state group 29) with restricted benefits code 6 only qualify for family planning benefits. They are reported to Uniform Eligibility Groups 54-55.
NM	SCHIP Code	NM implemented an 1115 waiver in March, 1999 for its M-SCHIP program. The state does not have an S-SCHIP program.
NM	SSN	The SSN field is 9-filled for 8,799 persons, about 2% of all records.
NM	TANF/1931	The TANF flag is 9-filled starting in January 2002.
NM	Uniform Eligibility Groups	NM has an 1115 program that extends family planning only benefits, in addition to coverage for M-SCHIP children.
NM	Uniform Eligibility Groups	The number of enrollees reported to the Uniform Eligibility Group 11-12 is about 11% higher than the number of SSI recipients according to data from SSA. NM has a state administered optional SSI supplement program.
NM	Uniform Eligibility Groups	In May 2002, NM began reporting enrollees in uniform eligibility group 3A under the BCCPTA provisions.
NM	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
NV	County Codes	Nevada reports eligibles with County Code = 510. These are residents of Carson City. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "025."
NV	Dual Eligibility Codes	The following dual eligibility groups are not reported separately in Nevada's MSIS file: QDWI (5), QI-1 (6), or QI-2 (7). These are included with dual code 3 (SLMB only) in byte 2 of the dual code. In addition, NV only used dual code 2 (QMB plus full Medicaid) for full benefits duals.
NV	Managed Care	In June 2002 managed care reporting in MAX was 11% lower than CMS data. However, in July 2002, HMO enrollment in MAX increased considerably, bringing MSIS data much closer to CMS reporting. The state did not provide an explanation for the change.

State	Measure	Issue
NV	Missing Eligibility Data	About 6% of persons in the NV MAX 02 file who used services in 2002 did not have any reported months of eligibility in 2002. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
NV	SCHIP Code	Nevada does not report its S-SCHIP enrollment. The state does not have an M-SCHIP program.
NV	SSN	In NV, there were no duplicate SSNs during the year.
NV	TANF/1931	In 2002, NV's TANF enrollment data in MAX are 20% higher than the official TANF counts.
NV	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, Nevada requires them to apply separately for Medicaid coverage. This might explain why monthly data show enrollment in uniform eligibility groups 11-12 to be lower than SSI enrollment levels reported in SSA data.
NV	Uniform Eligibility Groups	By mistake, a few individual (<10) were reported to uniform eligibility groups 02, 06, 04, and 49 (invalid eligibility groups).
NV	Uniform Eligibility Groups	Until CY02, NV failed to report persons in state group '48 105'. Some reporting began in January 2002, with full reporting to '48 105' in October 2002. This caused a noticeable increase in uniform eligibility group 14 enrollment in October.
NV	Uniform Eligibility Groups	Enrollment in uniform eligibility groups 14-15 showed a noticeable increase in January 2002, probably correcting some underreporting problems that existed for earlier years.
NV	Uniform Eligibility Groups	Nevada began a BCCPTA program in July 2002, but those persons were not reported to MSIS until 2004.
NV	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
NY	1115 Waiver	NY has an 1115 demonstration extending full Medicaid benefits to childless adults. Effective October 2002, family planning only coverage was was also added.

State	Measure	Issue
NY	County Codes	County code 061 was used for the NYC boroughs. This includes persons in Bronx County (005), Kings County (047), Queens County (081), or Richmond County (085).
NY	Date of Birth	A date of birth was not assigned for over 130,000 enrollees. Most, but not all, of these enrollees were reported to child eligibility groups. The state believes that most, if not all, of the enrollees who do not have dates of birth are unborn children. The state assigns Medicaid ID numbers to unborn children to make sure they are eligible for services at birth.
NY	Dual Eligibility Codes	New York has significant problems identifying its QMB only (Dual eligible flag = 51), SLMB only (Dual eligible flag =53) populations, and QI (dual eligibile flag 51) populations. Only a relatively small number are reported, but the number was substantially greater than reported for MAX 2001.
NY	Dual Eligibility Codes	Only 86% of aged in NY are dual eligibles, a lower proportion than most states. This may relate to NY's higher proportion of aged non-citizens on Medicaid.
NY	Dual Eligibility Codes	Starting in 2002, New York increased its identification of duals, and started reporting to all dual codes 1-8. However, NY coded over 60 percent of its dual eligible population to dual code 8 in the 2nd byte of the crossover code.
NY	Race/Ethnicity	About 28% of eligibles in NY have an unknown race code. This increased as a result of enrollment increases due to the September 11th terrorist attack in 2001.
NY	Restricted Benefits Flag	Persons in state groups 68-69 (Family Health Plans) are reported to UEG 34 and 55 and assigned RBF code 5, since they qualify for a somewhat more restrictive benefits package (no LTC for example). Persons in state group 56, also reported to UEG 54-55, are assigned RBF code 6 since they only qualify for family planning services. Finally, some duals with RBY code 3 are reported to UEG 21-22.
NY	SCHIP Code	In 2002, M-SCHIP enrollment declined throughout the year, with no enrollment by September 2002. No M-SCHIP enrollment is reported in SEDS for 2002 forward. Medicaid officials believe the MSIS data are more reliable.
NY	SCHIP Code	New York reports its M-SCHIP eligibles, but does not report its S-SCHIP eligibles.
NY	Sex	Sex was reported as "unknown" for about 100,000 enrollees. These are probably in the unborn group.

State	Measure	Issue
NY	SSI	Relative to the number of aged SSI recipients, NY is reporting about 15- 20% more eligibles under uniform eligibility group 11. NY has a state administered SSI supplement program of emergency assistance for SSI recipients which may account for the difference.
NY	SSN	72,732 SSNs have duplicate records. This represents about 3% of records in CY 02.
NY	SSN	Seventeen percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About half were adults ages 21-64. Another 16 percent were age 5 or younger. In addition, 19 percent were eligible as a result of the September 11 terrorist attack in 2001; these individuals were assigned to state code 36.
NY	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, and 42. Researchers may want to recode these persons into groups 11, 21, and 41.
NY	Uniform Eligibility Groups	In July 2002, NY started reporting a small number of persons to UEG 3A under the BCCPTA provisions.
NY	Uniform Eligibility Groups	For many years, NY has had an extensive 1115 demonstration, extending Medicaid benefits to many low-income individuals. This 1115 coverage began with adults in the state's Home Relief (Saety Net) population in 1997 (including state groups 17, 18, 19, 21, and 39). In October 2001, another group of low-income uninsured adults were added under the Family Health Plus program (state groups 68 - 69), although this population qualified for a more restricted set of benefits (not LTC, for example). Finally, in October 2002, NY's 1115 was expanded to cover family planning only coverage (state group 56).

State	Measure	Issue
NY	Uniform Eligibility Groups	In October 2001, major increases in child and adult enrollment (UEG 41, 44-45) occurred as a result of the September 11 terrorist attack. These persons were reported to new state code 36. Three changes occurred in January 2002. First, new state group 80 (Disaster Relief) also began to be used for September 11 coverage. (The use of state group 36 was generally phased out by May 2002.) Increases in enrollment in these groups continued through April 2002. Second, in January 2002, new state groups 78-79 were added (mapped to UEG 14-15), accounting for another surge in child and adult enrollment. These were persons no longer on TANF who continued to qualify for Medicaid through Secton 1931 criteria. Third, in January 2002, NY made some mapping changes so that enrollees were reported to UEG 31-32 for the first time.
OH	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result, OH's total dual enrollment increased about 18%. Enrollment of partial duals increased by 58%, while enrollment of full duals grew by 12% from September to October. The state started using dual codes 2-8 (in the second byte of the crossover code) and stopped using dual code 9. Prior to October, OH only used dual codes 1 and 9, and SLMB only, QI-1, and Q1-2 duals were not included in MSIS reporting. However, some problems occurred with the new dual reporting in October 2002. First, some partial duals (about 4,000) were reported to uniform eligibility groups 11-12 and 41-42 by mistake, although the vast majority were correctly reported to uniform eligibility groups 31-32. Second, partial duals reported to uniform eligibility groups 41-42 were mistakenly assigned restricted benefits code 1 (full Medicaid benefits). Third, about 8,000 newly reported partial duals age 65 or older were mistakenly reported to uniform eligibility group 32 instead of uniform eligibility group 31.
OH	Foster Care	Several thousand children in foster care have two records with different MSIS IDs and the same SSN.
OH	Restricted Benefits Flag	OH has a sizeable group of partial benefit eligibles (about 3,000) in uniform groups 11-12 with restricted benefits related to Medicare (restricted benefits flag 3). In addition, about 2,000 partial benefit duals reported to uniform eligibility groups 41-42 are reported to have full Medicaid benefits (RBF 1).

State	Measure	Issue
OH	SCHIP Code	OH has an M-SCHIP program, but no S-SCHIP program. Ohio is somewhat unusual in that some M-SCHIP children are reported into uniform group 12. Since Ohio is a 209(b) state, some disabled children do not qualify for Medicaid through the SSI-related provisions. However, they are able to qualify for SCHIP coverage.
OH	SSN	About 1.3% of SSNs, or 24,240 records, are 9-filled. 13,409 SSNs have duplicate records; this represents 1.5% of records in CY02. Part of the SSN duplication occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSN; researchers may want to combine these records.
OH	State-Specific Eligibility	In 2002, a small number (<5) of eligibles are missing state-specific eligibility codes each month.
OH	TANF/1931	The TANF flag for OH has some limitations. Ohio is only able to update this data element quarterly, not monthly.
OH	Uniform Eligibility Groups	OH is a 209(b) state. As such, the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by the Social Security Administration.
OH	Uniform Eligibility Groups	OH has an unusually large proportion of children and adults in uniform groups 44-45. Some 1931 children and adults may be reported here in error, instead of being reported to uniform groups 14-15.
OH	Uniform Eligibility Groups	In 2002, enrollment seems to decline for the aged and disabled month one to month three of each quarter and then increase noticeably in month one of the following quarter.
OH	Uniform Eligibility Groups	In October 2002, there is a noticeable increase in enrollment across all uniform eligibility groups probably related to the last submission of this data for purposes of the MMA. In addition, an increase in uniform eligibility group 32 occurred (probably related to increased dual reporting for partial benefit enrollees). Also, about 8,000 partial duals reported to uniform eligibility group 32 beginning in October were aged 65 or older and should have been reported to uniform eligibility group 31.

State	Measure	Issue
OH	Uniform Eligibility Groups	Some persons aged > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
OH	Uniform Eligibility Groups	Beginning in October, OH had about 4,000 persons with partial dual codes 1, 3, 6, or 7 (in byte 2) reported by mistake to uniform eligibility groups 11-12 and 41-42. They should be reported to uniform eligibility groups 31-32.
OK	Date of Death	Less than 100 persons have a reported date of death prior to 2002.
OK	Dual Eligibility Codes	Since OK provides full Medicaid benefits to aged and disabled with income <100% FPL, no enrollment is reported to dual code 1 (in byte 2 of the crossover code).
OK	Dual Eligibility Codes	Through September 2002, Oklahoma did not report any QWDIs, QI-1s, or QI-2s. Information on these groups was stored in a separate manual system. OK started reporting a small number of QIs in September 2002. However, beginning in January 2003, the state implemented a new system that allowed them to begin full reportng of QIs.
OK	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As part of this review, OK made changes to its dual reporting that caused an increase in the number of duals reported to dual code 2 (in the second byte of the crossover code) and a decrease in code 4. Total enrollment increased only slightly.
OK	Managed Care	In 2001, OK began a traditional PCCM program for Native Americans.
OK	Managed Care	The "other" (08) managed care plan type in Oklahoma is a hybrid PCCM in which the capitation fee to physicians also covers a limited number of common office procedures and lab work. These providers are reported as PCCMs in CMS Managed care data.
OK	Managed Care	Managed care enrollment dropped by about 10 percent from June to July 2002 (cause unknown). However, by December 2002, managed care enrollment had returned to the June 2002 level.

State	Measure	Issue
OK	Missing Eligibility Data	About 3 percent of persons in the OK file for whom Medicaid claims were paid did not have any reported months of eligibility in the year. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS elgibility files.
OK	Multiple Records	During 2002, OK switched to a new MSIS ID numbering system. For most of the MAX 2002 data, records with old and new IDs were successfully combined (using SSNs, DOB, gender, and state case ID), so that only one record per individual is included. However, multiple records remained for an estimated 62,582 SSNs. Extensive manual corrections would be needed to link these remaining records. CMS estimates that 656,000 to 697,000 individuals were enrolled in 2002; however, 718,198 records with eligibility information are in the PSF file.
OK	Restricted Benefits Flag	Most medically needy enrollees have restricted benefits code 5 (other).
OK	SCHIP Code	Oklahoma reports its M-SCHIP children in MSIS. The state does not have an S-SCHIP program.
OK	SSN	In Oklahoma, 62,582 SSNs have duplicate records. This represents 18.1% of records in CY02. About 81% of these records are for children.
OK	SSN	About 2.6% of SSNs, or 18,922 records, are 9-filled.
OK	State-Specific Eligibility	In October 2002, OK changed its state specific eligibility coding system.
OK	TANF/1931	Oklahoma 9-filled the TANF field until October 2002. However, TANF reporting is not reliable until January 2003.
OK	Uniform Eligibility Groups	Oklahoma is a 209(b) state, using more restrictive rules for Medicaid than SSI. This explains, in part, why the number of SSI eligibles reported to uniform groups 11-12 is lower than the number reported by the Social Security Administration.
OK	Uniform Eligibility Groups	Some persons age > 64 years are reported to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
OK	Uniform Eligibility Groups	OK provides full Medicaid benefits to aged and disabled to 100% FPL.

State	Measure	Issue
OK	Uniform Eligibility Groups	In October 2002, some significant corrections were made to OK's UEG crosswalk. These changes resulted in shifts by UEG from September to October. In particular, many enrollees were moved from UEG 34 and 45 to UEG 14-15 and 48.
OK	Uniform Eligibility Groups	Part of the UEG shift from September to October 2002 is because all 1931s were not mapped to UEG 14 and 15 until October 2002.
OK	Uniform Eligibility Groups	Until September 2002, non-Title IV-E foster care children were undercounted. In addition, there was a system problem in UEG 48 counts in October 2002, causing an overcount for that month. Researchers should probably only use foster care data with caution.
OK	Uniform Eligibility Groups	OK began phasing out its medically needy program at the end of 2002.
OR	County Codes	Oregon's county code data are not reliable.
OR	Dual Eligibility Codes	Until October 2002, many persons with 3, 6, or 7 in byte 2 of the dual code (SLMB only or QIs) were reported to uniform eligibility groups 21-22 and 41-42 and they were assigned restricted benefits code 1 or 5. Partial benefit duals are ordinarily assigned restricted benefits code 3. It is unclear whether the dual codes were incorrect, or the uniform group and restricted benefit code assignment were incorrect since partial benefit duals should not be reported to uniform eligibility groups 21-22 or 41-42 or assigned restricted benefits code 1 or 5.
OR	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. OR's review of its dual coding resulted in a shift in the distribution by dual code, and an increase in dual enrollment. In addition, problems were fixed related to the UEG and restricted benefits flag coding for partial duals.
OR	Length of Enrollment	OR had about 38% of eligibles with 12 months of enrollment, a lower proportion than most states.
OR	Managed Care	About 38% of EDB duals were enrolled in HMO/HIOs in OR, a higher proportion than most states.
OR	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.

State	Measure	Issue
OR	Restricted Benefits Flag	Many persons with dual codes 51, 53, 56, and 57 were assigned restricted benefits code 1 or 5. It is not clear which information is correct--the dual code or the restricted benefits code.
OR	SCHIP Code	In October through December CY02, a small number of persons (<100) are assigned SCHIP flag 9. These persons should be assigned SCHIP flag 1.
OR	SCHIP Code	Oregon reports its S-SCHIP data in MSIS. The state does not have an M-SCHIP program.
OR	SSN	2,127 SSNs have duplicate records; this represents < 1% of records in CY02.
OR	SSN	About 5.7 percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 49 percent of these enrollees were age 14 or younger, 8 percent were age 15 to 20, and 40 percent were age 21 to 44. In addition, 65 percent of individuals missing an SSN were aliens who only qualified for emergency coverage.
OR	TANF/1931	Oregon's TANF data are overreported beginning in July 2001, and do not appear to be reliable.
OR	Uniform Eligibility Groups	Oregon generally maps SSI disabled persons >64 years to uniform group 11.
OR	Uniform Eligibility Groups	Sinice 1994, OR has had an 1115 program--the Oregon Health Plan--that expanded eligibility, prioritized health benefits, and relied heavily on managed care. This 1115 waiver eliminated the spend-down component of the state's medically needy program and it also eliminated retroactive coverage, but it expanded coverage to all low-income individuals, including childless adults and eventually college students. Expansion enrollees are reported to UEG 55.
OR	Uniform Eligibility Groups	Beginning in 1999, OR had a family planning only waiver (called FPEP by state); however, these individuals have not been reported to MSIS (through FY04). Their enrollment and claims are handled in a separate system operated by OR's public health department.
OR	Uniform Eligibility Groups	In October 2002, enrollment in UEG 31-32 increased substantially when OR corrected UEG reporting for SLMB only and QI duals. There were also a few other shifts by UEG group and a noticeable increase in dual enrollment which was probably related to the MMA effort.

State	Measure	Issue
OR	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
OR	Uniform Eligibility Groups	Some partial benefit duals may have been incorrectly reported to uniform eligibility groups 21-22 and 41-42. However, it is also possible the uniform eligibility group coding was correct and the dual coding was wrong.
PA	Date of Death	Over 3,500 persons were reported with a date of death prior to 2002.
PA	Dual Eligibility Codes	About 31% of disabled persons in PA were linked to the EDB file, a lower proportion than most states.
PA	Dual Eligibility Codes	PA provides full Medicaid benefits to aged and disabled up to 100% FPL. This explains the low number reported as QMB only.
PA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, PA stopped using dual code 9 (in the second byte of the crossover code). It appears that most of these dual eligibles shifted to dual code 8. There were also reported increases in enrollment to dual codes 1-7. Total dual enrollment increased by about 6,000 enrollees in October.
PA	Length of Enrollment	PA had 65% of eligibles with 12 months of enrollment, a higher proportion than most states.
PA	Managed Care	In PA, about 45% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
PA	Restricted Benefits Flag	Restricted benefits code 5 (other) is assigned to many persons with medically needy coverage.

State	Measure	Issue
PA	Restricted Benefits Flag	Beginning in October 2002, about 2,200 persons in Uniform Eligibility Group 31-32 are assigned restricted benefits code 9 by mistake. In addition, some persons may have been incorrectly mapped to restricted benefits flag 3 instead of 1. These people should be remapped as followed. Persons in UEG 31-32 with restricted benefit code 9 in state specific eligibility groups PA 40, PH 00, PH 80, PH 95, PI 00, PS 40, PS 70, PS 90, PS 95, PW 00, PW 66, PS 80 (all these groups have a space in byte 3) should have a restricted benefit flag 1. Persons in PA 86, PG 00, PL 00, PM 86, TA 65, TA 67, TA 68, TJ 65, TJ 67, TJ 68 (all these groups have a space in byte 3), and B 80 (space in bytes 2 and 3) should have a restricted benefits flag of 3.
PA	SCHIP Code	Pennsylvania has an S-SCHIP program, but no M-SCHIP program. The state does not report its S-SCHIP enrollment in MSIS.
PA	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, SSI disabled > 64 years are mapped to uniform eligibility group 11.
PA	Uniform Eligibility Groups	In January 2002, PA began reporting to uniform eligibility group 3A under the BCCPTA provisions.
PA	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
RI	1115 Waiver	Beginning in 1994, Rhode Island had an 1115 program for children and adults. This 1115 plan has always covered infants 185-250% FPL, children 1-5 years 133-250%, children 6-7 years 100-250% FPL, and family planning only recipients 250%. Until 1/97, it also covered children 8-19 years 100-250%, but then that group became the first M-SCHIP population. It also covered children pregnant women 185-250% but in 1/01 this group was transferred to M-SCHIP as well. Finally, from 1/98 to 1/01, RI covered parents 110-185% FPL under the state's 1931 provisions; however, this group was transferred to the 1115 program and M-SCHIP effective 1/01.
RI	County Codes	Medicaid enrollees living out of state are reported under county FIPS code 000. About 88% of eligibles have valid county codes, a lower proportion than most states.

State	Measure	Issue
RI	Dual Eligibility Codes	Through 2001, the vast majority of Rhode Island's dual eligible population received the dual code 9 (in the 2nd byte of the new annual crossover value). Starting in January 2002, the state made considerable improvements to its dual code reporting. A significant number of duals previously reported to code 9 were shifted to other dual codes.
RI	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As part of this review, RI did a review of Medicare data matching which resulted in about a 10% (3,000 person) increase in the state's total dual count starting in October. In addition, RI further reduced its use of dual code 9 (in the second byte of the crossover code).
RI	Length of Enrollment	RI had 67% of eligibles with 12 months of enrollment, a higher proportion than most states.
RI	Managed Care	Some people with PLAN TYPE = 01 (comprehensive) are inappropriately assigned 8-filled PLAN IDs. This is caused by a problem with the program used to generate MSIS data.
RI	Missing Eligibility Data	About 2% of persons in the RI file for whom Medicaid claims were paid during the year did not have any reported months of eligibility during the year. These records did not have MSIS ID or SSNs that liked with identifiers in the MSIS eligibility file.
RI	Race/ethnicity	In 2002, 25% of eligibles were coded as "unknown."
RI	Restricted Benefits Flag	Adults in state specific eligibility groups 71, 73, and 74 who qualify for family planning benefits under an 1115 waiver were assigned restricted benefits code 6. Pregnant women were still assigned restricted benefits flag 4. Medically needy enrollees were generally assigned restricted benefits code 5 (other).
RI	SCHIP Code	Rhode Island reports its M-SCHIP children. The state does not have an S-SCHIP program.

State	Measure	Issue
RI	SCHIP Code	Effective January 2001, RI added two new adult groups to its M-SCHIP program--parents with family income 110-185% FPL and pregnant women with income 185-250% FPL. The pregnant women were previously covered as an expansion group under the state's 1115 waiver. They continued to be reported to uniform eligibility group 55. The parents at 110-185% FPL were part of the state's 1931 coverage and were previously reported to uniform eligibility group 45.
RI	SSN	8 SSNs have duplicate records; this represents < 1% of records in CY 02.
RI	TANF/1931	RI TANF data are not reliable.
RI	Uniform Eligibility Groups	Rhode Island does not report all of its 1931 eligibles into uniform eligibility groups 14 and 15. Some are currently mapped to uniform eligibility groups 44 and 45.
RI	Uniform Eligibility Groups	In December 2002, RI reported about 17% more SSI enrollees than the count reported in SSA data (cause unknown).
SC	Date of Death	About 700 persons had a year of death prior to 2002.
SC	Dual Eligibility Codes	South Carolina does not report any eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits to all aged/disabled up to 100% FPL.
SC	Dual Eligibility Codes	Through 2000, South Carolina generally reported only two values for dual eligibles - 2 (QMB plus full Medicaid) and 9 (eligible is entitled to Medicare, but reason for Medicaid eligibility is unknown) in the second byte of the crossover code. However, starting in 2001, SC reported a few enrollees (fewer than 50) with dual eligibility flags 3, 6, and 7.
SC	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. SC greatly improved its dual code reporting as a result of this review. The state stopped using dual code 9 (in the second byte of the crossover code). Most of these duals appear to have shifted to dual code 8. Also, total dual enrollment increased by about 12,000 duals. It appears that most of the new duals are in dual codes 3, 6, and 7. Enrollment growth in dual code 3 (SLMB only) was probably related to the state's eligibility expansion to 175% FPL for its SLMB only program.

State	Measure	Issue
SC	Length of Enrollment	SC had 72% of eligibles with 12 months of enrollment, a higher proportion than most states.
SC	Managed Care	South Carolina's Physician's Enhanced Program (PEP) is a hybrid managed care program. In MSIS, it is coded as Plan Type 08. In other external data sources, it may be reported as PCCM. In addition, SC does not report the Channeling Project as managed care in MSIS, even though it reports the Channeling Project to the CMS managed care report. According to state officials, this plan terminated August 2002.
SC	Race/ethnicity	About 5% of records in SC are reported as "unknown."
SC	Restricted Benefits Flag	Enrollees in state group 3055 are assigned restricted benefits code 6 because they only receive family planning benefits.
SC	SCHIP Code	SC has an M-SCHIP program, but not an S-SCHIP program.
SC	SSN	46 SSNs have duplicate records; this represents 0.0% of records in CY02.
SC	TANF/1931	SC 9-filled the TANF data element in 2002.
SC	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
SC	Uniform Eligibility Groups	Enrollees receiving only family planning benefits are reported to uniform eligibility groups 54-55.
SC	Uniform Eligibility Groups	In October 2002, SC implemented an expanded SLMB-only program for 135 to 175 percent FPL (state codes with 38, 48, 49, or 52 in bytes 3-4 of the state specific eligibility group) mapped to Uniform Eligibility Group 31-32. However, this program only lasted until December 2002.
SC	Uniform Eligibility Groups	A small number of persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.

State	Measure	Issue
SD	County Codes	There are a small number of records (<50) assigned to the invalid county code 131. In addition, the state has some enrollees (<500) mapped to county code 999; according to the state, some of these are inappropriately mapped to this code while others are appropriately assigned this code because they are beneficiaries who reside out-of-state.
SD	Dual Eligibility Codes	Through September 2002, South Dakota assigned the dual code 9 (in the 2nd byte of the new annual crossover value) to over 50% of their dual eligibles, because they could not correctly identify the dual groups to which these people belonged.
SD	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, SD stopped using dual code 9 (in the second byte of the crossover code). About 6,000 of these duals appear to have been shifted to dual code 2, and about 2,000 to code 8.
SD	Private Health Insurance	About 13% of the persons in the MAX 2002 file are coded as receiving third party insurance. This number is higher than expected, but the state confirms it is correct.
SD	SCHIP Code	SD reports its M-SCHIP children and S-SCHIP children.
SD	SSN	In South Dakota, 1,436 SSNs have duplicate records; this represents 2.4% of records in CY02. The majority of these records are for children.
SD	TANF/1931	South Dakota cannot identify their TANF recipients. This field is 9-filled for all eligibles.
SD	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
TN	1115 Waiver	TN has had a long-standing 1115 demonstration to extend eligibility to low-income persons (including the aged and disabled) who would not otherwise have qualified for Medicaid. The waiver also moved the vast majority of Medicaid enrollees to managed care.
TN	County Codes	About 2% of enrollees were assigned county code 000 (cause unknown).

State	Measure	Issue
TN	Dual Eligibility Codes	Roughly half of Tennessee's dual eligibles were assigned MSIS dual code 8 (in the 2nd byte of the new annual crossover value) through September 2002. Many of these duals qualified through the TennCare 1115 Waiver expansion.
TN	Dual Eligibility Codes	TN had some problems with its dual eligible reporting through September 2002. Many duals were incorrectly assigned dual codes 1 and 3 (in byte 2 of the dual code), as well as restricted benefits code 3. Instead, they qualified for full Medicaid benefits and should have been assigned dual codes 2, 4, or 8 and restricted benefits code 1.
TN	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, TN made some significant changes to its dual code reporting. The state corrected an earlier error causing a decrease of about 42,000 persons reported as partial duals (dual codes 1 and 3 in the second byte of the crossover code) with a corresponding increases in full duals. In addition, TN started reporting to dual code 4, while it reduced the number of persons reported to dual code 8. The corrections to codes 1 and 3 combined with the decrease in code 8 resulted in significant increases in the number of duals reported to codes 2 and 4.
TN	Dual Eligibility Codes	About 21,110 persons were reported as duals in MSIS data who were not found in the EDB files.
TN	Length of Enrollment	TN had 68% of eligibles with 12 months of enrollment, a higher proportion than most states.
TN	Managed Care	In TN, about 94% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
TN	Managed Care	Beginning in July 2002, TN converted its managed care system so that its HMOs and BHPs were no longer bearing risk. Instead, TN pays them a capitated fee to process FFS claims for their enrollees from their network providers. As a result enrollees were shifted from managed care plan types 01 and 03 to plan type 08 in July. Nevertheless, enrollees continue to be reported to the HMO and BHP Plan IDs. Presumable, this refers to the network of these plans.

State	Measure	Issue
TN	Managed Care	Through September 2002, most partial duals (persons with dual codes 1 and 3) were reported to be enrolled in managed care plans each month. It seems likely that many (but not all) of these individuals were full, not partial duals. This problem was corrected in October 2002 when the number of partial, duals was substantially reduced and partial duals were no longer reported as being enrolled in managed care plans.
TN	Missing Eligibility Data	About 4% of persons in the TN MAX 02 file who used services in 2002 did not have any reported months of eligibility in 2002. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
TN	Restricted Benefits Flag	Through September 2002, many more dual eligibles were assigned restricted benefits code 3 than should have been. This was fixed starting in October 2002 causing a significant decrease in the number of enrollees reported to code 3 and increases in the number reported to code 1.
TN	SCHIP Code	Tennessee reports its M-SCHIP children. The state does not have a S-SCHIP program.
TN	SCHIP Code	During 2002, the number of M-SCHIP children reported to MSIS differs from the count reported to CMS' SED system. The state could not explain the discrepancy. However, MSIS and SEDS are consistent in that both data sets show a gradual decline in M-SCHIP enrollment across 2002. The M-SCHIP program phased out by September 2002.
TN	TANF/1931	TN reported that all eligibles in uniform eligibility groups 14-17 were TANF recipients. It is not clear whether any persons other than TANF eligibles qualified under the 1931 rules.
TN	TANF/1931	In 2002, TANF counts in MSIS were generally consistent with the counts reported in the TANF Administrative Data. However, the counts started diverging at the end of 2002 and in December the MSIS TANF count was 12% higher than the TANF Administrative Data.
TN	Uniform Eligibility Groups	Tennessee reported a much higher number of eligibles in uniform eligibility groups 11and 12 than expected, given the number of SSI recipients in the state. This may relate to a long-standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Uniform Eligibility Groups	Many persons age >64 years are mapped to uniform eligibility group 12.

State	Measure	Issue
TN	Uniform Eligibility Groups	After many quarters of growth, child and adult enrollment dropped about 6% in January 2002 (cause unknown).
TN	Uniform Eligibility Groups	In October 2002, TN had some major changes to its uniform eligibility group reporting. As mentioned in the duals section, the state has been incorrectly reporting many persons to uniform eligibility groups 31-32 as restricted benefits dual eligibles. When this problem was corrected, enrollment declined in uniform eligibility groups 31-32 and increased in uniform eligibility groups 21-22 and 41-42.
TN	Uniform Eligibility Groups	As a result of a major reverification effort, there were enrollment declines in uniform eligibility groups 44-45 and 52-55 in November and December 2002. Many, but not all, of these enrollees appeared to shift to uniform eligibility groups 14-15, 24-25 and 34-35. Nevertheless, there were still noticeable declines in child and adult enrollment in the last two months of 2002.
TX	1115 Waiver	Through March 2002, Texas reported about 2,000 to 3,000 eligibles in uniform eligibility group 55. These eligibles were not part of an 1115 Medicaid wavier. Rather, the individuals are made eligible through an 1115 TANF waiver, which extended Medicaid benefits after the individual's TANF time limit had expired. The waiver expired in March, and these people were moved to UEG 45 in April.
TX	Dual Eligibility Codes	Texas assigns the dual eligibility code 8 (in the 2nd byte of the new annual crossover value) to about 15% of its dual eligible population. Most are reported to uniform groups 41 and 42. Texas does not automatically buy-in to Medicare for persons in these groups. In addition, some dual code 8s are SSI recipients in uniform groups 11 and 12 whose exact dual status was not yet determined.
TX	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. TX's review of its dual coding resulted in a reduction in the number of persons assigned dual code 9 (in byte 2). Prior to October 2002, the use of dual code 9 was not reliable.
TX	Dual Eligibility Codes	In October 2002, TX began assigning dual codes 9 and 0 (in byte 2) to enrollees in its 1929(b) waiver. These aged and disabled individuals only qualify for a limited set of personal care services. They do not qualify for prescription drug coverage and most are reported to UEG 41-42. TX agreed to use dual code 9 (in byte 2) for this group effective October 2002 when the dual status was known. It appears that the remaining 1929(b) enrollees were assigned dual code 0, even though many would probably have qualified as partial duals.

State	Measure	Issue
TX	Dual Eligibility Codes	In 2002, about 26,753 individuals were only identified as dual eligibles when MAX data were linked to the Medicare EDB file. The State had not identified these persons as duals. Many may have been enrolled in the 1929(b) waiver program. Dual status information was not available for many individuals in this program.
TX	Managed Care	Texas has a PACE program, but PACE enrollment is not seperately reported in the managed care data.
TX	Managed Care	In June 2002, TX reported 40% more PCCM enrollees in MSIS than what was reported to external CMS data (the state believes the MSIS numbers are more accurate).
TX	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally long-term care recipients in UEG 41-42 who are allowed to stay at home as a result of a 1929(b) waiver (community supported living arrangement), as well as medically needy recipients whose date of initial coverage is complicated by a spend-down liability.
TX	SCHIP Code	Texas reported its M-CHIP children until it phased out at the end of 2002. The state's S-SCHIP program, which began in April 2000, is not reported into MSIS.
TX	SSN	In Texas, 5,681 SSNs have duplicate records; this represents 0.2% of records in CY02. The majority of these duplicate records are for children.
TX	SSN	About 5% of SSNs, or 163,222 records, are 9-filed.
TX	SSN	About 4.9% percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 59 percent of these enrollees were age 5 or younger, and 38 percent were aliens who only qualified for emergency coverage.
TX	Uniform Eligibility Groups	Most disabled SSI recipients age 65 or older are reported to uniform eligibility group 11.
TX	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.

State	Measure	Issue
TX	Uniform Eligibility Groups	Through March 2002, Texas reported about 2,000 to 3,000 eligibles in UEG 55. These eligibles were not part of an 1115 Medicaid waiver. Rather, the individuals were made eligible through a TANF 1115 waiver, which extended Medicaid benefits after the individual's state time limit had expired. The waiver expired 3/31/02, but the eligibility created by the waiver continued, and this group was moved to UEG 45 in April 2002.
TX	Uniform Eligibility Groups	Texas began reporting BCCPTA enrollees under UEG 3A in October 2002.
UT	1115 Waiver	Utah's 1115 Waiver program is its Primary Care Network, approved for implementation in July 2002. This network provides reduced benefit packages to adults previously ineligible for Medicaid. The program expands Medicaid coverage to cover adults up to 150 percent FPL and pregnant women with assets exceeding the allowable levels for Medicaid. MSIS reporting to Uniform Eligibility Group 55 began in October 2002.
UT	Dual Eligibility Codes	Only about 86% of Utah's aged enrollees were identified as dual eligibles in the EDB file, a somewhat lower than expected proportion.
UT	Dual Eligibility Codes	Some persons in uniform groups 21-22 and 41-42 are reported to have dual codes 1 and 3 (in byte 2 of the crossover code) and restricted benefits limited to Medicare cost-sharing (code 3). State officials say this is due to a timing problem. Both dual eligibles who have to spend down to qualify for full Medicaid benefits (through the medically needy program) and those who contribute to the cost of their institutional care are not initially classified as qualifying for full Medicaid benefits. This means the restricted benefits flag and dual codes may not always be reliable.
UT	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Utah provides full Medicaid benefits up to 100% FPL for its aged and disabled recipients. Utah does not buy into Part A Medicare coverage for duals. Also, the state reported a larger-than-expected number of eligibles with dual code 8 (in the 2nd byte of the new annual crossover value).
UT	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, the number of dual eligibles reported by UT in MSIS increased by about 20% from September to October, as the state improved its identification of dual eligibles. Most of the increase occurred with dual code 2 (in the second byte of the crossover code). Utah also started reporting to dual code 4.

State	Measure	Issue
UT	Length of Enrollment	Utah had 30% of eligibles enrolled all 12 months of the year, a lower proportion than most other states.
UT	Managed Care	In Utah, about 48% of the EDB duals were enrolled in HMO/HIOs and about 40% were enrolled in PHPs during the year. These proportions were higher than occurred in most states.
UT	Managed Care	Even though UT is reported to have a transportation managed care plan in CMS data, enrollment for these plans is not reported in MSIS. PCCM enrollment is reported in MAX beginning in October 2002.
UT	Managed Care	IHC was an HMO until October 2002 when in changed to a PCCM.
UT	Managed Care	Enrollment by individual HMOs varied considerably quarter to quarter in 2002. The UMed HMO plan phased out effective 10/02 with PCCM enrollment with IHC picking up.
UT	Missing Eligibility Data	About 6% of persons in the UT MAX 02 file who used services in 2002 did not have any reported months of enrollment in 2002. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
UT	Private Health Insurance	Utah reported about 13 percent of its eligibles with private health insurance, a somewhat higher than expected proportion. The state has confirmed that this proportion is correct. In addition, a small group of enrollees (<500/month) have invalid insurance codes (9).
UT	Restricted Benefits Flag	Some eligibles outside of uniform groups 31 and 32 receive RBF=3 (restricted benefits based on dual eligibility status). These may be medically needy spend-downers and persons who contribute to the cost of their institutional care each month.
UT	SCHIP Code	Utah reported enrollment in its S-SCHIP program in MSIS. The state did not have an M-SCHIP program.
UT	SSN	In Utah, 3.4% of SSNs, or 9,572 records, are 9-filled in CY2002. 44 SSNs had duplicate records; this represents <1% of records in CY 2002.
UT	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, Utah requires SSI recipients to apply separately for Medicaid. As a result, the combined number of eligibles in uniform groups 11-12 is considerably less than the number of SSI recipients.

State	Measure	Issue
UT	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, and 32. Researchers may want to recode these persons into groups 11, 21, and 31.
VA	County Codes	Virginia assigns even numbered FIPS codes (510-840) to independent cities. In addition, the state did not use standard codes for some institutionalized enrollees, for whom the FIPS code is 9-filled.
VA	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. VA's total dual enrollment did not change very much from September to October, but persons previously reported to dual code 9 (in byte 2 of the crossover code) appear to have shifted to dual code 8.
VA	Restricted Benefits Flag	Persons in state groups 66 I (BCCPTA women) are assigned restricted benefits code 5. Beginning in October 2002, many persons in medically needy groups are also assigned restricted benefits code 5. In addition, VA stopped using restricted benefits code 4 in October 2002. Finally, toward the end of 2002, a few enrollees are assigned restricted benefits code 6, indicating they only get family planning services.
VA	SCHIP Code	VA had an S-SCHIP program throughout 2002, and reported all of its S-SCHIP eligibles into MSIS. In addition, VA began an M-SCHIP program in September 2002. It appears that some children transferred from S-SCHIP to M-SCHIP.
VA	SSN	19,850 SSNs had duplicate records. This represented 5.3% of all records.
VA	SSN	Five percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 79 percent of these enrollees were ages five or younger. In addition, nine percent of individuals missing an SSN were enrolled in the state's S-SCHIP program, and another 12 percent were aliens who only qualified for emergency coverage.
VA	State-Specific Eligibility	Effective October 2002, VA inserted a leading '0' before all its state specific codes.
VA	TANF/1931	Virginia's TANF data are not reliable. The state began 9-filling the TANF code in October 2002.
VA	Uniform Eligibility Groups	Effective October 2002, VA added an 1115 program to extend family planning services to enrollees in uniform eligibility group 55 (state group 080).

State	Measure	Issue
VA	Uniform Eligibility Groups	VA provided full benefits to all aged and disabled to 80% FPL.
VA	Uniform Eligibility Groups	Virginia is a 209(b) state. As a result, SSI recipients are required to fill out separate applications for Medicaid, and are required to meet stricter standards. Because of this, the number of persons in uniform groups 11 and 12 is less than the number of SSI recipients reported by the SSA.
VA	Uniform Eligibility Groups	The state bypasses the 1931 rules for children and determines eligibility for children based on the more simplified poverty-related provisions. The state has continued to use the 1931 rules to determine eligibility for adults, but they are unable to separate 1931 eligibles from other transitional assistance recipients. Both groups are under one state-specific eligibility group that is mapped to uniform group 45.
VA	Uniform Eligibility Groups	Beginning in January 2002, persons in state code 83 were mapped to uniform eligibility groups 16-17 instead of uniform eligibility groups 44-45.
VA	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
VT	1115 Waiver	Vermont has an 1115 waiver, Vermont Health Access Plan (VHAP), that extends eligibility (with full benefits) to various groups of children and adults. In addition, low-income aged and disabled individuals, many of whom ordinarily would only qualify for Medicare cost-sharing, also receive limited pharmacy benefits under the waiver.
VT	Dual Eligibility Codes	Most QMB only, SLMB only, and QI1 eligibles are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). About a third of the enrollees reported to the 1115 program are reported to have an "unknown" dual type (code 9 in the 2nd byte of the new annual crossover value).
VT	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. As a result of this review, it appears that about 4,000 dual eligibles moved from dual code 4 (in the second byte of the crossover code) to dual code 8. Pharm Plus enrollees who are not partial duals continue to be reported to dual code 9. Total dual enrollment did not change much.

State	Measure	Issue
VT	Missing Eligibility Data	Just under 2% of persons in the VT MAX 02 file who used services in 2002 did not have any reported months of enrollment in 2002. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
VT	Private Health Insurance	The percent of enrollees with private insurance went from 10.2 percent in September to 15.5 percent in October (cause unknown). This increase may have been related to improved record keeping related to the MMA clawback effort.
VT	Race/ethnicity	About 40 percent of Vermont's Medicaid population have the race field coded as "unknown".
VT	Restricted Benefits Flag	Restricted benefits flag 5 ("other") is assigned to enrollees in UEG 51-52 of Vermont's 1115 demonstration, which provides low-income aged and disabled enrollees with pharmacy benefits only (in addition to Medicare cost-sharing for many). In addition, some persons in UEG 55 are assigned restricted benefits code 5 (restrictions not known).
VT	SCHIP Code	Vermont reports its S-SCHIP eligibles into MSIS. The state does not have an M-SCHIP program.
VT	SSN	In VT, there are no duplicate SSNs.
VT	Uniform Eligibility Groups	No MSIS retroactive coverage or correction records were used for VT's MAX data until October 2002 since they did not appear to be reliable prior to this time.
VT	Uniform Eligibility Groups	No eligibles are mapped to uniform groups 31 and 32, because most QMB only, SLMB only, and QI1 eligibles are reported into uniform groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate).
VT	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 42, and 52. Researchers may want to recode these persons into groups 11, 21, 41, and 51.
VT	Uniform Eligibility Groups	The children and adults reported to uniform groups 54 and 55 generally qualify for full Medicaid benefits. Aged and disabled in uniform groups 51-52 only qualify for prescription drug benefits.
WA	County Codes	WA's county code data are reliable beginning in 2002.

State	Measure	Issue
WA	Date of Death	In 2002, about 1,200 individuals were reported to have a DOD before 2002.
WA	Dual Eligibility Codes	About 87% of persons >64 years were EDB duals, a somewhat lower proportion from most states (cause unknown).
WA	Dual Eligibility Codes	WA had some shifts each quarter in 2002 in the distribution of enrollees by dual code (byte 2 of the crossover code), as it moved to improve the quality of its dual data in response to MMA requirements.
WA	Managed Care	The Department of Social and Health Services administers the BHP program and provides only one plan ID in MSIS in contrast to what is reported in CMS data.
WA	Managed Care	WA began reporting BHP enrollment in 2002.
WA	Missing Eligibility Data	Over 8% of persons in the WA MAX 02 file who used services in 2002 did not have any reported months of enrollment in 2002 (cause unknown). These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
WA	Race/ethnicity	In 2002, about 9% of eligibles were coded as "unknown."
WA	Restricted Benefits Flag	Restricted benefits flag 6 was assigned to women in uniform eligibility group 55 who only qualify for family planning benefits in the post-partum period.
WA	SCHIP Code	Washington operates an S-SCHIP program, but does not report enrollment in MSIS. The state does not have an M-SCHIP program.
WA	SSN	In Washington, 210 SSNs have duplicate records; this represents <1% of records in CY02. The majority of these records are for children.
WA	SSN	Six percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 84 percent of these enrollees were age 20 or younger, and 59 percent were age 5 or younger. In addition, 11 percent of those with missing SSNs only qualified for family planning benefits, and 15 percent were aliens who only qualified for emergency coverage.
WA	TANF/1931	Almost all eligibles in uniform eligibility group 14-15 are TANF recipients.
WA	TANF/1931	In CY 2002, WA TANF data are about 17% lower than ACF counts (cause unknown), meaning that the TANF data may not be reliable.

State	Measure	Issue
WA	Uniform Eligibility Groups	In Washington, enrollment was always lowest in month 3 of each quarter compared to month 1. However, month 1 enrollment of each quarter always exceeded month 1 enrollment of the previous quarter. This recurring pattern of monthly enrollment per each quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level.
WA	Uniform Eligibility Groups	WA enrollment data for SSI recipients (uniform eligibility groups 11-12) are higher than expected relative to SSA data; this may occur because of a state-administered SSI supplement.
WA	Uniform Eligibility Groups	Effective July 2001, WA extended family planning benefits to adults in an 1115 demonstration.
WA	Uniform Eligibility Groups	Some persons age >64 years are reported to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
WI	County Codes	For about 1,641 eligibles in CY02, Wisconsin did not report standard FIPS codes, and this data element is 9-filled in MAX. These eligibles include those served through Relief to Needy Indian Person (RNIP) agencies, juvenile correction agencies, Division of Children and Family Services agencies, and Katie Beckett eligibles. Also, county code 078 is Menominee County.
WI	Dual Eligibility Codes	Some disabled duals in uniform eligibility group 32 may have full Medicaid benefits. They are in waiver programs allowing them to pay premiums for full Medicaid coverage.
WI	Dual Eligibility Codes	Through September 2002, Wisconsin assigned dual flag 8 (in the second byte of the dual code) to about 30% of its dual population, a higher proportion than expected.
WI	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. In October, WI shifted many duals from code 9 (in the second byte of the crossover) to code 8. In addition, effective October 2002, WI assigned dual code 9 to aged persons in its Pharmacy Plus Program who did not qualify under other dual codes. Some Pharm Plus enrollees were also identified as dual codes 1, 3, or 6. This caused a 25% increase in the total number of dual enrollees reported in MSIS.

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	Private Health Insurance	Wisconsin reported about 17 percent of its eligibles with private health insurance, which is somewhat higher than other states report. Effective September 2002, the proportion increased even more with the implementation of the Pharmacy Plus program.
WI	Race/ethnicity	In 2002, over 21% of eligibles were coded as "unknown."
WI	Restricted Benefits Flag	Enrollees assigned restricted benefits code 5 (other) are eligible for TB-related services only. Beginning in September 2002, restricted benefits flag 5 was also assigned to prescription drug only enrollees.
WI	SCHIP Code	WI has an M-SCHIP program, but not an S-SCHIP program.
WI	SCHIP Code	In January 2001, Wisconsin began to cover some of its Badger Care adults under its SCHIP program. M-SCHIP adults are reported to uniform eligibility group 55. M-SCHIP adult counts in MSIS are lower than the SEDS counts because Badger Care adults with income <100% FPL (state group GP) are not considered to be M-SCHIP enrollees in MSIS.
WI	SSN	8,584 SSNs have duplicate records; this represents 2.1% of records in CY02. The majority of these records are for children.
WI	TANF/1931	Wisconsin is unable to identify TANF recipients.
WI	Uniform Eligibility Groups	Wisconsin has an 1115 Badger Care program, covering M-SCHIP children and M-SCHIP adults and other adults. The M-SCHIP adult enrollment began in 2001.
WI	Uniform Eligibility Groups	Wisconsin has a state-administered SSI supplement program, which explains why the counts in uniform eligibility groups 11-12 are higher than the number of SSI recipients reported by SSA.

State	Measure	Issue
WI	Uniform Eligibility Groups	In January 2002, WI started reporting enrollees in uniform eligibility group 3A under the BCCPTA provisions.
WI	Uniform Eligibility Groups	Effective September 2002, WI added a SeniorCare program (Pharm Plus) to its 1115 demo, extending prescription drug benefits to low income aged with an income < 200% FPL not otherwise qualified for full Medicaid benefits.
WI	Uniform Eligibility Groups	Some persons >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
WV	Dual Eligibility Codes	WV did not include partial benefit duals in codes 3, 6, and 7 (in byte 2) in its MSIS reporting.
WV	Dual Eligibility Codes	Through September 2002, WV assigned the majority of its dual eligible population to dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicaid eligibility is unknown.
WV	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. WV also switched contractors at this time. It appears that the state's review of its dual coding resulted in an increase in the total number of reported duals. In addition, the state stopped using dual code 9 and moved most of these duals to code 8. There was also a decrease in the number of partial duals reported to code 1.
WV	Managed Care	In October 2002, PCCM enrollment dropped by about 10% (cause unknown).
WV	SCHIP Code	WV does not report its S-SCHIP enrollment. Its M-SCHIP program had phased out by late 2000.
WV	SSN	In West Virginia, 1,312 SSNs had duplicate records; this represents 0.7% of records in CY02. The majority of these records are for children.
WV	SSN	Four percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 96 percent of these enrollees were age 5 or younger.
WV	TANF/1931	WV does not have a reliable TANF flag. The TANF flag is 9-filled for all eligibles.

State	Measure	Issue
WV	Uniform Eligibility Groups	Enrollment in uniform groups 11-12 is about 15 percent higher than the number of SSI recipients reported by SSA. This may be caused by persons receiving state supplemental SSI benefits administered by the state.
WV	Uniform Eligibility Groups	In October 2002, WV began using a new set of state specific eligibility codes as it moved to a new MMIS contractor. This resulted in some redistribution by uniform eligibility groups as some previous mapping errors were discovered. Uniform eligibility groups 35 and 45 increased while group 15 declined. This suggests that poverty-related women were undercounted in the past. In addition, aged nursing home recipients previously mapped to uniform eligibility group 11 were moved to group 41.
WV	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
WY	Dual Eligibility Codes	In October 2002, many states updated their dual coding, in preparation for the new Medicare Part D program. WY's total dual enrollment did not change much from September to October. However, WY continues to report <200 persons to dual code 9 (in byte 2) each month whose eligibility for Medicare could not be confirmed by the state.
WY	Managed Care	WY has no MC enrollment.
WY	SCHIP Code	Wyoming has an S-SCHIP program, but is not reporting its eligibles into MSIS. The state does not have an M-SCHIP program.
WY	SSN	In CY02, 58 SSNs have duplicated records; this represents <1% of records in that year.
WY	SSN	Six percent of Medicaid enrollees in the CY02 MAX file were missing an SSN. About 94 percent of these enrollees were age 20 or younger, and 87 percent were age 5 or younger. In addition, eight percent of enrollees missing an SSN were aliens who only qualified for emergency coverage.
WY	TANF/1931	Wyoming's TANF data are not reliable.
WY	Uniform Eligibility Groups	Some persons age > 64 years are mapped to uniform eligibility groups 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.