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**MEDICAID ANALYTIC EXTRACT
STATE ELIGIBILITY
ANOMALIES (2006)**

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ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

Abbreviations

DIV	division
ID	identifier or identification number or Idaho
Pharm	pharmacy
Psych	psychiatric

Acronyms

ACF	Administration for Children and Families
AIDS	acquired immunodeficiency syndrome
BCCPTA	Breast and Cervical Cancer Prevention and Treatment Act
BHO	behavioral health organization
CADI	Community Alternatives for Disabled Individuals waiver
CDCE	Consumer Directed Care for the Elderly waiver
CIDC	chronically ill disabled children
CLTC	community long-term care
CMS	Centers for Medicare & Medicaid Services
COPES	community options program entry system
DME	durable medical equipment
DMO	disease management organization
DRG	diagnosis related group
DSCYF	Department of Services for Children, Youth, and Families
DSH	disproportionate share hospital
EDB	Medicare Enrollment Database
EPSDT	Early Periodic Screening, Diagnosis, and Treatment program
ER	emergency room
ERC	Enhanced Residential Care waiver
ESI	employer-sponsored insurance
FFS	fee-for-service
FFY	federal fiscal year
FIPS	Federal Information Processing Standards
FP	family planning
FPACT	Family Planning, Access, Care and Treatment program
FPL	federal poverty line
FQHC	Federally Qualified Health Center
FY	fiscal year
HCBS	home- and community-based care services
HCFA	Health Care Financing Administration

ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

Acronyms

HCPC	Health Care Common Procedure Code
HCPCS	Health Care Common Procedure Coding System
HH	home health
HIFA	Health Insurance Flexibility and Accountability
HIO	health insuring organization
HIPAA	Health Insurance Portability and Accountability Act
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndr
HMO	health maintenance organization
ICF/DD	intermediate care facility for people with developmental disabilities
ICF/MR	intermediate care facility for the mentally retarded
ICN	internal claim number
IHS	Indian Health Service
IP	inpatient hospital claims file; inpatient
KFF	Kaiser Family Foundation
LT	institutionalized long-term care claims file
LTC	long-term care
MAX	Medicaid Analytic Extract
MAXTOS	MAX type of service
MC	managed care
MC+	Managed Care Plus waiver
MCCN	Managed Care Community Networks
M-CHIP	Medicaid Children's Health Insurance Program
MCO	managed care organization
MEDS-AD	Medicaid for Aged or Disabled waiver
MFP	Money Follows the Person program
MH	mental hospital
MH/MR	mental hospital for people with mental retardation
MMIS	Medicaid Management Information System
MR/DD	mental retardation/development disability
MR/RD	mental retardation/related disabilities
MSIS	Medicaid Statistical Information System
NDC	National Drug Code
NET	non-emergency transportation
NF	nursing facility
NHIC	National Heritage Insurance Company
OT	other, non-institutional claims file; occupational therapy
PACE	Program of All-Inclusive Care for the Elderly
PAHP	Prepaid Ambulatory Health Plans

ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

Acronyms

PCCM	primary care case management
PCN	primary care network
PEP	Physician's Enhanced Program
PHP	prepaid health plan
PIHP	prepaid inpatient health plan
PMAP+	Prepaid Medical Assistance Project Plus waiver
PSARR	Pre-admission Screening and Resident Review
PSF	MAX person summary file
PT/OT	physical therapy/occupational therapy
QI	Qualified Individuals
QI-1	Qualified Individuals 1
QI-2	Qualified Individuals 2
QMB	Qualified Medicare Beneficiary
RHC	Rural Health Clinic
RNIP	Relief to Needy Indian Person
RX	prescription drug claims file
SCAN	Senior Care Action Network
S-CHIP	state-financed State Children's Health Insurance Program
SEDS	CHIP Statistical Enrollment Data System
SIPP	Statewide Inpatient Psychiatric Program
SLF	supportive living facilities
SLMB	Specified Low-Income Medicare Beneficiary
SNF	skilled nursing facility
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
TANF	Temporary Assistance for Needy Families
TB	tuberculosis
TBI	traumatic brain injury
TCM	targeted case management
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
TMA	transitional medical assistance
TOS	type of service
TPL	Third-Party Liability
UB, UB92, UB-9	uniform billing form/code
UEG	uniform eligibility group
UHN	Universal Health Network
VHAP	Vermont Health Access Plan

MAX 2006 State Eligibility Anomalies

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

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AK	CHIP	AK reported M-CHIP children in MSIS. The state did not have an S-CHIP program.
AK	County Codes	AK's county codes are correct even though they do not follow the usual pattern of 3-digit odd numbers.
AK	Dual Eligibility Codes	About 10 percent of EDB duals were only identified as a result of the EDB link in 2006, a higher percentage than in most states.
AK	Dual Eligibility Codes	In AK, the SSI state supplement income standard is approximately 110 percent of poverty for a single individual, and 122 percent of poverty for a couple. As a result, the vast majority of QMBs and SLMBs are eligible for full Medicaid benefits and AK reports very few QMB-only, SLMB-only, and QI-1s (dual codes 1, 3, and 6 respectively, in byte 2 of the crossover code).
AK	Length of Enrollment	Due to seasonal employment in the summer, many families do not qualify for benefits all year. In addition, enrollment fell somewhat in the fall of 2006. AK officials said the new citizenship verification requirements slowed down applications and recertifications.
AK	Managed Care	AK correctly reported no managed care enrollment in MAX in 2006. A fee-for-service transportation plan was mistakenly reported to CMS managed care data in June 2006.
AK	Private Health Insurance	About 62 percent of enrollees had private insurance in AK, a higher percentage than in most states. These higher rates are primarily due to Native Americans who qualified for Indian Health Service coverage.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AK	Race/Ethnicity	In 2006, race was not reported for 6.4 percent of enrollees (including all Hispanic enrollees).
AK	SSN	AK had 10 SSNs with duplicate records in 2006 (affecting less than 0.1 percent of enrollee records). A majority of these records were for children.
AK	TANF/1931	The TANF field is 9-filled for all enrollees.
AK	Uniform Eligibility Groups	AK's 1115 Denali KidCare waiver (waiver ID 'CP', waiver type '1', approved in late 2004) expands Medicaid coverage to M-CHIP children with family income of 150-175 percent of the federal poverty level. These children were not separately identifiable in MAX data until October 2005 (mapped to uniform eligibility groups 54 and 55).
AK	Uniform Eligibility Groups	AK has a 6 months continuous eligibility guarantee for children. Enrollment for children and adults usually declines somewhat in July (a peak employment time).
AK	Uniform Eligibility Groups	The number of enrollees in uniform groups 11-12 exceeds SSI counts because AK has a state-administered SSI supplement.
AK	Uniform Eligibility Groups	AK did not have a medically needy program.
AK	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, AK requires them to separately apply for Medicaid coverage.
AK	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in AK in 2006. About 18 percent of 1915© waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AK	Waivers	No enrollment was reported for AK's 1915(b) Non Emergency Transportation waiver (waiver type '2') in 2006 and 2007. These services were covered under the State Plan beginning January 2007.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AL	CHIP	AL's S-CHIP program was not reported in MSIS. M-CHIP enrollment phased out by the end of 2002.
AL	County Codes	AL assigns some foster care children to county code 100.
AL	Date of Death	About 100 records had a reported year of death prior to 2006.
AL	Dual Eligibility Codes	About 48 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
AL	Managed Care	United Medicare Complete is classified by the state as a Health Maintenance Organization (HMO) for dual eligibles. The capitation rate covers Medicare copays and deductibles. This plan does not include drug benefits. This plan is not reported in CMS June managed care data.
AL	Managed Care	About 475,000 eligibles received plan type 08 each month in MAX. These persons were enrolled in what AL refers to as its "PHP Network." This is not a comprehensive managed care plan. Rather, the PHP Network provides only inpatient care for persons who do not have Medicare Part A coverage.
AL	Managed Care	AL's prenatal/delivery plan is not reported as a managed care plan in MAX because payment is provided on a global fee basis. However, it is reported in CMS's annual June Medicaid managed care report.
AL	Managed Care	AL's MAX data show about 16 percent fewer PCCM enrollees than June CMS managed care data (cause unknown).
AL	Race/Ethnicity	In 2006, race was not reported for 6.1 percent of enrollees (including all Hispanic enrollees).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AL	SSN	AL had 947 SSNs with duplicate records in 2006 (affecting 0.2 percent of enrollee records). In addition, 1.8 percent of enrollees did not appear to have valid information in the first three positions of the SSN field according to the SSA high group test results (cause unknown).
AL	TANF/1931	The TANF flag is 9-filled for all enrollees.
AL	Uniform Eligibility Groups	AL did not have a medically needy program.
AL	Uniform Eligibility Groups	AL continues to report little enrollment to uniform eligibility groups 44-45 due to state coding limitations.
AL	Uniform Eligibility Groups	Throughout 2006, the vast majority of adult enrollees in AL were reported to uniform eligibility group 55 and only qualified for family planning benefits.
AL	Uniform Eligibility Groups	In 2006, AL had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. AL's 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F') extends family planning only services to eligible women. Also, the state continued to report enrollment to its 1115 waiver for Hurricane Katrina evacuees (waiver ID 'KA', waiver type 'A') through September 2006 although the waiver expired in June 2006.
AL	Waivers	Enrollment in AL's 1115 family planning waiver (waiver ID 'FP', waiver type 'F') and uniform eligibility group 55 declined beginning in February due to the state's termination of enrollees who either failed to comply with the annual review process or who did not utilize services for a given period of time.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AR	CHIP	In April 2004, AR added an S-CHIP program for unborn children up to 200 percent of the federal poverty level. These S-CHIP children are not included in MSIS data. Child M-CHIP enrollment is reported to MSIS beginning in October 2006 (after a few years of no M-CHIP reporting). In October 2006, AR also added adult M-CHIP coverage through a HIFA waiver, but these enrollees were omitted from MSIS data. As a result, uniform eligibility group 55 is under-reported.
AR	Date of Death	Over 2,000 enrollees had a year of death prior to 2006.
AR	Dual Eligibility Codes	AR's reporting for SLMB-only enrollees (dual code 3) was incomplete in 2006.
AR	Dual Eligibility Codes	AR provided full Medicaid benefits to the aged with income up to 80 percent of the federal poverty level beginning in 2002. These individuals are not separately identifiable in MAX and may not have been identified by the state, when appropriate, as dual eligibles (in which case they were reported to code 0 in byte 2 of the monthly dual code) through September 2006. However, beginning in October, AR began to correctly identify these individuals as full duals (reported to code 2 in byte 2 of the monthly dual code).
AR	Dual Eligibility Codes	Through September, AR assigned dual code 2 (in byte 2) to all full benefit duals. Beginning in October, AR modified its method of identifying dual eligibles. This led to a reallocation of most full duals to code '8' from '2' and some partial duals from '1' to '6' in byte 2 of the the monthly dual code.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AR	Dual Eligibility Codes	AR continued to have some problems in identifying its dual eligible population in 2006. AR reported 4,678 persons as duals in 2006 who were not found in the EDB files. In addition, 8 percent of all EDB duals were determined to be duals as a result of the EDB link. These individuals had not been identified as dual eligibles in MSIS data.
AR	Managed Care	In June 2006, MSIS reported 23 percent fewer PCCM enrollees than the annual CMS managed care survey (cause unknown).
AR	Managed Care	AR's transportation 1915(b) waiver program (ID = "NET") is reported to managed care plan type '08'.
AR	Private Health Insurance	AR's private insurance data are not reliable.
AR	Race/Ethnicity	In 2006, race was not reported for 9.3 percent of enrollees (including all Hispanic enrollees).
AR	Restricted Benefits Flag	Beginning in 2002, AR provided full Medicaid benefits to aged persons with income up to 80 percent of the federal poverty level. These individuals are not separately identifiable in MAX data and may have been mistakenly assigned restricted benefits flag 3 (restricted benefits related to Medicare cost-sharing) through September 2006. However, beginning in October, AR began to correctly identify these individuals as full duals, assigning them restricted benefits flag 1 (full benefits).
AR	SSN	AR had 186 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
AR	SSN	In AR, 10.6 percent of enrollees had missing SSNs in 2006. About 76 percent of these were age 20 or younger; 6 percent only qualified for family planning benefits.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AR	TANF/1931	The TANF flag is 9-filled for all enrollees.
AR	Uniform Eligibility Groups	Beginning in 2002, AR provided full Medicaid benefits to aged persons with income up to 80 percent of the federal poverty level. However, these individuals were not reported as full duals to uniform eligibility group 31, as expected, until October 2006.
AR	Uniform Eligibility Groups	In 2006, AR had five 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. AR's 1115 HIFA Safety Net Benefit waiver (waiver ID 'A1', waiver type '5') was implemented in October 2006 and expands eligibility to parents and spouses of Medicaid and CHIP children and childless adults and spouses who are employed by a participating employer. (This waiver also transitioned the state's 1915(b) Primary Care Physician Program waiver population into this waiver.) Parents and childless adults covered under the expansion component of this HIFA waiver are not reported in MSIS because the program is administered outside of the state's MMIS; only those enrolled in the Primary Care Physician Program are reported in MSIS. In addition, the state's 1115 Family Planning waiver (waiver ID 'B1', waiver type 'F') expands family planning (only) coverage to women. AR's 1115 ARKidsB waiver (waiver ID 'A9', waiver type '1') expands Medicaid eligibility to uninsured children through age 18. AR's 1115 TEFRA waiver (waiver ID 'B3', waiver type '1') expands coverage to disabled children. Finally, AR had an 1115 waiver for evacuees of Hurricane Katrina, but no enrollment in this group was reported in 2006.
AR	Waivers	Enrollment in AR's 1115 ARKidsB waiver (waiver ID 'A9', waiver type '1') decreased by approximately 1,000 (11%) in July 2006 (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AR	Waivers	AR's 1915(c) Family Friends Respite waiver 1 (waiver ID 'A6', waiver type 'T') and 1915(c) Family Friends Respite waiver 2 (waiver ID 'A7', waiver type 'L') both expired at the end of 2005.
AR	Waivers	Beginning in October 2006, enrollees previously in AR's 1915(b) Primary Care Physician program waiver (waiver ID 'A1', waiver type '2') were enrolled in the state's new 1115 HIFA Safety Net Benefit waiver (waiver ID 'A1', waiver type '5').

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AZ	CHIP	Arizona began to report its S-CHIP children in MSIS in October 2006. In addition to children, AZ's S-CHIP program covered adults. These adult enrollees are not reported to MSIS. The state does not have an M-CHIP program.
AZ	County Codes	County Code 012 is the proper FIPS code for La Paz county, which was formed out of Yuma county in the early 80s.
AZ	Dual Eligibility Codes	AZ provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the dual code) were reported in the state.
AZ	Dual Eligibility Codes	AZ began to implement a new MMIS in October 2005. During the transition, some aged and disabled enrollees were excluded from MSIS data by mistake. Enrollees in uniform eligibility group 31 (poverty-related, aged) seem to have been most affected by this problem. This had a large impact on AZ's dual reporting from October 2005 to September 2006, resulting in an undercount of roughly 6,000 full duals and 15,000 partial duals. AZ's dual reporting did not return to expected levels until October 2006.
AZ	Managed Care	CMS June 2006 managed care data show about 12 percent fewer enrollees in LTC managed care compared to MSIS. LTC plans are reported as HMOs in the CMS data, but plan type 5 (LTC plans) in MSIS data.
AZ	Managed Care	In 2006, AZ reported about 10.5 percent greater behavioral health plan enrollment than CMS data. The state believes its MSIS BHO reporting is reliable.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AZ	Managed Care	In AZ, almost 88 percent of full-benefit enrollees (including 71 percent of full-benefit duals) were enrolled in comprehensive managed care plans. Many of the enrollees without managed care coverage each month are covered by the Indian Health Service.
AZ	Race/Ethnicity	In 2006, race was not reported for almost 50 percent of enrollees (including all Hispanic enrollees).
AZ	SSN	AZ had 221 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
AZ	SSN	About 11 percent of enrollees were missing SSNs in 2006. About 48 percent of these enrollees were age 20 or less, while 75 percent were aliens who only qualified for emergency coverage.
AZ	Uniform Eligibility Groups	In 2006, AZ had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. AZ administers its entire Medicaid program through its Health Care Cost Containment System waiver. This waiver also expands coverage of family planning only benefits to women (waiver ID 'A1', waiver type 'F') and expands coverage to parents and caretakers of Medicaid and S-CHIP children and childless adults (waiver ID 'A1', waiver type '5') through a HIFA amendment (only the childless adults are reported in MAX). The state also continued to report enrollment in its 1115 waiver for Hurricane Katrina evacuees (waiver ID 'KR', waiver type 'A') through June 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
AZ	Uniform Eligibility Groups	AZ provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
AZ	Uniform Eligibility Groups	AZ did not have a medically needy program.
AZ	Uniform Eligibility Groups	AZ began to implement a new MMIS in October 2005. During the transition, aged enrollees and some disabled enrollees were excluded from MSIS data by mistake. Enrollees in uniform eligibility groups 31 and 41 were most affected by this problem. These groups declined by 15,000 and 5,000, respectively. As would be expected, these declines also affected dual eligible counts. State reporting of these groups did not return to expected levels until October 2006.
AZ	Waivers	AZ's family planning only (waiver type 'F') and HIFA (waiver type '5') coverage were not reported with separate waiver IDs because they were components of the larger section 1115 Medicaid demonstration waiver (waiver ID 'A1'), the Arizona Health Care Cost Containment System.
AZ	Waivers	AZ did not report all Medicaid enrollees to its 1115 Health Care Cost Containment System waiver (waiver ID 'A1', waiver type '1') in 2005 even though the state administers its entire Medicaid program through this waiver, and thus all Medicaid enrollees are enrolled in this waiver. This issue was corrected in 2006. Also in 2005, the state did not separately identify 1115 HIFA enrollees (waiver ID 'A1', waiver type '5'). This was also corrected in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CA	CHIP	CA reported M-CHIP children in MSIS. Some M-CHIP enrollees in state-specific eligibility groups 7C, 8N, and 8T are correctly mapped to uniform eligibility group 44. These children are undocumented aliens eligible for emergency services only. The state's S-CHIP program was not reported in MSIS.
CA	Date of Death	Date of death data were not reported in CA.
CA	Dual Eligibility Codes	CA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. Beginning in January 2003, CA coded its 100 percent of the federal poverty level group (state group IH) to dual code 2 (in byte 2 of the crossover code). Because CA has special income disregards up to 33 percent of the federal poverty, dual code 2 includes persons whose income can exceed 100 percent of the federal poverty level. As a result, relatively few QMB only or SLMB only duals (codes 1 and 3) were reported in the state, and no one was reported to dual code 4.
CA	Dual Eligibility Codes	About 85 percent of aged enrollees were identified as EDB duals in 2006, a lower percentage than in most states. This may occur because CA has a larger population of qualified aged immigrants who are not yet eligible for Medicare coverage. In addition, CA has some aged unqualified aliens who only received emergency benefits under Medicaid.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CA	Managed Care	CA reports many more dental PHP enrollees in MSIS than are reported in CMS managed care counts. A small portion of CAs dental enrollees are enrolled in "true blue" dental PHPs. These are the persons that appear in the CMS data. The remaining 5 million enrollees participate in a hybrid FFS/PHP dental plan. The CMS data do not count these plans as PHPs, but MSIS does. In addition, CA reported enrollment in several hybrid PCCM plans into plan type 8 (other) in MSIS since these are limited risk contracts and not true PCCMs. Finally, the state's Senior Care Action Network (SCAN) plan enrollment is reported as an HMO in MSIS, but is reported to the 'other' grouping in CMS managed care data.
CA	Missing Eligibility Data	In 2006, 3.0 percent of records (n=334,725) in the CA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$204,869,845 and averaged \$612 per record in the person summary file.
CA	Race/Ethnicity	In 2006, race was not reported for 62.1 percent of enrollees (including all Hispanic enrollees).
CA	Restricted Benefits Flag	FPACT eligibles only qualify for family planning benefits (restricted benefits flag 6). CA also has a large group of enrollees assigned restricted benefits flag 2 who only qualify for emergency benefits due to their alien status. Finally, persons assigned restricted benefits flag 5 are in hospice and thus have some benefit restrictions.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CA	SSN	About 36 percent of enrollees were missing SSNs in 2006. Over 60 percent of those with missing SSNs only qualified for family planning benefits and 24 percent were aliens who only qualified for emergency coverage. In addition, 63 percent of these enrollees were age 21-44 years.
CA	TANF/1931	CA reported about 39 percent fewer TANF enrollees in MSIS during 2006 compared to ACF administrative data. Part of the problem is that TANF status is reported as "unknown" for over 120,000 eligibles each month because L.A. county was unable to report TANF status.
CA	Uniform Eligibility Groups	CA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. In addition, the state disregards income up to 33 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
CA	Uniform Eligibility Groups	Child Medicaid enrollment declined by over 13 percent throughout 2006 and adult enrollment declined by almost 15 percent. The child declines were partially offset by increases in M-CHIP enrollment. These declines may have occurred in part because of increased income and citizenship verification requirements implemented in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CA	Uniform Eligibility Groups	In 2006, CA had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. CA's very large 1115 FPACT waiver (waiver ID '01', waiver type 'F') in December 1999. This waiver extends family planning benefits (only) to eligible working age persons. Enrollment exceeded 1.5 million per month during 2006. Also, CA continued to report its 1115 waiver for evacuees of hurricane katrina (waiver ID '19', waiver type 'A') beyond the waiver's expiration date of June 31, 2006; however, a comparison with CMS administrative data suggest that these enrollees may be undercounted in MAX.
CA	Waivers	No enrollment was reported for CA's 1915(c) Home and Community Based Services Assisted Living waiver (waiver ID '18', waiver type 'G') in 2006. This waiver was approved in April 2005 and implemented in March 2006.
CA	Waivers	Enrollment in CA's 1115 Senior Care Action Newtork (waiver ID '02', waiver type '1') increased dramatically from approximately 20 in December 2005 to approximately 2,500 in January 2006 (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CO	CHIP	CO has an S-CHIP program that covers children, and a HIFA waiver to extend S-CHIP coverage to pregnant women to 185 percent of the federal poverty level. CO's child and adult S-CHIP program was not reported in MSIS until July 2004. The state does not have an M-CHIP program.
CO	Dual Eligibility Codes	CO continued to report the vast majority of full benefit duals (including most duals who were SSI recipients) to dual code 8 (in byte 2 of the crossover code), although several thousand were reported to dual code 2 as of October 2006.
CO	Dual Eligibility Codes	About 6 percent of EDB duals were only identified as a result of the EDB link in 2006, a higher percentage than in most states.
CO	Dual Eligibility Codes	In 2006, about 6,000 persons reported to Uniform Eligibility Groups 11-12 and 42 were assigned partial dual codes 51, 53, or 56, and restricted benefits flag 1 (full benefits). This combination is not consistent but state data are not clear about whether these individuals were full or partial duals.
CO	Managed Care	CO's "Colorado Access" HMO plan (Plan ID 04022042) terminated after August, causing a noticeable drop in HMO enrollment in September.
CO	Managed Care	After a gradual decline in the last 6 months of 2005, CO's behavioral health plan enrollment increased by approximately 50,000 (14 percent) in January 2006. This increase occurred across several plans. In addition, PCCM reporting increased over 60 percent during the year.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CO	Missing Eligibility Data	In 2006, 2.5 percent of records (n=15,807) in the CO file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$18,545,967 and averaged \$1,173 per record in the person summary file.
CO	Race/Ethnicity	In 2006, race was not reported for 59.9 percent of enrollees (including all Hispanic enrollees).
CO	SSN	CO had 301 SSNs with duplicate records in 2006 (affecting 0.2 percent of enrollee records).
CO	SSN	Over 7 percent of enrollees were missing SSNs in 2006. About 74 percent of these enrollees were under age 20 and 60 percent were age 5 or younger. In addition, 29 percent were aliens who only qualified for emergency coverage.
CO	TANF/1931	The TANF flag is 9-filled for all enrollees.
CO	Uniform Eligibility Groups	CO did not have a medically needy program.
CO	Uniform Eligibility Groups	CO shows many more SSI recipients in uniform eligibility groups 11-12 than SSA data, but this probably occurs because CO has a state-administered SSI supplement.
CO	Waivers	No enrollment was reported for CO's 1115 Consumer Directed Attendant Support waiver (waiver ID 'AS', waiver type '1') in 2006 because the state is waiting for approval from CMS to activate the claims processing system for this waiver.
CO	Waivers	CO's 1915(c) Consumer Directed Care for the Elderly (CDCE) waiver (waiver ID 'CD', waiver type 'H') was approved in 2004 but the state only began to report enrollment in this waiver in March 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CT	CHIP	CT's child S-CHIP program was not reported in MSIS. The state's child M-CHIP program was phased out in 2002.
CT	Private Health Insurance	CT had problems with reliably reporting the private health insurance status for most dual eligibles in 2006. As a result, these persons are assigned code 9 (status unknown).
CT	Race/Ethnicity	CT had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables.
CT	SSN	CT had 1,146 SSNs with duplicate records in 2006 (affecting 0.4 percent of enrollee records). The majority of these records are for children.
CT	TANF/1931	The TANF flag is 9-filled for all enrollees.
CT	Uniform Eligibility Groups	CT is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. CT only reports about one third of the SSI population in uniform groups 11-12. Some SSI recipients are reported to uniform groups 41-42 but they cannot be identified with existing data. In addition, SSI disabled children who qualify for Medicaid are not reported to uniform group 12.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
CT	Uniform Eligibility Groups	Between June and July 2006, there were shifts within uniform eligibility groups 44-45 to 14-15. This change was expected. In 2005, CT changed its Medicaid rules to reduce its transitional Medicaid period from 24 months to 12 months. The law went into effect on July 1, 2005, and as a result, many families receiving transitional Medicaid benefits became ineligible on June 30, 2006. However, at the end of this transition period, eligibility redeterminations found that some of these families still qualified for Medicaid, as the state had also increased the income limit for 1931 families from 100 percent to 150 percent FPL.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
DC	CHIP	DC reported M-CHIP children in MSIS. The state did not have an S-CHIP program.
DC	Dual Eligibility Codes	DC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. Also, beginning in October 2005, DC used disregards to expand income eligibility for QMB benefits to 300 percent of the federal poverty level. As a result, virtually all duals are reported as QMB only or QMB plus duals (code 1 or 2, respectively, in byte 2 of the dual code).
DC	Length of Enrollment	About 71 percent of eligibles were enrolled all 12 months in 2006, a higher percentage than in most states.
DC	Managed Care	The "Health Services for Children with Special Needs" plan is reported as an HMO in MAX. This plan is reported as a "Medical-Only Prepaid Inpatient Health Plan" (or PIHP) in the CMS managed care report.
DC	Race/Ethnicity	In 2006, race was not reported for 11.4 percent of enrollees (including all Hispanic enrollees).
DC	SSI	Relative to the number of aged and disabled SSI recipients reported to SSA, DC reported 16 percent more eligibles under uniform groups 11 and 12. This difference may be because DC has a state-administered SSI supplement.
DC	SSN	DC had 91 SSNs with duplicate records in 2006 (affecting 0.1 percent of enrollee records).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
DC	TANF/1931	In October 2006, DC had a substantial drop in its TANF enrollment reported to the Administration for Children and Families, as it transferred some enrollees to a state-funded program. MSIS data, however, continued to report these state program participants as TANF enrollees.
DC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
DC	Uniform Eligibility Groups	In 2006, DC had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. DC's 1115 Program to Enhance Medicaid Access for Low-Income HIV Infected Individuals waiver (waiver ID '06', waiver type '1', approved in January 2001) expands Medicaid coverage to HIV positive individuals who meet income criteria. The state's 1115 Childless Adult waiver (waiver ID '01', waiver type '1', implemented in February 2003) expands Medicaid eligibility to certain low-income childless adults ages 50-64. Finally, DC continued to report enrollment in its 1115 waiver for Hurricane Katrina evacuees (waiver IDs '07' and '08', waiver type 'A') through April 2006.
DC	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in DC. About 12 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
DC	Waivers	DC reported a small number of people in its 1915(c) Special Needs waiver (waiver ID '02', waiver type 'K') in 2006. This waiver provides water purification systems to people with HIV/AIDS who would otherwise require institutionalization.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
DC	Waivers	By mistake, a Ticket to Work program was reported to Waiver Type '7' and ID '04' in MAX 2005. This program is not a waiver and was not reported in 2006 MAX data.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
DE	CHIP	DE's child S-CHIP program was not reported in MSIS. The state did not have an M-CHIP program until July 2002 when the state added an M-CHIP program for infants with family income between 186 and 200 percent of the federal poverty level. This somewhat small M-CHIP program is reported in MAX.
DE	Dual Eligibility Codes	Aged and disabled duals are enrolled in the transportation managed care plan.
DE	Dual Eligibility Codes	About 46 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
DE	Managed Care	DE reports enrollment in a transportation PHP (plan type '08') and a PCCM (plan type '07'). The transportation plan was not reported in CMS MC data for June 2006, while the PCCM plan was reported as a FFS capitation plan under the "other" grouping. Somewhat unusual, DE pays for PCCM services on a fee-for-service (FFS) basis when they occur.
DE	Race/Ethnicity	In 2006, race was not reported for 14.5 percent of enrollees (including all Hispanic enrollees).
DE	SSN	DE had 24 SSNs with duplicate records in 2006 (affecting 0.0 percent of enrollee records).
DE	SSN	Almost 10 percent of enrollees were missing SSNs in 2006. About 79 percent of these enrollees were children and 28 percent were aliens who only qualified for emergency services.
DE	TANF/1931	The TANF flag is 9-filled for all enrollees.
DE	Uniform Eligibility Groups	DE did not have a medically needy program.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
DE	Uniform Eligibility Groups	Between June and December 2006, the number of enrollees in UEG 44/45 decreased as the number of enrollees in UEG 14/15 and 34 increased. DE indicated that this was due to a State Plan Amendment, which expanded the state's 1931 income disregards.
DE	Uniform Eligibility Groups	In 2006, DE had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. DE's 1115 Diamond State Health Plan waiver (waiver ID '01', waiver types '1' and 'F') extended full Medicaid benefits to certain low-income adults (including childless adults) and extended family planning benefits (only) for 24 months to women otherwise leaving Medicaid. (This waiver also implemented a mandatory Medicaid managed care program statewide.) DE also had a 1115 waiver that extended benefits to Hurricane Katrina evacuees (waiver ID '07', waiver type 'A'). Enrollment was reported in this waiver through February 2006.
DE	Waivers	DE's family planning only coverage was reported as a separate family planning only waiver type (waiver ID '01', waiver type 'F'), even though it was part of the larger 1115 Diamond State Health Plan waiver (waiver ID '01', waiver type '1').

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
FL	CHIP	FL reported M-CHIP and S-CHIP children in MSIS. The enrollment reported in its S-CHIP program, however, is incomplete and only for a subset of eligibles ages 1-5 years who transferred out of Medicaid.
FL	Dual Eligibility Codes	FL provided full Medicaid benefits to the aged and disabled with income up to 90 percent of the federal poverty level. Nevertheless, FL still had a large group of QMB only duals (code 1 in byte 2 of the crossover code).
FL	Dual Eligibility Codes	Major shifts by dual code occurred in January 2006, with many full duals moving to partial dual status. Many full duals who used drug expenses to spend down in 2005 became partial duals as a result of Medicare Part D coverage.
FL	Managed Care	FL has a Transportation Plan for Medicaid eligibles, but is currently unable to report plan enrollment or expenditures in MSIS. June 2006 CMS administrative data show 82,399 persons in this plan.
FL	Managed Care	Beginning in January 2003, enrollment in several disease management organization (DMO) plans were reported to plan type 08 (Other). However, the provider IDs used in MSIS are not plan level IDs. In addition, a somewhat different method is used to identify DMO enrollees in MSIS than is used for the June 2006 CMS data, accounting for somewhat different results.
FL	Managed Care	In August and October 2006, there were large shifts from plan type 07 (PCCM) to plan type 3 (BHO) caused by a change in how Medipass BHO enrollment was reported. Because of this, PCCM enrollment in MAX is undercounted in the second half of the year.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
FL	Race/Ethnicity	In 2006, race was not reported for 35 percent of enrollees (including all Hispanic enrollees).
FL	Restricted Benefits Flag	FL assigned the "other" restricted benefits flag (code 5) to many persons qualifying through the medically needy provisions. Persons in this group are eligible for a slightly reduced set of services.
FL	SSN	FL had 338 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
FL	TANF/1931	The TANF flag is 9-filled for all enrollees.
FL	Uniform Eligibility Groups	In 2006, FL had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. FL's 1115 Family Planning waiver (waiver ID '03', waiver type 'F') extends family planning benefits (only) for 24 months to women otherwise leaving Medicaid. The state's 1115 MEDS-AD waiver (waiver ID '23', waiver type '1') expands Medicaid coverage for certain aged and disabled individuals who were a previous optional Medicaid eligibility group that was eliminated from the State Plan in 2005. By mistake, no enrollment was reported for this waiver in 2006. However, these enrollees are reported to aid categories "MM S" and "MI M" (in the first four bytes). Finally, FL continued to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID '21', waiver type 'A') through August 2006; however, a comparison with CMS administrative data suggests that these enrollees may be undercounted in MAX.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
FL	Waivers	<p>No enrollment was reported for FL's 1115 Medicaid Reform waiver (waiver ID '22', waiver type '1') in 2006 even though this waiver was approved in October 2005. The state indicated that some of these individuals may have been reported to the state's 1915 (b) Managed Care (Medipass) waiver (waiver ID '05', waiver type '2'). Additionally, the state indicated that they underreported enrollment to five waivers, including: 1915(c) Assisted Living for the Elderly waiver (waiver ID '13', waiver type 'G'); 1915(c) Project AIDS Care waiver (waiver ID '14', waiver type 'K'); 1915(c) Adult Cystic Fibrosis waiver (waiver ID '16', waiver type 'L'); 1915(b)(c) Alzheimer's HCBS waiver (waiver ID '20', waiver type '4'); and 1915(b)(c) Comprehensive Adult Day Health Care Program (waiver ID '17', waiver type '4'). The underreporting may explain why about 19 percent of 1915(c) waiver service recipients had no reported waiver enrollment. Additionally, the state indicated it overreported enrollment in its 1915(b) Statewide Inpatient Psychiatric Program (SIPP) waiver (waiver ID '18', waiver type '2') in 2006.</p>
FL	Waivers	<p>FL began reporting enrollment in two waivers in 2006. The 1915(b)(c) Alzheimer's Home and Community Based Services waiver (waiver ID '20', waiver type '4') was approved and implemented in February 2004, but the state did not report enrollment until 2006. Similarly, the state's 1915(b)(c) Comprehensive Adult Day Health Care waiver (waiver ID '17', waiver type '4') was also approved and implemented in 2004, but the state did not report enrollment until September 2006.</p>

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
FL	Waivers	FL's 1115 Pharmacy Assistance waiver (SilverSaver) (waiver ID '02', waiver type '6') was no longer operative in January 2006, as a result of Medicare Part D implementation.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
GA	CHIP	GA reported S-CHIP children in MSIS. The state did not have an M-CHIP program.
GA	Dual Eligibility Codes	GA does not automatically code dually eligible SSI recipients as QMB plus duals (code 2 in byte 2 of the crossover code). Most SSI recipients are coded as "other" full benefit duals (code 8). GA had determined that it is more affordable to pay for Medicaid coverage than Medicare Part A premiums for duals who do not automatically qualify for Part A coverage. Dual SSI recipients can apply for QMB or SLMB status, but this status has no effect on the coverage/services they receive.
GA	Managed Care	Some managed care is under-reported in MSIS 2006 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 1.3 million individuals were enrolled in NET each month during 2006, according to CMS managed care data.
GA	Managed Care	Beginning in June 2006, GA shifted the majority of children and adults into HMOs.
GA	Managed Care	GA reported its Mental Health 1915(b) program (preadmission screening and annual resident review/PSARR) to plan type 07 (PCCM) by mistake. It should have been reported to plan type 03 (BHO).
GA	Missing Eligibility Data	In 2006, 2.8 percent of records (n=58,064) in the GA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$140,974,946 and averaged \$2,428 per record in the person summary file.
GA	Race/Ethnicity	In 2006, race was not reported for 7.0 percent of enrollees (including all Hispanic enrollees).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
GA	Restricted Benefits Flag	Only presumptively eligible pregnant women were assigned restricted benefits flag 4. GA assigns restricted benefits flag 5 to presumptively eligible women in uniform eligibility group 3A.
GA	SSN	GA had 3 SSNs with duplicate records in 2006 (affecting 0.0 percent of enrollee records).
GA	SSN	About 6.8 percent of enrollees were missing SSNs in 2006. About 64 percent of these enrollees were age 5 or younger, and 83 percent were age 20 or younger. In addition, about 0.9 percent of enrollees did not appear to have valid information, according to the SSA high group test results (cause unknown).
GA	TANF/1931	The TANF flag is 9-filled for all enrollees.
GA	Uniform Eligibility Groups	Monthly child Medicaid enrollment declined by over 13 percent during 2006 and adult enrollment declined by almost 15 percent. The child declines were partially offset by increases in S-CHIP enrollment. These declines may have occurred in part because of increased income and citizenship verification requirements implemented in 2006.
GA	Uniform Eligibility Groups	GA had one 1115 expansion waiver (reported to uniform eligibility groups 51-55) in place in 2006 that extended Medicaid benefits to evacuees of Hurricane Katrina (waiver ID 'KW', waiver type 'A'). Enrollment in this waiver was reported through May 2006.
GA	Waivers	No enrollment was reported for GA's 1915(b) Non-Emergency Transportation waiver (the NET Broker Program) (waiver type '2') in January through June 2006. This waiver expired July 2006 and the services were moved to the State Plan.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
HI	CHIP	HI reported M-CHIP children in MSIS. The state did not have an S-CHIP program.
HI	Dual Eligibility Codes	HI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, almost no QMB only duals (code 1 in byte 2 of the dual code) were reported in the state.
HI	Managed Care	About 2.5 percent of enrollees in the Comprehensive State Health Reform Quest 1115 waiver (waiver type '1' and waiver ID 'H1') were not reported to be enrolled in a managed care plan (in the managed care type and ID fields).
HI	Missing Eligibility Data	In 2006, 2.8 percent of records (n=6,584) in the HI file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting a managed care encounter or positive expenditures in MAX. These claims totaled \$2,001,261 and averaged \$304 per record in the person summary file.
HI	SSN	HI had 174 SSNs with duplicate records in 2006 (affecting 0.2 percent of enrollee records).
HI	TANF/1931	The TANF flag is 9-filled for all enrollees.
HI	Uniform Eligibility Groups	HI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
HI	Uniform Eligibility Groups	Poverty-related pregnant women (who should have been reported to uniform eligibility group 35) cannot be separately identified in HI's data. They are included with other adults reported to uniform eligibility group 55.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
HI	Uniform Eligibility Groups	In 2006, HI had one 1115 waiver in place that extended Medicaid benefits to otherwise ineligible individuals. HI's 1115 QUEST waiver (waiver ID 'H1', waiver type '1') is a comprehensive demonstration that mandates managed care coverage for most child and adult Medicaid enrollees, and some non-dual aged and disabled enrollees, and expands Medicaid coverage to some children, adults (including childless adults), and disabled enrollees.
HI	Uniform Eligibility Groups	HI is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. However, when enrollment in uniform eligibility groups 11-12 is compared to SSI administrative data, it appears that 90 percent of SSI recipients were enrolled in Medicaid.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IA	CHIP	IA reported M-CHIP children in MSIS. The state's S-CHIP child program was not reported in MSIS.
IA	Race/Ethnicity	In 2006, race was not reported for about 36 percent of enrollees (including all Hispanic enrollees). In Iowa, Medicaid applications state that reporting race/ethnicity is optional.
IA	SSN	IA had 459 SSNs with duplicate records in 2006 (affecting 0.1 percent of enrollee records). A majority of these records were for children.
IA	TANF/1931	The TANF flag is 9-filled for all enrollees.
IA	Uniform Eligibility Groups	In 2006, IA had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. The state's 1115 IowaCare waiver (waiver IDs 'X1' and 'H1', waiver type '1', implemented July 2005) expanded Medicaid coverage to (1) all individuals 19-64 (including childless adults) meeting specified income criteria; (2) certain low-income newborns and pregnant women; and (3) emotionally disturbed children who need home based care, would be eligible for Medicaid if they were institutionalized, and meet specified income criteria. IA's 1115 Family Planning Only waiver (waiver ID 'W1', waiver type 'F') was implemented in February 2006. Finally, IA had an 1115 waiver for Hurricane Katrina evacuees (waiver type 'A'), but no enrollment in this group was reported in 2005 or 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IA	Waivers	IA implemented the component of its 1115 IowaCare waiver that targets emotionally disturbed children who need home based care (waiver ID 'H1', waiver type '1') in July 2005, but did not start reporting this waiver population until October 2006. IA's 1115 Family Planning waiver (waiver ID 'W1', waiver type 'F') was implemented in February 2006. The state began to report significant enrollment to this waiver in February 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
ID	CHIP	ID reported M-CHIP children in MSIS. The state started an S-CHIP program in July 2004 and reported its S-CHIP enrollment in MSIS from the start.
ID	CHIP	In 2005, ID's S-CHIP and M-CHIP programs included a CHIP 1115 demonstration called "Access Card" that allows eligible children to choose monthly premium assistance for a private insurance plan of their choice instead of the standard S-CHIP or M-CHIP benefit packages. This waiver was not an expansion and children receiving "Access Card" premium assistance are not included in ID's MSIS data, including its waiver data. This causes S-CHIP enrollment to be somewhat undercounted in MSIS data from 2005 forward, but M-CHIP enrollment continues to be reliable.
ID	County Codes	County code was missing for 2.3 percent of enrollees in 2006.
ID	Managed Care	The state did not have any fully capitated managed care. They did have PCCMs, however.
ID	Private Health Insurance	ID had problems with reliably reporting the private health insurance status for most dual eligibles in 2006. As a result, these persons are assigned code 9 (status unknown).
ID	Restricted Benefits Flag	In July 2006, ID began assigning restricted benefit code '7' to enrollees in its "alternative benefits" benchmark plan.
ID	SSN	ID had 26 SSNs with duplicate records in 2006 (affecting < 0.1 percent of enrollee records).
ID	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
ID	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, ID requires them to separately apply for Medicaid coverage.
ID	Uniform Eligibility Groups	ID did not have a medically needy program.
ID	Uniform Eligibility Groups	The number of eligibles in uniform groups 11 and 12 exceeded SSI counts by about 23 percent. Two factors may contribute to the difference. To start, ID has a state administered SSI supplement. Second, some individuals in state group 54 may be mistakenly identified as SSI recipients.
ID	Uniform Eligibility Groups	In 2006, ID began to shift children in uniform eligibility groups 14 and 44 to 34, as it began to implement its Medicaid Modernization Plan.
ID	Uniform Eligibility Groups	In 2006, ID had one 1115 waiver for Hurricane Katrina evacuees in place that extended Medicaid benefits to otherwise ineligible individuals. However, ID did not report enrollment in this waiver in 2006.
ID	Uniform Eligibility Groups	About 1.4 percent of enrollees in the aged uniform eligibility group were under age 65 in 2006 (cause unknown).
ID	Waivers	ID's 1915(b) Healthy Connections waiver (waiver ID 'H1', waiver type '2') and its 1915 (c) TBI waiver (waiver IDs '11' and '12', waiver type 'J') were terminated in September 2006.
ID	Waivers	No enrollment was reported in ID's 1915(c) HCBS-Idaho State School and Hospital MR/DD waiver (waiver ID '06', waiver type 'L') in 2006. The state confirmed that this waiver ID often has very low or no enrollment although it is an active waiver ID.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IL	CHIP	IL reported M-CHIP and S-CHIP children in MSIS. In October 2003, IL implemented adult coverage under its S-CHIP program and also reports this coverage in MSIS. MSIS counts for S-CHIP children were about 37 percent lower than SEDS counts, while its adult S-CHIP counts were 12 percent higher than SEDS. Part of the difference may be that unborn children are counted as children in SEDS but, under their mother's enrollment, as adults in MSIS.
IL	Dual Eligibility Codes	In 2006, IL had a major drop in EDB duals. Many persons enrolled in the IL Pharm Plus waiver in 2005 no longer needed drug coverage through Medicaid in 2006 after the implementation of Medicare Part D. However, some enrollment in the Pharm Plus program continued. Presumably, this coverage was for persons with income/assets too high to qualify for Medicaid under traditional dual groups. Most of the Pharm Plus enrollees continued to be reported to dual code 09. These individuals receive restricted benefits flags X or Z.
IL	Dual Eligibility Codes	In IL more EDB duals were only identified as part of the EDB link than in most states. Most of these duals were enrolled in IL's Pharm Plus 1115 waiver.
IL	Dual Eligibility Codes	Almost 16 percent of EDB duals were only identified as a result of the EDB link in 2006, a higher percentage than in most states.
IL	Dual Eligibility Codes	IL provided full Medicaid benefits to the aged and disabled with income up to 85 percent of the federal poverty level.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IL	Managed Care	IL reported enrollment in plan type 08 (other). These plans consist of Primary Health Providers and Managed Care Community Networks (MCCN), and they provide different services than comprehensive plans. These plans appear to be reported as HMOs in the CMS managed care data.
IL	Race/Ethnicity	In 2006, race was not reported for 21.2 percent of enrollees (including 85 percent of Hispanic enrollees).
IL	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefits flag X or Z, indicating they only qualified for prescription drug benefits.
IL	Restricted Benefits Flag	IL assigned about 100 to 200 persons a month to restricted benefits flag 2 (unqualified aliens who only received emergency services). IL has other state-funded programs to cover most undocumented aliens.
IL	SSN	IL had 29,168 SSNs with duplicate records in 2006 (affecting 2.4 percent of enrollee records). Most (74.1 percent) of the enrollees with duplicate SSNs are children under age 21). More than one enrollee record can have the same SSN due to the state's system of assigning Medicaid identification numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled into Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication problems can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IL	TANF/1931	IL routinely reports higher TANF enrollment than ACF administrative data. IL includes "0-grant" enrollees in MSIS data, while these enrollees are excluded from ACF data.
IL	Uniform Eligibility Groups	IL provided full Medicaid benefits to the aged and disabled with income up to 85 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31 and 32.
IL	Uniform Eligibility Groups	IL is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In addition, the state was not able to report all SSI recipients into uniform groups 11 and 12. SSI recipients, including SSI state supplement recipients, were reported into other uniform groups. As a result, the number of persons reported into uniform groups 11 and 12 was considerably less than the number of SSI recipients.
IL	Uniform Eligibility Groups	Aged enrollment decreased by about 44 percent in 2006 because IL substantially scaled back its Pharm Plus 1115 waiver after the implementation of Medicare Part D.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IL	Uniform Eligibility Groups	In 2006, IL had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. IL's 1115 HIFA KidCare Parent Coverage waiver (waiver ID 'A2', waiver type '5', implemented fall 2002) expanded coverage to certain low-income children and parents. The state's 1115 Family Planning waiver (waiver ID 'A3', waiver type 'F', implemented June 2004), extended family planning benefits (only) for 24 months to women otherwise leaving Medicaid. Finally, the state's 1115 Pharm Plus for Low-Income Seniors waiver (SeniorCare) extended drug benefits to certain low-income aged. Enrollment in this waiver dropped in January 2006 when Part D was implemented, but some enrollment continued, presumably for persons whose income/assets were too high for the traditional Medicaid dual groups.
IL	Waivers	IL's 1915(c) HCBS Waiver for the Elderly (waiver ID 'B2', waiver type 'H') serves the aged. However, approximately 40 percent of waiver enrollees are not assigned to basis of eligibility '1-aged' (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IN	CHIP	IN reported M-CHIP and S-CHIP children in MSIS.
IN	County Codes	IN reports a small number of enrollees (<20) to county code '990'. This code is assigned to enrollees whose information is considered by the state to be sensitive.
IN	Dual Eligibility Codes	In January 2006, the distribution by dual code shifted, with an increase in partial duals and a decrease in full duals. This shift may have been related to the conversion to Medicare Part D and changes in IN's treatment of spend-downers.
IN	Managed Care	In January 2005, IN began reporting enrollees to a new comprehensive managed care plan (plan type 1), called CareSource Indiana (ID 700410350). In June 2005, IN added another plan, Molin (ID 900601440). HMO enrollment grew in 2005, because IN expanded mandatory enrollment in HMOs to counties where it had previously been optional. It appears IN is gradually moving children, pregnant women, and low-income families to HMOs, while only Medicaid Select (aged and disabled) enrollees remain in PCCMs.
IN	Race/Ethnicity	In 2006, race was not reported for 10.5 percent of enrollees (including all Hispanic enrollees).
IN	SSN	IN had 135 SSNs with duplicate records in 2006 (affecting 0.1 percent of enrollee records).
IN	TANF/1931	The TANF flag is 9-filled for all enrollees.
IN	Uniform Eligibility Groups	IN continued to report enrollment in its 1115 expansion waiver for evacuees of Hurricane Katrina (waiver ID 'KT', waiver type 'A') through April 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
IN	Uniform Eligibility Groups	IN is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. The total number of SSI eligibles reported into uniform eligibility groups 11 and 12 is about 20 percent lower than the number reported by SSA, suggesting that not all SSI recipients in IN are enrolled in Medicaid.
IN	Uniform Eligibility Groups	In April 2005, as well as January 2006, shifts from uniform eligibility group 41-42 to 31-32 occurred when the state changed how it handled 209(b) spend-down requirements.
IN	Uniform Eligibility Groups	IN did not have a medically needy program.
IN	Waivers	No enrollment was reported for IN's 1915(c) Medically Fragile Children waiver (waiver ID 'MF', waiver type 'N') in July-December 2006 because the state terminated this waiver in June 2006.
IN	Waivers	IN's 1915(c) Autism waiver (waiver ID 'AU') was switched from waiver type 'L' in 2005 to waiver type 'P' in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
KS	CHIP	KS's S-CHIP program was not reported in MSIS. The state did not have an M-CHIP program.
KS	Managed Care	KS has a behavioral health organization (BHO) - administrative services only (ASO) component which covers only administrative costs of coordinating mental health benefits, not benefits themselves. This plan is not reported in MAX claims or eligibility data.
KS	SSN	KS had 24 SSNs with duplicate records in 2006 (affecting < 0.1 percent of enrollee records).
KS	TANF/1931	The TANF flag is 9-filled for all enrollees.
KS	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, KS requires them to separately apply for Medicaid coverage.
KS	Uniform Eligibility Groups	A report from the Center on Budget and Policy Priorities indicated that Kansas experienced enrollment declines attributed to new citizenship documentation requirements in the second half of 2006. MAX data show some decline in child and adult enrollment over this period which may be related.
KS	Waivers	No enrollment was reported for KS's 1915(b) Children and Family Services Behavioral and Rehabilitative Treatment Services waiver (waiver type '2') in 2006 (cause unknown). KS confirmed this waiver was in effect in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
KY	CHIP	KY reported M-CHIP and S-CHIP children in MSIS. S-CHIP enrollment in MSIS data is somewhat higher than SEDS (cause unknown).
KY	Dual Eligibility Codes	In 2006, some full duals were reported to dual status code 2 (in byte 2 of the dual status code) instead of 8 by mistake. This problem was corrected beginning in January 2007.
KY	Managed Care	The "other" managed care plan type (08) in KY was a special capitation plan for transportation benefits.
KY	Managed Care	KY enrolled about 13 percent of full duals in the HMO managed care plan (plan type 01). A reduced capitation rate is paid for the full duals. In addition, full duals receive transportation managed care benefits.
KY	Race/Ethnicity	Race was not reported for 5.2 percent of enrollees (including 13 percent of Hispanic enrollees).
KY	Restricted Benefits Flag	In May 2006, KY implemented broad Medicaid reform under the Deficit Reduction Act. Through several state plan amendments KY created four different alternative benefit packages that were tailored for different enrollee populations. Because the benefit packages do not limit the amount, duration, and scope of mandatory services, enrollees continue to be assigned restricted benefits code 1 (full Medicaid benefits) even though all KY enrollees are assigned to one of the four alternative plans. These alternative plans differ in service limits for non-mandatory services and cost-sharing for some groups.
KY	SSN	According to the SSA high group test results, about 1.6 percent of enrollees did not have valid information in the first three positions of the SSN field (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
KY	TANF/1931	The TANF flag is 9-filled for all enrollees beginning in January 2006.
KY	Uniform Eligibility Groups	KY has a state-administered SSI supplement which may cause the number reported to uniform eligibility groups 11 and 12 to be slightly higher than SSA data.
KY	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in KY. About 59 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
KY	Waivers	KY continued to report enrollment in its 1915(c) Home Care waiver (waiver ID 'HC', waiver type 'G') through 2006 although this waiver expired in August 2003. The state indicates that the Home Care waiver enrollees should have been reported under the state's active 1915(c) Home and Community Based Waiver for Elderly and Disabled Individuals (waiver ID 'HB', waiver type 'G').
KY	Waivers	KY's 1115 Health Care Partnership waiver (waiver ID 'MC', waiver type '1') covers Medicaid managed care programs in the city of Louisville and Jefferson County and 15 surrounding counties. The state stopped reporting enrollment to this waiver in September 2005 even though this waiver was still active through 2006. The state estimates that approximately 130,000 to 150,000 individuals enrolled in this waiver. Individuals in this waiver are reported to Plan ID '96900030'. Also, KY's 1915(b) Non-Emergency Medical Transportation waiver (waiver ID 'TN', waiver type '2') expired in September 2005. However, the state continued to cover these services in a managed care setting through its Medicaid State Plan, and report enrollees in this plan to managed care plan '08'.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
LA	CHIP	LA reported M-CHIP children in MSIS. The state did not have an S-CHIP program.
LA	Dual Eligibility Codes	Beginning in October 2006, LA 9-filled the monthly dual code for roughly 150-200 enrollees. According to the state, this occurs when a person's dual eligibility status changes during the month.
LA	Missing Eligibility Data	In 2006, 4.8 percent of records (n=60,901) in the LA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting positive expenditures in MAX. These claims totaled \$143,864,588 and averaged \$2,362 per record in the person summary file.
LA	Race/Ethnicity	In 2006, race was not reported for 7.4 percent of enrollees (including all Hispanic enrollees).
LA	Restricted Benefits Flag	LA assigns the "other" restricted benefits flag (code 5) to several thousand enrollees each month. Most of these enrollees are in the medically needy uniform eligibility group. All of the enrollees in the poverty-related pregnant women group (UEG 35) receive restricted benefits flag 4 (benefits restricted for pregnancy-related services).
LA	Restricted Benefits Flag	LA assigns the "other" restricted benefits flag (code 5) to about 6,000-7,000 enrollees/month. Most of these individuals are in the medically needy uniform group, but some are in the poverty-related pregnant women group. These women may have restrictions related to substance abuse.
LA	TANF/1931	Beginning in 2006, the TANF flag is 9-filled for all enrollees.
LA	Uniform Eligibility Groups	Most low-income infants are reported to uniform group 44 instead of 34, because the state deems these newborns eligible for Medicaid until age 1.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
LA	Uniform Eligibility Groups	Enrollment in LA grew through the end of 2005 (probably related to Hurricane Katrina), but returned to pre-Katrina levels by summer 2006.
LA	Uniform Eligibility Groups	In 2006, LA had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. LA's 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F') extends family planning only benefits to certain low-income women. Also, LA continued to report enrollment to its 1115 waiver for Hurricane Katrina evacuees (waiver ID 'KR', waiver type 'A') through May 2006.
LA	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in LA. About 45 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
LA	Waivers	LA implemented and began reporting enrollment in two new waivers in 2006. LA's 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F') in October 2006 and 1915 (c) Supports Services waiver (waiver ID '07', waiver type 'L') in July 2006.
LA	Waivers	LA stopped reporting enrollment in its 1915(b) CommunityCare waiver (waiver ID 'CC', waiver type '2') in October 2005, as this waiver expired at the end of FFY 2005. This waiver had enrollment of approximately 800,000 in 2005.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MA	CHIP	MA reported M-CHIP and S-CHIP children in MSIS. MSIS data for M-CHIP and S-CHIP showed higher enrollment than SEDS data. The state insists that MSIS data are more reliable. Effective July 1, 2006 MA expanded S-CHIP eligibility for children to 300 percent of the federal poverty level.
MA	Dual Eligibility Codes	MA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. MA also provided full Medicaid benefits to all disabled with income up to 133 percent of the federal poverty level under its 1115 Waiver program. As a result, very few QMB only duals and SLMB only duals (codes 1 and 3 in byte 2 of the crossover code) were reported in the state.
MA	Dual Eligibility Codes	MA did not report any QI-1s (code 6 in byte 2 of the dual code) in 2006.
MA	Dual Eligibility Codes	About 88 percent of aged enrollees were identified as EDB duals in 2006, a lower percentage than in most states.
MA	Foster Care	MA underreports foster care children in MSIS data.
MA	Managed Care	PACE enrollment increased from 1,440 in December 2005 to 4,945 in January 2006 (cause unknown).
MA	Managed Care	MA may be incorrectly reporting several thousand full dual eligibles each month to managed care plans, including behavioral health plans, PCCMs, and HMOs. PACE plans are supposedly the only plans that enroll full dual eligibles.
MA	Race/Ethnicity	In 2006, race was not reported for 47 percent of enrollees (including all Hispanic enrollees).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MA	Restricted Benefits Flag	MA does not extend full Medicaid benefits to all its eligibility groups. Those with some restrictions are assigned restricted benefits flag 5. In 2005, about 60,000 persons in UEG 54-55 were assigned restricted benefits flag 5. In 2006, all persons in UEG 54-55 were assigned restricted benefits flag 1 (full benefits). The reason for the shift is unknown.
MA	SSN	Over 8 percent of enrollees were missing SSNs in 2006. Over half of these enrollees are children less than 21 years old. MA does not require enrollees to provide SSN data.
MA	SSN	MA had 381 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
MA	Uniform Eligibility Groups	MA provided full Medicaid benefits to the aged with income up to 100 percent of the federal poverty level and to the disabled with income up to 133 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits are reported to uniform eligibility groups 31-32.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MA	Uniform Eligibility Groups	In 2006, MA had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. MA's 1115 MassHealth waiver (waiver IDs 'B', 'C', 'D', 'E', 'F', 'G', 'H', 'I', 'M', '1', '2' and '3', waiver type '1') expands Medicaid coverage to disabled, children, adults, and individuals with HIV who are not institutionalized. In addition, this waiver places Medicaid recipients in a managed care delivery system, provides premium assistance for employer sponsored insurance for employers with 50 or fewer employees, and directs more federal and state health dollars to individuals instead of institutions. The state also had an 1115 waiver for Hurricane Katrina evacuees (waiver ID 'K', waiver type 'A'). However, MA did not report enrollment in this waiver in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MD	CHIP	MD reported M-CHIP and S-CHIP children in MSIS.
MD	County Codes	MD reports eligibles with county code = 510. These are residents of the city of Baltimore. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county '007'.
MD	Dual Eligibility Codes	Most enrollment in dual codes 50 and 59 declined substantially in April 2006, when MD's Pharmacy Plus coverage for higher income duals ended.
MD	Race/Ethnicity	In 2006, race was not reported for 13.5 percent of enrollees (including all Hispanic enrollees).
MD	Restricted Benefits Flag	Beginning in July 2006, the new 1115 coverage group of adults who only qualified for for limited benefits were assigned restricted benefits code 5.
MD	Restricted Benefits Flag	Through June 2006, Pharmacy Plus enrollees were assigned restricted benefits code X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits.
MD	SSN	MD had 16 SSNs with duplicate records in 2006 (affecting < 0.1 percent of enrollee records).
MD	TANF/1931	The TANF flag is 9-filled for all enrollees.
MD	Uniform Eligibility Groups	MD's counts of SSI recipients (uniform eligibility groups 11 and 12) each month are higher than the counts reported in federal SSI administrative data. However, the state administers a SSI supplement program which may account for the difference.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MD	Uniform Eligibility Groups	After MD's Pharmacy Plus coverage for dual eligibles ended in April 2006, the number of enrollees in uniform eligibility groups 31-32 increased, while enrollment in uniform eligibility groups 51-52 dropped.
MD	Uniform Eligibility Groups	In 2006, MD had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. MD's 1115 Health Choice waiver converted many enrollees to a managed care system and extended limited benefits to several populations: (1) pharmacy assistance coverage to certain low-income dual eligibles through April 2006 and non-dual eligibles through June 2006 (waiver ID 'HC', waiver type '6'); (2) family planning only coverage (waiver ID 'HC', waiver type 'F'); and (3) beginning in July 2006, limited primary care health benefits to uninsured adults, including childless adults (waiver ID 'HC', waiver type '1'). The Health Choice waiver's coverage of additional beneficiaries in the MD Pharmacy Discount Program ended in January 2006 with the implementation of the Part D program. Finally, MD continued to report enrollment in its 1115 waiver for Hurricane Katrina evacuees (waiver ID 'HK', waiver type 'A') through June 2006.
MD	Waivers	Components of MD's 1115 Healthy Choice waiver (waiver ID 'HC') were reported as separate waiver types, even though they were covered under the same waiver. People receiving pharmacy assistance have waiver type '6', family planning only enrollees are coded with waiver type 'F', and all other enrollees have waiver type '1'.
MD	Waivers	Most enrollment in MD's Pharm Plus waiver (waiver ID 'HC', waiver type '6') ended when the program was terminated in July 2006. A major decline also occurred in April 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MD	Waivers	MD began reporting enrollment in its new 1915(c) New Directions Independence Plus waiver (waiver ID 'NC', waiver type 'L') in April 2006.
MD	Waivers	MD's 1915(c) Waiver for Children with Autism Spectrum Disorder (waiver ID 'AU') changed from waiver type 'L' in 2005 to waiver type 'P' in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
ME	CHIP	ME reported its M-CHIP and S-CHIP child enrollees in MSIS.
ME	Date of Death	The Medicaid date of death is 8-filled for all enrollees.
ME	Dual Eligibility Codes	ME provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level.
ME	Race/Ethnicity	In 2006, race was not reported for 11 percent of enrollees (including 40 percent of Hispanic enrollees).
ME	TANF/1931	The TANF flag is 9-filled for all enrollees.
ME	Uniform Eligibility Groups	ME's counts of SSI recipients in uniform eligibility groups 11-12 are somewhat higher than the counts reported in SSI administrative data. This probably occurs because ME has a state-administered SSI supplement.
ME	Uniform Eligibility Groups	ME provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
ME	Uniform Eligibility Groups	In 2006, enrollment in uniform eligibility group 55 continued to decrease through July. Then, in August through December, enrollment increased (cause unknown).
ME	Uniform Eligibility Groups	In 2006, few children (<5) qualified for Medicaid through the Section 1931 provisions (uniform eligibility group 14). Instead, ME used the poverty-related rules and M-CHIP expansions (uniform eligibility group 34) to establish Medicaid eligibility for most children.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
ME	Uniform Eligibility Groups	In 2006, ME had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. ME's 1115 HIV/AIDS waiver (waiver ID '10', waiver type '1' extends Medicaid benefits to individuals who are HIV positive. The state's 1115 HIFA MaineCare for Childless Adults waiver (waiver ID '11', waiver type '5') extends Medicaid coverage to childless adults.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MI	CHIP	MI had both M-CHIP and S-CHIP programs for children in 2006. MI also implemented an 1115 HIFA waiver in January 2004 adding M-CHIP coverage for certain childless adults. MI's M-CHIP child enrollment is undercounted in 2006 MAX data, but the M-CHIP adult counts are complete. Enrollment in MI's adult M-CHIP program fluctuates because MI periodically opens and closes enrollment. S-CHIP data is not reported in MAX.
MI	Date of Death	Date of Death is 8-filled in MI.
MI	Dual Eligibility Codes	MI provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the dual code) were reported in the state.
MI	Managed Care	Dental plan enrollment is reported in MAX but is not included in the June CMS managed care report for Michigan. Dental plan coverage expanded to several new counties in May 2006.
MI	Race/Ethnicity	In 2006, race was not reported for 6.9 percent of enrollees (including all Hispanic enrollees).
MI	Restricted Benefits Flag	Adults enrolled in MI's M-CHIP program were assigned the "other" restricted benefits flag (code 5). Enrollees in this program are eligible for a limited benefits package that excludes inpatient coverage.
MI	SSN	Over 6 percent of enrollees were missing SSNs in 2006. About 60 percent of these enrollees were age 5 or younger, and 89 percent were age 20 or younger. Overall, 17 percent of those missing an SSN were aliens who only qualified for emergency coverage.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MI	SSN	MI had 42 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
MI	TANF/1931	The TANF flag is 9-filled for all enrollees.
MI	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. Beginning in October 2004, these individuals are reported to uniform eligibility group 31-32. As a result, both duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
MI	Uniform Eligibility Groups	In 2006, MI had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. MI's 1115 HIFA Adults Benefits waiver (waiver ID 'AB', waiver type '5') expands M-CHIP coverage to certain childless adults. Also, the state's 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F'), implemented in July 2006, extends family planning only benefits to eligible women.
MI	Waivers	No enrollment was reported for MI's 1915(c) Waiver for Seriously Emotionally Disturbed Children in 2005 and 2006 (waiver type 'M') because enrollment in this waiver is not captured in the state's MMIS.
MI	Waivers	MI's 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F') was implemented and the state began to report enrollment in this waiver in July 2006.
MI	Waivers	MI reports individuals who do not receive home- and community-based services in its 1915(b)(c) Specialty Services and Supports waiver (waiver ID 'MH', waiver type '4').

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MN	CHIP	MN reported M-CHIP children in MSIS. The state's M-CHIP program is very small since it covers only infants with income from 275-280 percent of the federal poverty level. The state did not have an S-CHIP program until July 2001, when it transferred adults from its 1115 waiver to S-CHIP. In January 2003, MN expanded its S-CHIP coverage to include unborn children (PC9900). Individuals in the unborn child group are reported as adults in MSIS data, but children in SEDs data. All S-CHIP enrollees are reported in MSIS data, although MN ran out of S-CHIP funds in September and October 2006 and no S-CHIP enrollment is reported for these months. S-CHIP enrollment resumed in November 2006.
MN	Dual Eligibility Codes	About 11.4 percent of EDB duals were only identified as a result of the EDB link in 2006, a higher percentage than in most states.
MN	Dual Eligibility Codes	MN provided full Medicaid benefits to the aged and disabled with income up to 95 percent of the federal poverty level.
MN	Managed Care	About 40 percent of full benefit EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.
MN	Race/Ethnicity	In 2006, race was not reported for 9.0 percent of enrollees (including 44 percent of Hispanic enrollees).
MN	Restricted Benefits Flag	Persons in UN2854 and UN2814 assigned restricted benefits flag 5 only qualify for "access" services, since their eligibility has not yet been fully established. Some children and adults are also assigned code 5 (cause unknown).
MN	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MN	Uniform Eligibility Groups	In 2006, MN had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. MN's 1115 Prepaid Medical Assistance Project Plus (PMAP+ waiver (waiver ID 'B1', waiver type '1', approved in April 1995) expands Medicaid coverage to MinnesotaCare enrollees (previously a state-only program), including children, pregnant women, and parents or caretaker adults. However, many parents and caretaker adults (but not all) were transferred from the 1115 waiver to MN's S-CHIP program in July 2001. MN's 1115 Family Planning Project waiver (waiver ID 'FP', waiver type 'F') was implemented in July 2006 and enrollment increased dramatically from about 750 in July to 4,800 by December 2006 as the program ramped up. Finally, MN continued to report enrollment in its waiver for Hurricane Katrina evacuees (waiver ID 'D1', waiver type 'A') beyond the waiver's expiration date of June 30, 2006.
MN	Uniform Eligibility Groups	MN is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. However, it appears that the vast majority of SSI recipients qualify for Medicaid coverage.
MN	Uniform Eligibility Groups	MN provided full Medicaid benefits to the aged and disabled with income up to 95 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31 and 32.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MN	Waivers	No enrollment was reported for MN's 1915(b)(c) Case Management waiver (waiver type '4') in 2006 because the state cannot separately identify enrollees in MSIS. The state estimates that between 90-99 percent of 1915(c) waiver enrollees receive case management services through this waiver. Researchers can use claims data to identify individuals receiving case management services through this waiver.
MN	Waivers	Enrollment counts in MN's 1915(b)(c) Senior Care Plus waiver (waiver ID 'SC', waiver type '4') in 2006 include some individuals who do not receive HCBS waiver services. Also, many of the individuals enrolled in this waiver are also reported as enrolled in the state's 1915(c) waivers.
MN	Waivers	Enrollment counts in MN's 1915(c) Minnesota Senior Health Options and Minnesota Disability Health Options waiver (waiver ID 'M1', waiver type 'G') in 2006 include individuals who were enrolled in the state's 1915(c) Community Alternatives for Disabled Individuals (CADI) waiver (waiver ID 'M3', waiver type 'I') and the state's 1915(c) Traumatic Brain Injury waiver (waiver ID 'M4', waiver type 'J'). As a result, enrollment in waiver ID 'M1' is overstated and enrollment in waiver ID 'M3' and 'M4' is understated in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MO	CHIP	MO reported M-CHIP children in MSIS. The state did not have an S-CHIP program.
MO	County Codes	Eligibles with county code = 510 are residents of the city of St. Louis. Eligibles with county code = 186 are residents of the city of St. Genevieve.
MO	Dual Eligibility Codes	Over 35 percent of the dual population are assigned dual code 8 (in byte 2 of the new annual dual value). According to MO, these are eligibles who might qualify under QMB or SLMB rules, but pay for their own Part B premiums as a part of a 209(b) spend down. The state also indicated that dual eligibles have to apply for QMB/SLMB coverage.
MO	Dual Eligibility Codes	MO showed a decline in total aged and disabled enrollment in September 2005. Probably related, quarterly dual code reporting dropped in October 2005. Legislation passed in 2005 reduced eligibility for the elderly and disabled, causing some duals to lose their eligibility completely or only qualify through spend down. This decline continued in 2006.
MO	Dual Eligibility Codes	In January 2006, about 28,000 individuals were not identified in MSIS data as duals, but were found to be duals with the EDB link. Thus, for January, they are reported to dual code 50. For the remaining months of 2006, most of these duals are reported to dual codes 51-58. This shortfall in MSIS dual codes (in byte 2 of the dual code) was probably related to the implementation of Medicare Part D.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MO	Managed Care	In June 2006, CMS Medicaid managed care administrative data reported 473,017 Medicaid beneficiaries in MO as being enrolled in the Non-Emergency Medical Transportation (NMET) plan, a prepaid ambulatory health plan. However, NMET coverage was not reported in June 2007 CMS data (reason unknown).
MO	SSN	MO had 11 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
MO	Uniform Eligibility Groups	In 2006, MO had one 1115 waiver in place that extended Medicaid benefits to otherwise ineligible individuals. MO's 1115 Managed Care Plus (MC+) waiver (waiver ID 'A1', waiver type '1') originally extended managed care coverage to children (includes M-CHIP group). In 1999, coverage was added for adults who were transitioning off TANF (they qualified for up to 1-2 years of coverage); however, this coverage ended in 2005. The waiver also included family planning only benefits (waiver ID 'A1', waiver type 'F') for one year post-partum.
MO	Uniform Eligibility Groups	MO is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements than those of the SSI program. This probably explains why the number of SSI eligibles reported into uniform eligibility groups 11 and 12 is lower than the number reported by the Social Security Administration.
MO	Uniform Eligibility Groups	MO did not have a medically needy program.
MO	Uniform Eligibility Groups	Transitional medical assistance (TMA) enrollees are included in the 1931 group mapped to uniform eligibility groups 14 and 15.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MO	Uniform Eligibility Groups	MO's total Medicaid enrollment dropped 8 percent during 2005 as a result of legislation reducing eligibility for the elderly and disabled to 85 percent of the federal poverty level and reducing eligibility for low-income parents to 22 percent of the federal poverty level. Beginning in July 2005, MO no longer reported 1115 adults with full benefits to uniform eligibility group 55. In addition, other changes caused some shifts by uniform eligibility group during the year (e.g., some children moved from uniform eligibility group 14 to 34). The declining enrollment for adults and kids and shift from UEG 14 to 34 continued in FY2006.
MO	Waivers	MO's family planning only coverage was reported with a separate family planning only waiver type (waiver ID 'A1', waiver type 'F') even though it was part of the larger 1115 Managed Care Plus waiver (waiver ID 'A1', waiver type '1').
MO	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in MO. About 70 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
MO	Waivers	MO's 1915(c) Independent Living waiver (waiver ID 'C4', waiver type 'T') was inappropriately reported as waiver type 'G' and the state's 1915(c) Physical Disabilities waiver (waiver ID 'C7', waiver type 'L') was inappropriately reported as waiver type 'T' in 2005. This was corrected in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MS	CHIP	MS's child S-CHIP program was not reported in MSIS. The state's child M-CHIP program was phased out in 2002.
MS	County Codes	County code was missing for 2 percent of enrollees in 2006.
MS	Dual Eligibility Codes	In January 2006, when Medicare Part D was implemented, MS reduced its coverage for full duals. This caused about 65,000 duals to move from full dual to partial dual coverage but total dual enrollment remained the same. MS also stopped reporting SLMB plus duals in 2006 (cause unknown).
MS	Foster Care	MS reports a smaller proportion of children in foster care than generally expected.
MS	Managed Care	MS began reporting enrollees in the McKesson disease management plan to plan type 08 in MSIS in October 2004 (Plan ID 000000000001). The June 2006 MAX managed care data reported 22 percent more enrollees than the June 2006 CMS managed care report. The McKesson plan ended in October 2006.
MS	Race/Ethnicity	In 2006, race was not reported for 10.0 percent of enrollees (including all Hispanic enrollees).
MS	Restricted Benefits Flag	Some children in uniform eligibility group 34 were assigned restricted benefits flag 5. This group numbered over 21,000 in May 2006, but declined to fewer than 3,000 by December 2006 (cause unknown). MS assigns this code to low-income infants who are restricted from receiving dental services and eyeglasses.
MS	SSN	MS had 2,611 SSNs with duplicate records in 2006 (affecting 0.7 percent of enrollee records).
MS	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MS	Uniform Eligibility Groups	MS continues to report both 1931 eligibles and TMA enrollees to state group 85. As a result, TMA enrollees are no longer separately identifiable and state group 85 is mapped to uniform eligibility groups 14 and 15.
MS	Uniform Eligibility Groups	MS did not have a medically needy program.
MS	Uniform Eligibility Groups	In 2006, MS had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. MS's 1115 Family Planning waiver (waiver ID '01', waiver type 'F') extends coverage to women of childbearing age. The state's 1115 Healthier Mississippi waiver (waiver ID '02', waiver type '1') originally expanded Medicaid coverage to two groups of aged and disabled individuals whose Medicaid eligibility would otherwise have been discontinued: (1) aged and disabled nonduals, and (2) aged and disabled duals with certain medical conditions. Persons in the second group only received coverage through December 2005, and as a result, enrollment in this waiver decreased from approximately 10,000 in December 2005 to approximately 5,000 in 2006; however, about 15 percent of enrollees in this waiver in 2006 are still reported as dual eligibles. Finally, MS continued to report enrollment in its 1115 waiver for Hurricane Katrina evacuees (waiver ID '09', waiver type 'A') through December 2006 even though the waiver was supposed to expire in June 2006.
MS	Waivers	MS's 1915(b) Non-Emergency Transportation waiver (waiver ID '03', waiver type '2') was terminated in October 2006.
MS	Waivers	MS's 1915(c) Independent Living waiver (waiver ID '4', waiver type 'G') was incorrectly classified as waiver type 'T' in 2005.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MT	CHIP	MT reported S-CHIP children in MSIS. The state did not have an M-CHIP program.
MT	Date of Death	About 100 enrollees had a year of death prior to 2006.
MT	Restricted Benefits Flag	Starting In February 2004, MT's 1115 waiver called "Basic Medicaid for Able-Bodied Adults" provides a reduced level of Medicaid benefits to all parents or caretaker relatives of dependent children, as long as they are age 21-64 and not pregnant or disabled. It does not include an eligibility expansion. This waiver group is assigned restricted benefits flag 5. MT also assigned restricted benefits flag 5 to its BCCPTA enrollees and to "Team Care" recipients. Team Care enrollees must use primary care physicians and pharmacies for Medicaid services.
MT	Restricted Benefits Flag	MT does not assign restricted benefits flag 2 (benefits restricted based on alien status) to any persons. MT does not have the appropriate codes to identify unqualified aliens who only receive emergency medical services.
MT	SSN	MT's SSN information is not fully reliable. Many individuals had their Medicaid ID numbers or other numbers entered in the SSN field by mistake. The State estimates that up to 30 percent of the SSNs may not be reliable. The SSN high group test results showed that in 2006, 7 percent of SSNs had invalid information in bytes 1-3.
MT	TANF/1931	The TANF flag is 9-filled for all enrollees.
MT	Uniform Eligibility Groups	In 2006, MT had an 1115 waiver that expanded Medicaid benefits to Hurricane Katrina evacuees (waiver type 'A'). However, MT did not report enrollment in this waiver in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
MT	Waivers	MT acknowledged that reporting in its 1915(c) waivers may be incorrect in 2006 due to the way it transfers information on waiver enrollment from its eligibility system to its MMIS. According to the CMS website, its 1915(c) HCBS EPH waiver (waiver ID 'MD', waiver type 'K') waiver targets medically fragile children with AIDS; however the state is reporting approximately 3,000 individuals over the age of 21 to this waiver. Additionally, the state does not report any individuals classified as disabled to its 1915 (c) waivers targeting individuals with mental retardation and developmental disabilities (waiver IDs 'ME' and 'MF', waiver type 'L'). The individuals reported to these waivers appear to be children and adults. This may explain why about 38 percent of 1915© waiver service recipients had no waiver enrollment reported.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NC	CHIP	NC reported both M-CHIP and S-CHIP children in MSIS. The state did not have an M-CHIP program until January 2006, when the state shifted about 35,000 children from S-CHIP to M-CHIP.
NC	Date of Death	About 2,300 enrollees had a year of death prior to 2006.
NC	Dual Eligibility Codes	NC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
NC	Managed Care	NC HMO enrollment ended in July 2006, after the state terminated its only HMO plan.
NC	Race/Ethnicity	Race was not reported for 13.0 percent of enrollees (including 79 percent of Hispanics) in 2006.
NC	Restricted Benefits Flag	NC assigned the "other" restricted benefits flag (code 5) to some medically needy enrollees. Persons in this group are eligible for a slightly reduced set of services.
NC	SSN	NC had 20 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
NC	Uniform Eligibility Groups	In 2006, NC had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. NC's 1115 Family Planning waiver (waiver ID 'FP', waiver type 'F', implemented October 2005) extended family planning only coverage to certain low-income individuals. The state also had a 1115 waiver for evacuees of Hurricane Katrina in place in 2006 (waiver IDs 'AL', 'LA', 'MS' identifying evacuee origin; waiver type 'A'). A few people were reported enrolled in this waiver beyond the waiver's June 30, 2006 expiration date.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
NC	Uniform Eligibility Groups	North Carolina's count of SSI recipients differs somewhat from SSA counts. Two factors may contribute. First, North Carolina administers its own SSI Supplement program. Second, the state appears to report most disabled persons age 65 and older to uniform eligibility group 11.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
ND	CHIP	ND reported M-CHIP and S-CHIP children in MSIS. S-CHIP counts in MSIS are much higher than the S-CHIP counts in SEDS, but North Dakota identified an error in its SEDS S-CHIP reporting system.
ND	Dual Eligibility Codes	Most dual eligibles receive dual flag 8 (in byte 2 of the dual code), including SSI recipients. ND asserts that SSI duals should not be required to apply for QMB or SLMB status since Medicaid is already covering Medicare premium payments and cost-sharing.
ND	Managed Care	Enrollment in North Dakota's only HMO ended in October 2006.
ND	Private Health Insurance	About 19 percent of enrollees had private insurance in 2006, a higher percentage than in most states.
ND	Race/Ethnicity	ND had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables.
ND	SSN	ND had 587 SSNs with duplicate records in 2006 (affecting 1.6 percent of enrollee records). About 66 percent of duplicate records are for persons aged 20 or under.
ND	TANF/1931	TANF enrollment data reported in MSIS is inconsistent with TANF enrollment reported in ACF data (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
ND	Uniform Eligibility Groups	ND is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In addition, ND has a state-administered SSI supplement and most disabled SSI recipients age 65 and older are reported to uniform eligibility group 11. These policies may cause the number of persons reported to uniform eligibility groups 11-12 to differ from the number of SSI recipients reported by the Social Security Administration.
ND	Uniform Eligibility Groups	In 2006, ND had one 1115 waiver for Hurricane Katrina evacuees (waiver type 'A') in place that extended Medicaid benefits to otherwise ineligible individuals. However, ND did not report enrollment in this waiver in 2006.
ND	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in ND. About 30 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
ND	Waivers	ND began reporting enrollment in two new waivers in 2006. Reporting began in ND's 1915(c) DD Self-Directed Supports waiver (waiver ID 'RR', waiver type 'L') in July 2006. Additionally ND reported one enrollee in its 1915(c) Self Directed Support for Families waiver (waiver ID 'SS', waiver type 'L') in December 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NE	CHIP	NE reported M-CHIP children in MSIS. The state did not have an S-CHIP program.
NE	Date of Birth	See Uniform Eligibility Groups note on unborn children.
NE	Dual Eligibility Codes	NE did not report any SLMB plus full duals (code 4 in the second byte of the crossover code).
NE	Dual Eligibility Codes	NE provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in byte 2) were reported in the state.
NE	Private Health Insurance	From October 2004 through December 2005, private health insurance information was not reported in MSIS and the field was 9-filled in MAX. In January 2006, NE began to report some private health insurance information again. The number of enrollees with insurance increased noticeably in April 2006 (cause unknown).
NE	Race/Ethnicity	Race was not reported for 17 percent of enrollees (including 92 percent of Hispanic enrollees) in the separate race variables.
NE	Sex	See Uniform Eligibility Groups note on unborn children.
NE	SSN	NE had 16 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
NE	TANF/1931	NE's TANF enrollment in MSIS was about 40 percent higher than ACF data. The state believes this is because there is a separate TANF plan that is not reported to ACF.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NE	Uniform Eligibility Groups	In NE, pregnant women who are only eligible for Medicaid as a result of an unborn child are not reported in MSIS. Instead, their unborn children are assigned MSIS IDs, along with a 9-filled SSN, "U" sex, and a 9-filled or expected date of birth. As a result, unborn children can have (expected) dates of birth that are later than the enrollment month. Once the child is born, the date of birth, sex and SSN fields are updated. For these enrollees, the prenatal and delivery charges are assigned to the child. Thus, some unborn children will also have mothers in the MSIS file, while others will not. Making it even more complicated, some unborn children are reported to child uniform groups 14, 16, 34, and 44 but most are reported to the adult uniform group 35 (they can also be in 15, 25 and 45).
NE	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NE requires them to separately apply for Medicaid coverage.
NE	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
NE	Waivers	No enrollment was reported for NE's 1915(c) Community Supports Waiver Program for Adults with Developmental Disabilities (waiver ID '09', waiver type 'L') in 2006. This waiver was approved in July 2006, but it is unclear when NE implemented the waiver.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NH	CHIP	NH reported M-CHIP and S-CHIP children in MSIS.
NH	County Codes	County code was missing for 2.5 percent of enrollees in 2006.
NH	Dual Eligibility Codes	About 59 percent of disabled enrollees were identified as EDB duals in 2005, a higher percentage than in most states.
NH	Managed Care	CMS managed care data for NH show 83,529 individuals enrolled in a capitated disease management plan in June 2006. Enrollment in this plan is not reported in MAX.
NH	Race/Ethnicity	Race was not reported for 5.6 percent of enrollees (including all Hispanic enrollees) in 2006.
NH	SSN	NH had 12 SSNs with duplicate records in 2006 (affecting < 0.1 percent of enrollee records).
NH	TANF/1931	All persons in uniform eligibility groups 14-17 were reported to be TANF enrollees. It is unclear whether any persons other than TANF recipients qualified for Medicaid under 1931 rules.
NH	Uniform Eligibility Groups	NH is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. As a result, the number of Medicaid enrollees reported in uniform eligibility groups 11 and 12 was substantially lower than the number of SSI recipients reported in SSA administrative data.

MAX 2006 State Eligibility Anomalies

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

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NJ	CHIP	NJ reported M-CHIP and S-CHIP children and adults in MSIS.
NJ	Date of Death	Almost 600 enrollees had a year of death prior to 2006.
NJ	Dual Eligibility Codes	NJ provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
NJ	Dual Eligibility Codes	CMS approved NJ to limited use of dual code 9 for aged/disabled medically needy duals in nursing homes who do not get drug benefits (about 3,000-4,000 enrollees per month).
NJ	Race/Ethnicity	In 2006, race was not reported for 29.2 percent of enrollees (including all Hispanic enrollees).
NJ	Restricted Benefits Flag	Unlike all other states, NJ uses restricted benefits flag 5 instead of restricted benefits flag 1 for individuals enrolled in 1915(c) waivers. Restricted benefits flag 5 is also used for nursing home recipients with dual code 9 (in the 2nd byte of the crossover code) who do not qualify for prescription drug coverage.
NJ	SSN	About 7 percent of enrollees were missing SSNs in 2006. About 63 percent of these enrollees were age 5 or younger, and 79 percent were age 20 or younger. In addition, 18 percent were aliens who only qualified for emergency coverage.
NJ	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NJ	Uniform Eligibility Groups	In 2006, NJ had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. NJ's 1115 Family Coverage Under CHIP for Families and Pregnant Women waiver (waiver ID '08', waiver type '1') extends M-CHIP and S-CHIP coverage for parents and caretakers of Medicaid and CHIP children and pregnant women. The state's 1115 HIFA Standardized Parent Service Package waiver (waiver ID '10', waiver type '5') allowed NJ to institute a more limited benefit package for M-CHIP adults (similar to the S-CHIP adult package) and uses the savings to increase the number of CHIP adults with coverage. Only M-CHIP adults are reported to these two waivers.
NJ	Waivers	NJ mistakenly reported enrollment of only one person in its 1115 New Jersey Cash and Counseling Demonstration waiver (waiver ID '11', waiver type '1') January through March 2005 and no enrollment in January through March 2006. Approximately 300 people were reported as enrolled in the waiver in MAX for April to December 2005 and 400 people from April to December 2006.
NJ	Waivers	NJ's 1915(c) Global Options for Long Term Care waiver (waiver ID '12', waiver type 'G') was implemented in 1988. NJ only began to report enrollment in this waiver in January 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NM	CHIP	NM implemented an 1115 waiver in March 1999 for its child M-CHIP program to facilitate the use of copayments. In July 2005, NM started reporting M-CHIP adult enrollment under the state's HIFA 1115 waiver that covers uninsured adults using Title XXI funds. The state does not have an S-CHIP program.
NM	CHIP	M-CHIP child enrollment (state group 071) in MSIS dropped from about 10,500 in July 2006 to about 8,100 in August 2006 (cause unknown). The MSIS and SEDS counts do not always compare well in 2006.
NM	County Codes	NM uses two even numbered county codes as valid FIPS codes. Code 006 = Cibola and 028 = Los Alamos.
NM	Dual Eligibility Codes	NM is not able to include SLMB-only or QI enrollees (dual codes 3, 6, or 7 in byte 2 of the dual code) in MSIS as this information is not in the state's MMIS.
NM	Managed Care	NM does not report any PACE enrollment in its MSIS data; however, the CMS June data show about 300 enrollees in a PACE plan called "Total Community Care."
NM	Race/Ethnicity	In 2006, race was not reported for 55.4 percent of enrollees (including all Hispanic enrollees).
NM	Restricted Benefits Flag	A few persons (<80 each month) are reported to waiver type F (family planning only) but were not assigned restricted benefits flag 6 (family planning only).
NM	Restricted Benefits Flag	HIFA 1115/M-CHIP adults whose enrollment began in July 2005 were assigned restricted benefits flag 5 (other) since they have some limits to their benefits coverage.
NM	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NM	Uniform Eligibility Groups	In 2006, NM had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. NM's 1115 HIFA State Coverage Initiative waiver (waiver ID '02', waiver type '5') extends Medicaid coverage to uninsured parents of Medicaid and CHIP children, as well as adults without dependent children. These populations are reported as M-CHIP adults. The state's 1115 Family Planning waiver (waiver ID '03', waiver type 'F') extends family planning (only) benefits to women. Finally, NM's 1115 CHIP waiver (waiver ID '01', waiver type '1') extends coverage to M-CHIP children.
NM	Uniform Eligibility Groups	NM did not have a medically needy program.
NM	Uniform Eligibility Groups	About 1,600 enrollees in UEG 32 are assigned restricted benefits flag 1. These are working disabled (state group 074) who buy into Medicaid coverage. About one third of these enrollees are also duals.
NM	Waivers	No enrollment was reported for two active waivers in 2006: 1915(c) Mi Via NF waiver for the aged and disabled (waiver ID '10', waiver type 'G') and 1915(c) Mi Via waiver for people with MR/DD (waiver ID '11', waiver type 'L'). These waivers were approved in September 2006, but it is unclear when NM implemented the waivers. This may explain why there was some inconsistency between reported Section 1915(c) waiver enrollment and service use in NM. About 11 percent of 1915(c) waiver service recipients had no waiver enrollment reported.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NV	CHIP	NV's S-CHIP program was not reported in MSIS. The state did not have an M-CHIP program.
NV	CHIP	When NV implemented its S-CHIP adult pregnancy coverage in December 2006, these enrollees (in state eligibility code 'PS' in bytes 1-2) should have been assigned CHIP code '3' (S-CHIP) and had all monthly codes 0-filled (except for state code and the CHIP flag). This reporting was corrected in January 2007.
NV	County Codes	NV reports eligibles with County Code = 510. These are residents of Carson City. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "025." About 2.4 percent of enrollees have the county 0-filled (cause unknown).
NV	Dual Eligibility Codes	About 40 percent of EDB duals were eligible for only restricted Medicaid benefits related to Medicare cost sharing, a higher percentage than in most states.
NV	Length of Enrollment	About 38 percent of eligibles were enrolled all 12 months in 2006, a lower percentage than in most states.
NV	Managed Care	NV has a non-emergency transportation managed care plan reported to plan type = 08 in MSIS.
NV	Race/Ethnicity	In 2006, race was not reported for 13.6 percent of enrollees (including 41 percent of Hispanic enrollees), an improvement from 27 percent in 2005. Probably related, the proportion reported as white increased from 48 percent in 2005 to 61 percent in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NV	SSN	About 8.9 percent of enrollees were missing SSNs in 2006. Over 81 percent of those with missing SSNs were children. About 23 percent were aliens who only qualify for emergency services.
NV	Uniform Eligibility Groups	In 2006, NV had one 1115 waiver for Hurricane Katrina evacuees (waiver ID 'HK', waiver type 'A') in place that extended Medicaid benefits to otherwise ineligible individuals. The state continued to report enrollment in this waiver beyond the waiver's June 2006 expiration date.
NV	Uniform Eligibility Groups	NV did not have a medically needy program.
NV	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NV requires them to separately apply for Medicaid coverage. This might explain why monthly data show enrollment in uniform eligibility groups 11-12 to be lower than SSI enrollment levels reported in SSA data.
NV	Waivers	NV's 1915(b) Non-Emergency Transportation waiver (waiver ID 'TR', waiver type '2') was terminated in March 2006. Coverage for these services was transferred to the state's State Plan Amendment in April 2006.
NV	Waivers	NV's 1915(c) Assisted Living waiver (waiver ID 'AL', waiver type 'H') was implemented and the state began to report enrollment in this waiver in July 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NY	CHIP	NY's S-CHIP program was not reported in MSIS. NY stopped reporting M-CHIP children in January 2005, when the program phased out.
NY	County Codes	County code 061 was used for the New York City boroughs. This includes persons in Bronx County (005), Kings County (047), Queens County (081), or Richmond County (085).
NY	Date of Birth	A date of birth was not assigned for about 93,000 enrollees. Most, but not all, of these enrollees were reported to child eligibility groups, and the state believes that many of these enrollees are unborn children. The state assigns Medicaid ID numbers to unborn children to make sure they are eligible for services at birth.
NY	Dual Eligibility Codes	NY continued to undercount partial duals in MSIS who were also trying to spend-down to full Medicaid benefits.
NY	Dual Eligibility Codes	About 89 percent of aged enrollees were identified as EDB duals in 2006, a lower percentage than in most states.
NY	Race/Ethnicity	In 2006, race was not reported for 10.5 percent of enrollees.
NY	Restricted Benefits Flag	Persons in state groups 68-69 (Family Health Plans) are assigned restricted benefits flag 5, since they qualify for a somewhat more restrictive benefits package (no LTC for example). Most of these individuals are reported to uniform eligibility group 34 and 55. Also, in October 2004, NY began assigning restricted benefits flag 5 to enrollees receiving some other capitated services. Finally, some duals with restricted benefits flag 3 are reported to uniform eligibility groups 21-22 (cause unknown).
NY	Sex	Sex was reported as "unknown" for almost 55,000 enrollees. These are probably in the unborn group.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NY	SSN	About 7.0 percent of enrollees were missing SSNs in 2006. Just over half of these enrollees (52 percent) were children under 21 years of age. Another 23 percent did not have a date of birth and were probably in the unborn group.
NY	SSN	NY had 77,687 SSNs with duplicate records in 2006 (affecting 3.1 percent of enrollee records).
NY	Uniform Eligibility Groups	Relative to the number of aged SSI recipients, NY is reporting about 20 percent more eligibles under uniform eligibility group 11. NY has a state administered SSI supplement program for SSI recipients which may account for the difference.
NY	Uniform Eligibility Groups	In 2006, NY had one 1115 waiver in place that extended Medicaid benefits to otherwise ineligible individuals. NY's 1115 Partnership Plan waiver (waiver ID '01', waiver type '1') initially enrolled most of the Medicaid population in managed care. This waiver also extended Medicaid to adults in the state's Home Relief (Safety Net). In October 2001, another group of low-income uninsured adults, including childless adults, was added under the Family Health Plus program, although this population qualified for a more restricted set of benefits (not LTC, for example). Finally, in October 2002, NY's waiver was expanded to include family planning (only) coverage (reported to waiver ID '10', waiver type 'F') to persons with income up to 200 percent of the federal poverty level and postpartum women otherwise losing Medicaid coverage.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
NY	Waivers	No enrollment was reported for two active waivers in 2006. No enrollment was reported for NY's 1915(c) Severe Emotional Disturbance Children waiver (waiver ID '03', waiver type 'M') in 2006 and for NY's 1915(c) Long Term Home Health Care Program waiver for aged and disabled enrollees (waiver ID '09', waiver type 'G') through June 2006 because the state could not identify these individuals in MSIS data. However, NY began to report enrollment in its Long Term Home Health Care Program waiver in July 2006.
NY	Waivers	In 2005, NY did not report all individuals enrolled in its 1115 Partnership Plan (waiver ID '01', waiver type '1'). This was fixed in 2006, leading to larger enrollment in 1115 waivers in 2006 than in 2005.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OH	CHIP	OH reported M-CHIP children in MSIS. The state did not have an S-CHIP program. The state is somewhat unusual in that some M-CHIP children are reported into uniform eligibility group 12. Since OH is a 209(b) state, some disabled children do not qualify for Medicaid through the SSI-related provisions. However, they are able to qualify for CHIP coverage.
OH	Dual Eligibility Codes	OH continued to have problems with its dual coding in MAX 2006, so these data should only be used with caution. Almost 7 percent of EDB duals were only identified as a result of the EDB link in 2006, a higher percentage than in most states. There were unexplained shifts in enrollment between SLMB only and SLMB plus duals (codes 3 and 4 in byte 2 of the dual code) during the year. In addition, many partial duals (codes 1, 3 and 6) were reported to UEG groups 11-12 and 41-42, while some full duals (code 4) were reported to UEG groups 31-32. Both of these were unexpected patterns.
OH	Managed Care	PACE enrollment is reported in the CMS managed care survey for June 2006, but is not reported in MAX managed care data.
OH	Managed Care	Reporting to plan type 01 (HMO) increased during 2006 when OH expanded managed care coverage for children and families.
OH	Private Health Insurance	Enrollees reported to have private insurance increased from about 143,000 enrollees per month in September to about 216,000 enrollees in October 2006 (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OH	Restricted Benefits Flag	See anomalies related to dual coding. OH had some inconsistencies in its restricted benefits coding for dual eligibles throughout 2006. Thus, these data for duals should only be used with caution.
OH	SSN	OH had 12,599 SSNs with duplicate records in 2006 (affecting 1.2 percent of enrollee records). Almost all enrollees with duplicate SSNs were children. Part of the SSN duplication occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSNs; researchers may want to combine these records.
OH	TANF/1931	OH's TANF data were 9-filled for all enrollees between January and September 2006.
OH	Uniform Eligibility Groups	Several thousand children in foster care (uniform eligibility group 48) have two records with different MSIS IDs and the same SSN.
OH	Uniform Eligibility Groups	In 2006, OH had one 1115 waiver for Hurricane Katrina evacuees (waiver type 'A') in place that extended Medicaid benefits to otherwise ineligible individuals. However, OH did not report enrollment in this waiver in 2006.
OH	Uniform Eligibility Groups	OH did not have a medically needy program.
OH	Uniform Eligibility Groups	From June to July it appears there was a large shift of enrollment from UEG 11-12 to UEG 41-42. These changes occurred across several state-specific eligibility groups. The state indicated it had an error with its SSI indicator.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OH	Uniform Eligibility Groups	OH is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. This may explain in part why the number of SSI eligibles reported into uniform eligibility groups 11-12 is somewhat lower than the number reported by the Social Security Administration. Additionally, OH indicated it had an error with its SSI indicator starting in October 2006 causing the MSIS and SSA counts not to compare well for December 2006 (MSIS was about 57 percent lower).
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	Waivers	OH implemented two new waivers in 2006. The state's 1915(c) Assisted Living waiver (waiver ID 'P3', waiver type 'G') was implemented and the state began to report enrollment in this waiver in July 2006. Also, the state implemented its 1915(c) Transitions II Aging Carve Out waiver (waiver ID 'A4', waiver type 'G') in June 2006, but the state mistakenly started reporting one enrollee to this waiver in October 2005. Real enrollment in this waiver began in June 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OH	Waivers	OH's 1915(c) Disability IV waiver (waiver ID '7', waiver type 'T'), 1915(c) Ventilator Dependent V waiver (waiver ID '8', waiver type 'T'), and the state's previous 1915(c) Home Care waiver (waiver IDs 'E', 'F', 'G', 'I', 'J', 'K', 'L', 'M', 'N', and 'O', waiver type 'T') were all terminated in September 2006. Enrollees in these waivers were transferred to OH's redesigned 1915(c) Home Care waiver (waiver ID 'A1', waiver type 'T') in 2006. Also, the state's 1915(c) Passport >14 Hours waiver (waiver ID '2', waiver type 'G') was terminated in September 2006. Enrollees in this waiver were transferred to OH's 1915 (c) Passport waiver (waiver ID 'A', waiver type 'G'). Finally, OH's 1915(c) Residential Facility waiver (waiver IDs '5' and 'D', waiver type 'L') was terminated in September 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OK	CHIP	OK reports its M-CHIP children in MSIS. The state does not have a child S-CHIP program.
OK	Dual Eligibility Codes	OK provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
OK	Managed Care	Two types of managed care are reported to the "other" (08) managed care plan type in Oklahoma. The first is a hybrid PCCM (SoonerCare) in which the capitation fee to physicians also covers a limited number of common office procedures and lab work. In 2006, these providers are reported under the "PAHP" group in the 2006 CMS Managed care data. The second type of managed care reported to "other" in MAX data involves non-emergency transportation services. Many clients are enrolled in both the hybrid PCCM and a transportation plan, so they have two plan 08s.
OK	SSN	OK had 2,506 SSNs with duplicate records in 2006 (affecting 0.7 percent of enrollee records).
OK	TANF/1931	MAX TANF counts did not compare well to TANF administrative data in 2006 (MAX count was 39 percent higher). The state believes that the MSIS/MAX counts are more accurate.
OK	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OK	Uniform Eligibility Groups	OK is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. This explains, in part, why the number of SSI eligibles reported to uniform groups 11-12 is lower than the number reported by the Social Security Administration.
OK	Uniform Eligibility Groups	OK discontinued its medically needy program in 2003.
OK	Uniform Eligibility Groups	In 2006, OK had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. OK's 1115 SoonerCare waiver (waiver ID 'WF', waiver type '1') is used to operate a Primary Care Case Management model. In September 2005, the state added a HIFA amendment as part of this waiver to expand eligibility for certain low-income parents and non-disabled adults without dependent children 18-64 years of age through enrollment in the State's Employer Sponsored Insurance (ESI) program Insure Oklahoma. Although part of the larger 1115 SoonerCare waiver, these HIFA enrollees were reported to a separate Waiver ID (waiver ID 'WF', waiver type '5'). OK's second 1115 waiver, the SoonerCare Family Planning waiver (waiver ID 'WH', waiver type 'F'), extends family planning (only) benefits.
OK	Waivers	OK's 1915(b) Non-Emergency Transportation waiver (waiver ID 'WG', waiver type '2') was terminated in June 2006. The state began covering non-emergency transportation services through its State Plan in July 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OR	CHIP	OR reported its S-CHIP children in MSIS, but not its S-CHIP adults. The state did not have a M-CHIP program.
OR	Managed Care	The 2006 CMS June managed care enrollment report showed over 350,000 individuals being reported to a non-emergency transportation program by mistake. This is a 1915 (b) program started in 1994 in which the state pays a fixed amount for each ride--not a fixed capitation amount per enrollee. As a result, this is not reported as managed care in MSIS eligibility data. However, this program is reported in MSIS (and MAX) waiver enrollment data. The transportation claims are included as well.
OR	Managed Care	About 57 percent of full benefit EDB duals were enrolled in HMO/HIOs, a higher percentage than in most states.
OR	Race/Ethnicity	OR made some changes in its MSIS race/ethnicity data in October 2005. Approximately 70,000 individuals shifted from code 5 (Hispanic or Latino) to code 9 (unknown) in the combined race/ethnicity data field. However, the state also started reporting about 20,000 individuals to code 1 (Hispanic/Latino) in the separate Ethnicity code (previously, everyone was reported as "unknown"). The state expects to add back ethnicity information for enrollees in the future.
OR	Restricted Benefits Flag	Restricted benefits flag 5 is used for most 1115 expansion adults in uniform eligibility group 55 since they have a somewhat more restrictive benefit package.
OR	SSN	OR had 713 SSNs with duplicate records in 2006 (affecting 0.3 percent of enrollee records).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OR	SSN	About 8.0 percent of enrollees were missing SSNs in 2006. About 25 percent of these enrollees were infants (age 0). About 69 percent were under age 21. In addition, 54 percent of individuals with missing SSNs were aliens who only qualified for emergency coverage.
OR	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, OR requires them to separately apply for Medicaid coverage.
OR	Uniform Eligibility Groups	OR discontinued its medically needy program in 2003.
OR	Uniform Eligibility Groups	In 2006, OR had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. OR's 1115 Oregon Health Plan 2 waiver (waiver ID 'A7', waiver type '1') expands eligibility to certain low-income individuals (including childless adults and college students), prioritizes health benefits, and relies heavily on managed care. (Waiver enrollees were mistakenly reported to waiver type '5' instead of waiver type '1' in 2005. As a result there was a large enrollment increase in waiver type '1' and a corresponding decrease in waiver type '5' in 2006.) In February 2003, OR amended its 1115 waiver to expand benefits to low-income pregnant women and children and to add a HIFA component to the waiver to allow premium assistance for employer sponsored insurance (HIFA waiver enrollees were not reported in 2006). The state's 1115 Family Planning waiver (waiver ID 'AC', waiver type 'F') extends family planning services to women and men. Individuals in this waiver are not included in MSIS (or MAX) as their enrollment and claims are handled in a separate system operated by OR's public health department. Finally, OR continued to report some enrollment (<10) in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'AD', waiver type 'A') through December 2006 even though the waiver was supposed to expire in June 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
OR	Uniform Eligibility Groups	In 2003 and 2004, budget cuts caused OR to postpone eligibility expansions in its 1115 waiver. Instead, there was a dramatic decline in the 1115 adult population (uniform eligibility group 55) due to reduced benefits and new premiums. This decline in uniform eligibility group 55 continued in 2005 and 2006.
OR	Waivers	For individuals enrolled in more than three waivers during a month, OR does not report enrollment according to the CMS recommended hierarchy. OR, incorrectly reports enrollment in its 1115 Oregon Health Plan 2 waiver (waiver ID 'A7', waiver type '1') before reporting enrollment in its 1915(c) waivers. This may cause underreporting of 1915(c) waiver enrollment if there were a number of people who were enrolled in more than three waivers in a month, and may explain why 15 percent of 1915(c) waiver service recipients had no waiver enrollment reported.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
PA	CHIP	PA's child S-CHIP program was not reported in MSIS. The state does not have a child M-CHIP program.
PA	Date of Death	About 4,000 enrollees had a year of death prior to 2006.
PA	Dual Eligibility Codes	PA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the crossover code) were reported in the state.
PA	Managed Care	Starting in the CMS June 2006 report, PA reported 33,127 individuals in a Disease Management (DM) program. The state indicated that the DM program is a component of the state's Access Plus HMO (Plan ID '80'). Therefore, enrollment in this program is not separately reported in MSIS. Some, but not all, of the enrollees in this plan receive the DM component.
PA	Managed Care	From December 2005 to January 2006, PA's HMO enrollment (Plan Type 01) dropped from about 1.2 million enrollees per month to about 1.0 million enrollees. The decrease occurred across all Plan IDs. The state indicated that this occurred because the state dropped all dual eligibles from HMDs with the implementation of Part D.
PA	Race/Ethnicity	In 2006, race was not reported for 10.5 percent of enrollees (including 74 percent of Hispanic enrollees).
PA	Restricted Benefits Flag	Restricted benefits flag 5 (other) is assigned to many persons with medically needy coverage. Persons in this group are eligible for a slightly reduced set of services.
PA	SSN	PA had 55 SSNs with duplicate records in 2006 (affecting < 0.1 percent of enrollee records).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
PA	Uniform Eligibility Groups	PA provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
PA	Uniform Eligibility Groups	In 2006, PA had an 1115 waiver for Hurricane Katrina evacuees that extended Medicaid benefits to otherwise ineligible individuals (waiver ID 'DR', waiver type 'A'). However, PA did not report enrollment in this waiver in 2006.
PA	Uniform Eligibility Groups	PA undercounted Medicaid enrollees across several uniform eligibility groups for several years in MAX. Enrollment counts were fixed starting in July 2006, which caused an increase in several UEG groups (biggest increases in groups 14 and 34).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
RI	CHIP	RI reported M-CHIP children and adult in MSIS. In addition to children, RI's M-CHIP program covered low-income parents with income between 110 and 185 percent of the federal poverty level and pregnant women with income between 185 and 200 percent of the federal poverty level. Beginning in November 2002, RI added an S-CHIP program for unborn children (including undocumented aliens), but this group is not included in MSIS data.
RI	County Codes	Medicaid enrollees living out of state are reported under county FIPS code 000. About 91 percent of eligibles had valid county codes, a lower percentage than most states.
RI	Dual Eligibility Codes	RI extended full Medicaid benefits to all aged and disabled up to 100 percent of the federal poverty level. However, it is unclear where these enrollees are being reported as only a few full duals are reported to uniform eligibility groups 31-32.
RI	Dual Eligibility Codes	A few individuals (<100 each month) were assigned dual code 9 (in byte 2 of the dual code) (cause unknown).
RI	Managed Care	RI reported 28 enrollees in 'PACE Organization of RI' in its CMS June 2006 Medicaid managed care data but PACE enrollment is not reported in MSIS (cause unknown).
RI	Private Health Insurance	RI had problems with reliably reporting the private health insurance status for most dual eligibles in 2006. As a result, these persons are assigned code 9 (status unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
RI	Private Health Insurance	RI's private insurance coding during the last 4 months of 2006 may not be reliable. During this period, the number of enrollees with private insurance increased from 13 to 19 percent. Most of the persons newly reported to insurance code 2 were children (cause unknown).
RI	Race/Ethnicity	In 2006, race was not reported for 52 percent of enrollees (including all Hispanic enrollees).
RI	Restricted Benefits Flag	Medically needy enrollees were generally assigned restricted benefits flag 5 (other). Persons in this group are eligible for a slightly reduced set of services.
RI	TANF/1931	The TANF flag is 9-filled for all enrollees.
RI	Uniform Eligibility Groups	RI reports about 14 percent more SSI enrollees each month than are reported in SSA data. The state acknowledged they are sometimes slow in changing the UEG reporting for persons who no longer qualify for SSI but who continue to receive Medicaid benefits.
RI	Uniform Eligibility Groups	RI does not report all of its 1931 eligibles into uniform eligibility groups 14 and 15. Some are currently mapped to uniform eligibility groups 44 and 45.
RI	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
RI	Uniform Eligibility Groups	In 2006, RI had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. RI's 1115 RItCare waiver (waiver ID 'RC', waiver type 'I') expands Medicaid coverage to some low-income children, pregnant women, and parent/caretaker relatives, and expands family planning only coverage (waiver ID 'RC', waiver type 'F') to women. Additionally, this waiver requires fully capitated managed care enrollment for most child and adult Medicaid enrollees. The state also had an 1115 waiver for evacuees of Hurricane Katrina (waiver type 'A'), but did not report enrollment to this waiver in 2006.
RI	Waivers	Components of RI's 1115 RItCare waiver (waiver ID 'RC') were reported as separate waiver types, even though they were covered under the same waiver. People receiving family planning only coverage are coded with waiver type 'F', and all other enrollees have waiver type 'I'.
RI	Waivers	No enrollment was reported for two active waivers in 2006. RI's 1915(c) Disabled Individuals waiver (waiver ID 'W8', waiver type 'G') was ongoing through 2006, but no enrollment was reported because this waiver is not captured in the state's MMIS. Also, RI did not report its 1915(c) Personal Choice waiver (waiver type 'T') in 2006 (cause unknown). This may explain why there was some inconsistency between reported Section 1915(c) waiver enrollment and service use in RI. About 17 percent of 1915(c) waiver service recipients had no waiver enrollment reported.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
SC	CHIP	SC reported M-CHIP children in MSIS. The state did not have a child S-CHIP program in 2006.
SC	Date of Death	About 1,900 enrollees had a year of death prior to 2006.
SC	Dual Eligibility Codes	In 2005 and part of 2006, SC mistakenly undercounted persons in dual code 2 and overcounted persons in dual code 8. This error was corrected in July 2006.
SC	Dual Eligibility Codes	In some months in 2006, a small group of full benefit duals (<100) were mistakenly assigned restricted benefits flag '3' (limited Medicaid benefits related to Medicare cost-sharing).
SC	Dual Eligibility Codes	SC provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, no QMB only duals (code 1 in byte 2 of the dual code) were reported in the state.
SC	Managed Care	SC reported all PACE enrollees to a 9-filled Plan ID. This was not corrected in MSIS data until 2006.
SC	Managed Care	South Carolina's Physician's Enhanced Program (PEP) is a hybrid managed care program (physicians provide a basic package of primary services for a capitated fee and act as gatekeepers for additional services). In MSIS, it is coded as plan type 08 (other). In CMS managed care data for June 2006, it is reported as a prepaid ambulatory health plan.
SC	Managed Care	Behavioral health enrollment dropped in February 2006 when the state terminated enrollment in the program.
SC	Race/Ethnicity	Race was not reported for 8.5 percent of enrollees (including all Hispanic enrollees) in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
SC	Restricted Benefits Flag	SC no longer used restricted benefit codes X, Y, and Z in 2006, since its prescription drug program ended in 2005. This shift contributed to an increase in the number of persons assigned RBF 3 (restricted benefits related to Medicare cost-sharing).
SC	SSN	SC had 36 SSNs with duplicate records in 2006 (affecting < 0.1 percent of enrollee records).
SC	TANF/1931	The TANF flag is 9-filled for all enrollees.
SC	Uniform Eligibility Groups	SC did not have a medically needy program.
SC	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility group 31-32.
SC	Uniform Eligibility Groups	In 2006, SC had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. SC's 1115 Family Planning waiver (waiver ID 'WF', waiver type 'F', implemented in 1993) extends family planning only coverage to certain low-income women. Also, SC continued to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'WK', waiver type 'A'); however, a comparison with CMS administrative data suggest that these enrollees may be undercounted in MAX.. SC's 1115 Prescription Drug Benefit for Low-Income Seniors (waiver ID 'WP', waiver type '6') program was no longer operative in January 2006, as a result of Medicare Part D implementation. This contributed to a significant decline in overall aged 1115 and dual enrollment (uniform eligibility group 51).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
SC	Uniform Eligibility Groups	SC's child and family-planning related adult enrollment dropped somewhat in the October - December period (cause unknown).
SC	Waivers	In July 2006, SC combined its 1915(c) Waiver for Elderly and Disabled Individuals (waiver ID 'WE', waiver type 'G') with its 1915(c) Choice waiver (waiver ID 'WS', waiver type 'G'). The combined waiver was supposed to be reported under waiver ID 'WS' beginning in July 2006, but was mistakenly reported under waiver ID 'WE' instead.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
SD	CHIP	SD reported M-CHIP and S-CHIP children in MSIS.
SD	County Codes	SD has some enrollees (about 2,100) 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	Private Health Insurance	About 13 percent of the persons in the MAX 2006 file are coded as receiving third party insurance. This number is higher than expected, but the state confirms it is correct.
SD	SSN	SD had 2,106 SSNs with duplicate records in 2006 (affecting 3.2 percent of enrollee records). About 99 percent of these were for children <21 years.
SD	TANF/1931	The TANF flag is 9-filled for all enrollees.
SD	Uniform Eligibility Groups	SD did not have a medically needy program.
SD	Waivers	SD indicated that it underreported to its 1915(c) CHOICES waiver (waiver ID '02', waiver type 'L') in 2005. This was corrected in 2006.
SD	Waivers	SD's 1915(c) Elderly waiver (waiver ID '01', waiver type 'H') should have been reported as a waiver type 'G' in 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
TN	CHIP	The state had an M-CHIP program which phased out by September 2002. Then in July 2004, the state resumed reporting M-CHIP children in MSIS. This M-CHIP enrollment was not reported in the CMS SEDS system. TN did not have an S-CHIP program in 2006.
TN	CHIP	TN mistakenly reported between 12,000 - 15,000 Medicaid enrollees as Medicaid expansion (M-CHIP) during 2006. With the exception of enrollees in state-specific eligibility groups 000027, 000037, 000087, and 000097, all persons assigned a CHIP flag = 2 should have been assigned CHIP flag = 1, instead.
TN	Dual Eligibility Codes	TN reports QI-1 enrollees to dual code 3 (SLMB only).
TN	Dual Eligibility Codes	TN reports many enrollees in uniform eligibility group 11-12 to dual code 8. Most of these individuals qualify for Medicaid due to a long standing court case requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Dual Eligibility Codes	Due to cutbacks in Medicaid eligibility for the aged and disabled, enrollment of full dual eligibles fell in early 2006; however, many full duals shifted to partial benefit status.
TN	Length of Enrollment	About 72 percent of eligibles were enrolled all 12 months in 2006, a higher percentage than in most states.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
TN	Managed Care	Beginning in July 2002, TN converted its managed care system so that its HMOs, BHOs, dental plans, and pharmacy benefit plans were no longer bearing risk. Even though these plans continued to be reported in June CMS Medicaid managed care data, they were not reported in MAX. However, BHOs began to manage risk once again as of January 2006, and reporting for the BHO plans resumed in MAX then. TN's PACE plan has always been risk-bearing.
TN	Private Health Insurance	About 1.5 percent of enrollees had private insurance in 2006, a lower percentage than in most states.
TN	Race/Ethnicity	Race was not reported for 7.8 percent of enrollees (including all Hispanic enrollees) in 2006.
TN	SSN	TN had 353 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
TN	TANF/1931	The TANF flag is 9-filled for all enrollees.
TN	Uniform Eligibility Groups	In 2006, TN had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. TN's 1115 TennCare waiver (waiver ID '01', waiver type '1') extends eligibility to low-income persons (including the aged and disabled, as well as children and adults) who do not otherwise qualify for Medicaid. The state also continued to report enrollment in its 1115 waiver for Hurricane Katrina evacuees (waiver IDs '10', waiver type 'A') through June 2006.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
TN	Uniform Eligibility Groups	TN reported a much higher number of eligibles in uniform eligibility groups 11 and 12 than expected, given the number of SSI recipients in the state. This is due to a long-standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TN	Uniform Eligibility Groups	Major cutbacks in TN's 1115 expansion resulted in significant decreases in reporting to uniform eligibility groups 21-22 and 51, 52, and 55; however, there were some offsetting increases to uniform eligibility groups 31-32.
TN	Waivers	No enrollment was reported in TN's 1115 PACE waiver (waiver ID '08', waiver type '1') in 2006 because this waiver expired in 2002 and should have not been reported in 2005 as well. Also, no enrollment was reported in the state's 1915(b) TennCare for Medicaid Medicare Duals waiver (waiver ID '02', waiver type '2') in 2006 because this waiver expired in 2004 and also should have not been reported in 2005.
TN	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in TN. About 37 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
TX	CHIP	TX did not operate an M-CHIP program in 2006. The state's S-CHIP program, which began in April 2000, is not reported in MSIS.
TX	Dual Eligibility Codes	Through September 2006, TX had about 2,500 - 5,000 individuals each month who were reported to uniform eligibility group 31-32 and assigned restricted benefits flag 3 (restricted benefits related to Medicare cost-sharing). By mistake, these individuals were assigned dual code 0 (in byte 2 of the crossover code). These individuals should have been assigned dual code 1, 3 or 6. This problem was corrected in October 2006.
TX	Dual Eligibility Codes	Most 1929(b) enrollees are reported to uniform eligibility groups 41-42 and are assigned to dual codes 1, 3, or 6 (in byte 2 of the dual code) if they qualify for Medicare cost-sharing, with the remaining 1929(b) enrollees assigned dual code 9 (if duals) or 0 (if not duals).
TX	Managed Care	TX has a PACE program, but PACE enrollment is not separately reported in MAX managed care data.
TX	Managed Care	PCCM enrollment began to decline in late 2006 when the state reduced the service area of two plans.
TX	Managed Care	Due primarily to the addition of several new managed care plans, HMO enrollment increased in late 2006.
TX	Race/Ethnicity	In 2006, race was not reported for 54.6 percent of enrollees (including all Hispanic enrollees).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
TX	Restricted Benefits Flag	Persons with restricted benefits flag 5 (other) are generally long-term care recipients in uniform eligibility groups 41-42 who are allowed to stay at home as a result of a 1929 (b) waiver (community supported living arrangement). A subset of this group consists of partial duals who, in addition to benefits of the Medicare Savings Program, receive 1929(b) waiver services. In addition, a few medically needy recipients in uniform eligibility groups 24-25 whose date of initial coverage is complicated by a spend-down are also assigned restricted benefits flag 5. Persons in this group are eligible for a slightly reduced set of services. Finally, persons in TX's Money Follows the Person (MFP) program are assigned RBF=8.
TX	SSN	About 5 percent of enrollees were missing SSNs in 2006. Of these, 32 percent were infants (age <1) and 33 percent were aliens who only qualified for emergency services.
TX	SSN	TX had 9,022 SSNs with duplicate records in 2006 (affecting 0.4 percent of enrollee records). Of these, 86 percent were for children.
TX	TANF/1931	TX TANF counts in MAX are 15 percent greater than data published by the Administration for Children and Families (cause unknown).
TX	Uniform Eligibility Groups	TX has a so-called 1929(b) waiver group. These aged and disabled individuals (mapped to uniform eligibility group 41-42) only qualify for a very limited set of personal care services (and no prescription drugs) under Medicaid. Enrollment in the 1929(b) waiver is not reported in the separate waiver data. These individuals are assigned program type code "T" in byte 5 of the state specific eligibility code.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
TX	Uniform Eligibility Groups	TX had one 1115 expansion waiver in place in 2006 that extended Medicaid benefits to Hurricane Katrina evacuees (waiver ID 'G1', waiver type 'A'). Enrollment in this waiver was reported through June 2006.
TX	Waivers	TX's 1915(c) Home- and Community-Based Services waiver (waiver ID 'E2', waiver type 'L') was incorrectly classified as waiver type 'N' instead of waiver type 'L' in 2005. This was corrected in 2006.
TX	Waivers	By mistake, TX reports individuals who do not receive home- and community-based services in its 1915(b)(c) STAR + PLUS waiver (waiver ID 'E9', waiver type '4').
TX	Waivers	No enrollment was reported for TX's 1915(b) Disease Management waiver (waiver ID 'H2', waiver type '2') in 2006 because the program is administered outside the Medicaid agency and thus enrollment is not captured in the state's MMIS.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
UT	CHIP	UT reported S-CHIP children in MSIS. The state did not have an M-CHIP program.
UT	Dual Eligibility Codes	UT provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, relatively few QMB only duals (code 1 in byte 2 of the dual code) were reported in the state. UT does not buy into Part A Medicare coverage for duals.
UT	Dual Eligibility Codes	UT did not report to dual code 3 in the second byte of the dual code (SLMB only) or to dual code 6 (QI-1) from October-December 2005, however reporting resumed in January 2006.
UT	Dual Eligibility Codes	In November-December 2006, UT reported 40-50 individuals each month with a 9-filled dual code (cause unknown).
UT	Managed Care	Even though UT is reported to have a transportation managed care plan in the CMS June managed care data, it is not reported in MSIS (cause unknown).
UT	Managed Care	All HMO and PCCM enrollment in UT was phased out in 2003. Three plans (Molina, Molina+, and UHN) previously reported as HMOs in MSIS were not included in 2006 MAX data. However, these three plans continued to be reported as PIHPs in CMS June managed care data. PCCM enrollment continued to be reported in CMS data, but these were actually FFS plans.
UT	Managed Care	Reported BHO enrollment in UT dropped from 173,000 to 93,000 per month starting in October 2006 (cause unknown). In addition, no BHO individual level capitation claims were included in MAX 2006 claims data. BHO payments were included as service tracking claims in MSIS, which are not included in MAX.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
UT	Managed Care	UT reports enrollment in a long-term managed care plan in 2006; however, no long-term managed care plan enrollment was reported in June CMS data.
UT	Private Health Insurance	From 1,500 - 1,900 enrollees each month are reported to private health insurance code 9 (cause unknown).
UT	Restricted Benefits Flag	From October to December 2005, the number of enrollees assigned restricted benefits flag 3 (restricted benefits based on dual eligibility status) almost doubled while the number of partial duals sharply declined. This reporting improved greatly in January 2006 when partial dual coding was restored. However, some problems continued in 2006. Several hundred persons with restricted benefits code 3 were reported as full benefit duals (2, 4 or 8 in the second byte of the dual code), and some were not reported as duals (0 in the second byte of the dual code).
UT	Restricted Benefits Flag	UT assigns restricted benefit code '5' to some Primary Care Network 1115 waiver program enrollees who are eligible for a reduced set of Medicaid services.
UT	SSN	UT had 53 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
UT	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
UT	Uniform Eligibility Groups	In 2006, UT had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. UT's 1115 Primary Care Network (PCN) waiver (waiver ID '06', waiver type '1') provides a reduced benefit package and requires increased cost-sharing of State Plan eligibles who are categorically needy parents or caretaker relatives (UT did not report this group to this waiver in 2006). With the savings from the change in benefits for this State Plan population, the waiver expands Medicaid coverage to cover uninsured adults (including childless adults) and pregnant women with assets exceeding the allowable levels for traditional Medicaid. While the pregnant women expansion group qualifies for full Medicaid benefits, this network provides reduced benefit packages to adults previously ineligible for Medicaid. In October 2006 this waiver was amended to offer premium assistance to some low-income working adults and S-CHIP-eligible children of these adults. The state also continued to report enrollment in its 1115 waiver for Hurricane Katrina evacuees (waiver ID '07', waiver type 'A') through December 2006 even though this waiver expired in June 2006.
UT	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 100 percent of the federal poverty level. As a result, some duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
UT	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, UT requires them to separately apply for Medicaid coverage. As a result, the number of enrollees in uniform groups 11-12 is considerably less than the number of SSI recipients.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
UT	Waivers	From January through September 2006, UT reports approximately 45,000 individuals enrolled in 1915(b) managed care waivers to fee-for-service (cause unknown). This reporting increases to approximately 200,000 from October through December 2006 as the state started reporting individuals enrolled in the state's 1915(b) Prepaid Mental Health Plan waiver (waiver ID '09', waiver type '2') as receiving fee-for-service instead of behavioral health managed care (cause unknown).
UT	Waivers	For individuals enrolled in more than three waivers during a month, UT does not report enrollment according to the CMS recommended hierarchy. UT, incorrectly reports enrollment in its 1915(b) waivers before reporting enrollment in its 1915(c) waivers. This may cause underreporting of 1915(c) waiver enrollment if there were a number of people who were enrolled in more than three waivers in a month.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
VA	CHIP	VA reported M-CHIP and S-CHIP children in MSIS. In July 2005 VA also added coverage to its S-CHIP program for pregnant women with income from 133-200 percent of the federal poverty level. This adult group is also reported to MSIS.
VA	County Codes	VA assigns even numbered FIPS codes (510-840) to independent cities. In addition, the state did not use standard codes for some institutionalized enrollees, for whom the FIPS code is 9-filled.
VA	Date of Death	About 670 enrollees had a year of death prior to 2006 and only about 0.03 percent of enrollees are reported to have died during 2006, a much lower percentage than in most states. It seems likely that VA date of death data are not reliable.
VA	Dual Eligibility Codes	Beginning in 2002, the state provided full Medicaid benefits to the aged and disabled with income up to 80 percent of the federal poverty level.
VA	Managed Care	VA reported transportation enrollment in its CMS June 2006 Medicaid managed care data but this enrollment is not reported in MSIS since capitation payments were not used.
VA	Race/Ethnicity	In 2006, race was not reported for 9.3 percent of enrollees (including all Hispanic enrollees).
VA	Restricted Benefits Flag	Many persons in medically needy groups are assigned restricted benefits flag 5. Persons in this group are eligible for a slightly reduced set of services.
VA	SSN	About 5.5 percent of enrollees were missing SSNs in 2006. About 90 percent were under 21 years of age and 47 percent were infants.
VA	SSN	VA had 619 SSNs with duplicate records in 2006 (affecting 0.1 percent of enrollee records).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
VA	TANF/1931	The TANF flag is 9-filled for all enrollees.
VA	Uniform Eligibility Groups	In 2006, VA had two 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. VA's 1115 Family Planning waiver (waiver ID 'F1', waiver type 'F', implemented in late 2002) extends family planning (only) benefits to certain low-income persons and postpartum women otherwise losing Medicaid coverage. Also, VA continued to report enrollment in its 1115 waiver for evacuees of Hurricane Katrina (waiver ID 'EA', waiver type 'A') through March 2006; however, a comparison with CMS administrative data suggest that these enrollees may be over counted in MAX.
VA	Uniform Eligibility Groups	The state bypasses the 1931 rules for children and determines eligibility for children based on the more simplified poverty-related provisions. The state has continued to use the 1931 rules to determine eligibility for adults, but they are unable to separate 1931 eligibles from other transitional assistance recipients. Both groups are under one state-specific eligibility group that is mapped to uniform group 45.
VA	Uniform Eligibility Groups	The state provided full Medicaid benefits to the aged and disabled with income up to 80 percent of the federal poverty level. As a result, duals and nonduals with full Medicaid benefits were reported to uniform eligibility groups 31-32.
VA	Uniform Eligibility Groups	VA is one of eleven Section 209(b) states that elected to use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. VA also has a state administered supplement.
VA	Uniform Eligibility Groups	Child enrollment dropped somewhat in 2006, which may be related to implementation of proof-of-citizenship requirements.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
VA	Waivers	VA's 1915(b) Non-Emergency Transportation waiver (waiver type '2') was approved in August 2005, but no enrollment was reported in this waiver through 2006.
VA	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in VA. About 38 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).
VA	Waivers	VA began to report a small number of people in its 1915(c) Alzheimer's Assisted Living waiver (waiver ID 'Z3', waiver type 'H') in August 2006.
VA	Waivers	No enrollment was reported for waiver ID 'M3' in 2006. In 2006, people previously assigned to waiver ID 'M3' were assigned to waiver ID 'M1' if they were enrolled in the state's PCCM program, or to waiver ID 'M2' if they were enrolled in a HMO.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
VT	CHIP	VT reported S-CHIP children in MSIS. The state did not have an M-CHIP program.
VT	County Codes	About 4 percent of enrollees had the county code 0-filled (cause unknown).
VT	Dual Eligibility Codes	Most QMB only and SLMB only eligibles were 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). Through 2005, the vast majority of aged/disabled enrollees reported to the 1115 program were reported to have an "unknown" dual type (code 9 in byte 2 of the crossover code). Starting in February 2006 with the implementation of Part D, some enrollees remained in the 1115 waiver but shifted from dual code 9 to dual codes 1 and 3. Enrollment in dual code 9 continued for those in the 1115 waiver who did not meet the partial dual financial requirements.
VT	Dual Eligibility Codes	Almost 57 percent of disabled enrollees were identified as EDB duals in 2006, a higher percentage than in most states.
VT	Managed Care	In October 2005, VT implemented its new 1115 waiver, Global Commitment to Health. The state considers these waiver enrollees to be in HMO-like managed care (with two major exceptions - the PC Plus enrollees and VHAP Rx enrollees). Under the waiver, CMS pays a capitation fee to the state of VT to act as a public HMO for waiver enrollees; however, VT's claims data do not include capitation payments for these enrollees. These enrollees are considered FFS in VT's MAX data and are not reported in MAX as HMO enrollees, but they are reported as HMO enrollees in the annual CMS June managed care data.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
VT	Private Health Insurance	From January - September 2006, VT incorrectly assigned some enrollees Health Insurance flag "2" (receiving 3rd party insurance) causing the count to increase from about 17,000 to 37,000 during those months.
VT	Race/Ethnicity	Race/ethnicity was reported as "unknown" for 38 percent of enrollees in 2006. VT started reporting to the separate race and ethnicity variables in January 2006.
VT	Restricted Benefits Flag	In October 2005, VT started reporting a new, small group of enrollees to RBF 5. This aged/disabled group is part of VT's 1115 Long Term Care waiver and are eligible for only three specific Home Health care services and not full Medicaid benefits.
VT	Restricted Benefits Flag	Pharm Plus enrollees are assigned restricted benefits flag X, Y, or Z, indicating they only qualified for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits. In addition, some persons in uniform eligibility group 55 are assigned restricted benefits flag 5. The exact nature of these restrictions have changed over time but have at points involved no dental coverage and higher copays.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
VT	Uniform Eligibility Groups	<p>In 2006, VT had three 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. VT's 1115 Long-Term Care Plan waiver (waiver IDs 'L1', 'L2', and 'L3', waiver type '1') focuses on improvements to the long-term care system and increases access to home- and community-based services. The waiver also expands coverage through a limited benefit package to individuals not previously enrolled in Medicaid who are in moderate need of non-institutional services. The state's 1115 Global Commitment to Health waiver (waiver IDs 'G1', 'G2', 'G3', 'G4', 'G5', 'G6', and 'G7', waiver types '1' and '6') 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 (waiver ID 'G6', waiver type '6'). Enrollment in this component of the waiver continued after implementation of Medicare Part D in January 2006 because the benefits provided were more extensive than those provided under Part D. Also, most enrollees in all of state's 1915(c) waivers transferred to this waiver in 2006, as well as the population receiving community rehabilitation and treatment services under the state's 1115 Vermont Health Access Plan waiver (waiver ID 'V7', waiver type '1').</p>
VT	Uniform Eligibility Groups	<p>VT does not report any eligibles to uniform eligibility group 31 or 32, because partial duals are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). Their enrollment continued in 2006, even after the implementation of Part D.</p>

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
VT	Waivers	<p>In October 2006, the state began covering its home- and community based services under its 1115 Long-Term Care waiver (waiver IDs 'L1', 'L2', and 'L3', waiver type '1') and its 1115 Global Commitment to Healthcare waiver (waiver IDs 'G1', 'G2', 'G3', 'G4', 'G5', and 'G6', waiver type '1') instead of its 1915(c) waivers. The 1915(c) ERC waiver (waiver ID 'V2', waiver type 'G') became waiver ID 'L1', waiver type '1'; the 1915(c) Aged and Disabled waiver (waiver ID 'V3', waiver type 'G') became waiver ID 'L2', waiver type '1'; the 1915(c) Traumatic Brain Injury waiver (waiver ID 'V4', waiver type 'J') became waiver ID 'G2', waiver type '1'; the 1915(c) Developmental Services waiver (waiver ID 'V1', waiver type 'L') became waiver ID 'G1', waiver type '1'; and the 1915 (c) Childrens Mental Health waiver (waiver ID 'V5', waiver type 'M') became waiver ID 'G3', waiver type '1'. This transition from 1915(c) waivers to 1115 waivers may explain why there was some inconsistency between reported Section 1915(c) waiver enrollment and service use in UT. About 11 percent of 1915(c) waiver service recipients had no waiver enrollment reported. Also the state transitioned the population receiving community rehabilitation and treatment from its 1115 Vermont Health Access Plan waiver (waiver ID 'V7', waiver type '1') to its 1115 Global Commitment to Health Care waiver under waiver ID 'G5', waiver type '1'.</p>
VT	Waivers	<p>VT's 1115 Global Commitment to Health Care Waiver includes a new waiver ID 'G7' in 2006. This waiver ID includes individuals not reported to this waiver in 2005, including children and adults. Most of these children/adults were previously covered under the 1115 VT Health Access Plan waiver.</p>

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WA	CHIP	WA's child S-CHIP program was not reported in MSIS. The state did not have a child M-CHIP program.
WA	Dual Eligibility Codes	About 5.1 percent of EDB duals were only identified as a result of the EDB link in 2006, a higher percentage than in most states.
WA	Managed Care	The Department of Social and Health Services administers the BHO program and provides only one plan ID (7591399) in MSIS in contrast to what is reported in CMS managed care administrative data. Also, by mistake, WA did not report all enrollee's in the state's BHO program as enrolled in the corresponding mental health waiver (waiver ID 'MH', waiver type '2').
WA	Managed Care	In June 2005, WA reported persons enrolled in WA's pilot Disease Management Programs as PAHP enrollees in the CMS June managed care report. The state was not able to identify these individuals in MSIS data until October 2005 when they were reported as PCCM enrollees. The program ended in June 2006.
WA	Missing Eligibility Data	In 2006, 4.4 percent of records (n=54,521) in the WA file were missing Medicaid eligibility information (had zero months of enrollment) but had associated claims reflecting managed care encounters or positive expenditures in MAX. These claims totaled \$172,654,471 and averaged \$5,416 per record in the person summary file.
WA	Race/Ethnicity	In 2006, race was not reported for 33.7 percent of enrollees (including all Hispanic enrollees). Also, WA had some inconsistencies between data in the combined race/ethnicity variable and the separate race and ethnicity variables.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WA	Restricted Benefits Flag	By mistake, WA did not report enrollees in state-specific eligibility groups 'SCP0' and 'SCT0' (first four bytes of the group code) as enrolled in the state's family planning waiver program. Enrollees in these groups should have been assigned to Uniform Eligibility Group 55; restricted benefit flag 6; and waiver ID 'TC'/waiver type 'F'.
WA	SSN	WA had 86 SSNs with duplicate records in 2006 (affecting < 0.1 percent of enrollee records).
WA	TANF/1931	Some current enrollees (<100 each month) had the TANF flag 9-filled.
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	In WA, enrollment was always lowest in month 3 of each quarter compared to month 1. This recurring pattern of monthly enrollment 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	In 2006, WA had an 1115 Family Planning waiver (waiver ID 'TC', waiver type 'F') that extended family planning benefits to eligible individuals. By mistake, WA did not report enrollees in state-specific eligibility groups 'SCP0' and 'SCT0' (first four bytes of the group code) as enrolled in this waiver. Enrollees in these groups should have been assigned to Uniform Eligibility Group 55; restricted benefit flag 6; and waiver ID 'TC'/waiver type 'F'.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WA	Waivers	No enrollment was reported for WA's 1915(c) waivers in 2006 because the state does not capture waiver information in its MMIS. WA had several 1915(c) waivers for the aged and disabled, people with MR/DD, and for unknown or unspecified populations in place in 2006. Also, the state did not report enrollment in its 1915(b) Disease Management waiver.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WI	CHIP	In January 2001, Wisconsin began to cover some of its Badger Care adults under its CHIP program. M-CHIP adults are reported to uniform eligibility group 55. M-CHIP adult counts in MSIS are lower than the SEDS counts because Badger Care adults with income <100 percent of the federal poverty level (state group GP) are not considered to be M-CHIP enrollees in MSIS.
WI	CHIP	WI reported M-CHIP children and adults in MSIS. The state did not have an S-CHIP program.
WI	County Codes	For 1,124 eligibles in 2006, Wisconsin did not report standard FIPS codes (data element is 9-filled) in MAX. These eligibles include those served through Relief to Needy Indian Person (RNIP) agencies, juvenile correction agencies, Division of Children and Family Services agencies, and Katie Beckett eligibles. Also, county code 078 is Menominee County.
WI	Dual Eligibility Codes	Some disabled duals (and nonduals) in uniform eligibility group 32 may have full Medicaid benefits. They are in programs allowing them to pay premiums for full Medicaid coverage.
WI	Dual Eligibility Codes	Effective October 2002, WI assigned dual code 9 (in byte 2 of the annual dual code) to aged persons in its Pharmacy Plus Program who did not qualify under other dual codes. WI continued to provide Pharm Plus coverage to aged nonduals and duals after January 2006 for drugs not covered by Part D. About 36 percent of EDB duals in 2006 were in the dual code 59 group. Some Pharm Plus enrollees were also identified as dual codes 1, 3, or 6 (in byte 2 of the crossover code).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WI	Managed Care	Individuals in plan type 08 are enrolled in a voluntary managed care program in Milwaukee County called "The Independent Care Plan." The plan provides medical and social services to individuals with physical, developmental, or emotional disabilities and can also cover 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	About 23 percent of enrollees had private insurance in 2006, a higher percentage than in most states. The proportion increased in September 2002 with the implementation of the Pharmacy Plus program (which expanded coverage to higher income individuals more likely to have private insurance).
WI	Race/Ethnicity	Race was not reported for 26 percent of enrollees (including all Hispanic enrollees) in 2006.
WI	Restricted Benefits Flag	Some enrollees assigned restricted benefits flag 5 (other) are eligible for TB-related services only. Individuals in the prescription drug program were assigned restricted benefits flag X, Y, or Z, indicating that they only qualify for prescription drug benefits, although those with code Y also qualified for Medicare cost-sharing benefits.
WI	SSN	WI had 6,169 SSNs with duplicate records in 2006 (affecting 1.2 percent of enrollee records). A majority of these were for children.
WI	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WI	Uniform Eligibility Groups	WI has a state-administered SSI supplement program, which probably explains why the counts in uniform eligibility groups 11-12 are higher than the number of SSI recipients reported by SSA.
WI	Uniform Eligibility Groups	In 2006, WI had four 1115 waivers in place that extended Medicaid benefits to otherwise ineligible individuals. WI's 1115 Family Planning waiver (waiver ID 'D1', waiver type 'F') extends family planning (only) benefits to women. The state's 1115 BadgerCare waiver (waiver IDs 'A1' and 'B1', waiver type '1') extends coverage to low-income adults (including parents/caretaker relatives but not childless adults), as well as children. Some, but not all, of the 1115 children (waiver ID 'A1') and adults (waiver ID 'B1') are M-CHIP enrollees. WI's 1115 SeniorCare waiver (waiver ID 'C1', waiver type '6') continued to extend Pharm Plus coverage to aged nonduals and duals after January 2006. The waiver allowed participants to delay enrollment in Part D without penalty. WI asked to continue this waiver because the Pharm Plus program has no premiums, smaller copays than Part D, and no gaps in prescription drug coverage. Finally, WI had an 1115 waiver for Hurricane Katrina evacuees (waiver type 'A'), but did not report enrollment to this waiver in 2006. The state estimates 700 enrollees were enrolled in this waiver each month through its duration.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WI	Waivers	No enrollment was reported for all of WI's 1915(c) and 1915(b)(c) waivers in 2006 because the state does not capture much of its waiver enrollment in its MMIS. In 2006, WI had two 1915(c) waivers in place for aged and disabled, one for enrollees with physical disabilities, one for people with traumatic brain injuries, three for people with MR/DD, and one for people with mental illness or severe emotional disturbance. WI also had two 1915(b)(c) Family Care waivers in place in 2006, one for counties inside Milwaukee and the other for counties outside Milwaukee.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WV	CHIP	WV's S-CHIP program was not reported in MSIS. The state's M-CHIP program was phased out by late 2000.
WV	County Codes	County code was missing for 5.5 percent of enrollees in 2006.
WV	Dual Eligibility Codes	WV did not include partial benefit duals in codes 3 and 6 (in bye 2 of the dual code) in its MSIS reporting until January 2006 when these enrollees were added to MSIS, causing an increase in total dual reporting. However, most of the information for codes 03 and 06 is pulled from the monthly CMS buy-in file, which only contains a limited number of data elements causing some data fields in MSIS to be 9-filled when the data is not available. These enrollees are assigned to state-specific eligibility groups "SLMB" and "QIA".
WV	Dual Eligibility Codes	Also in January 2006, WV was able to start identifying dual code 4 enrollees; however, these enrollees were already being reported in MSIS and just shifted over from 8s.
WV	Managed Care	WV reported up to 1100 enrollees each month in 2006 to managed care code '99' (cause unknown).
WV	Managed Care	From February to March 2006, WV's PCCM enrollment increased from about 13,000 enrollees to about 23,000 enrollees per month. The state moved to auto assignment which resulted in a large enrollment increase.
WV	SSN	WV had 78 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
WV	TANF/1931	The TANF flag is 9-filled for all enrollees.

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WV	Uniform Eligibility Groups	WV reports most child Medicaid enrollees to UEG 44 because of more liberal income disregards in its 1902(r)(2) provisions.
WV	Uniform Eligibility Groups	There was an increase in reporting to UEG 31-32 in January 2006 (about 9,000 new enrollees) when WV added SLMB and QI enrollees (dual codes 3 and 6) to the MSIS file.
WV	Uniform Eligibility Groups	From May to June 2006 there was a shift of about 500 enrollees from UEG 41 to UEG 21 (state-specific code "AMLTN" to code "WMLTN") when the state was able to improve its identification of medically needy enrollees.
WV	Waivers	There was some inconsistency between reported Section 1915(c) waiver enrollment and service use in WV. About 18 percent of 1915(c) waiver service recipients had no waiver enrollment reported (cause unknown).

MAX 2006 State Eligibility Anomalies

State	Measure	Issue
WY	CHIP	WY's S-CHIP program was not reported in MSIS. The state did not have an M-CHIP program.
WY	Managed Care	WY had no managed care enrollment in 2006.
WY	SSN	WY had 34 SSNs with duplicate records in 2006 (affecting <0.1 percent of enrollee records).
WY	TANF/1931	The TANF flag is 9-filled for all enrollees.
WY	Uniform Eligibility Groups	WY did not have a medically needy program.
WY	Uniform Eligibility Groups	In 2006, WY had an 1115 waiver for Hurricane Katrina evacuees (waiver type 'A') that extended Medicaid benefits to otherwise ineligible individuals. However, WY did not report enrollment in this waiver in 2006.
WY	Waivers	No enrollment was reported for WY's 1915(c) Children's Mental Health waiver (waiver ID 'W6', waiver type 'M') in 2006. Although the state implemented this waiver in July 2006, the state did not report these enrollees until January 2007.