

APPENDIX C
EXCERPTS FROM THE MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS)
TAPE SPECIFICATIONS AND DATA DICTIONARY
RELEASE 2, VERSION 1.0
MAY, 1998

The MSIS is a data warehouse of Medicaid eligibility, claims, and encounter information collected from the States. More detailed information can be found on the MSIS web page: <http://www.hcfa.gov/medicaid/m2082.htm>. The entire report is 166 pages; in this Appendix, we excerpt, for illustrative purposes, two areas: (1) file layouts for the eligibility and claims files; (2) an attachment to the report containing a “Comprehensive Eligibility Crosswalk,” a complete explanation of Medicaid eligibility coding categories, including citations of the legal basis for the category from the applicable Public Law (PL) or Code of Federal Regulation (CFR).

5.4 ELIGIBLE File - Physical Data Record Layout

The following table summarizes the fields in the ELIGIBLE file record in the order in which they physically occur in each record (see Section 2, paragraph [e]). Fields whose values remain fixed for an entire quarter are referred to as "root" fields; fields that vary monthly are listed separately for each month.

ELIGIBLE RECORD SUMMARY				
<u>FIELD NAME</u>	<u>COBOL PICTURE</u>	<u>- POSITION -</u>		<u>DEFAULT ERROR TOLERANCE</u>
		<u>START</u>	<u>END</u>	
<u>ROOT FIELDS</u>				
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
DATE-OF-BIRTH	9(8)	21	28	0.1%
DATE-OF-DEATH	9(8)	29	36	5.0%
SEX-CODE	X(1)	37	37	2.0%
RACE-ETHNICITY-CODE	9(1)	38	38	2.0%
SOCIAL-SECURITY-NUMBER	9(9)	39	47	2.0%
COUNTY-CODE	9(3)	48	50	5.0%
ZIP-CODE	9(5)	51	55	5.0%
TYPE-OF-RECORD	9(1)	56	56	2.0%
FEDERAL-FISCAL-YEAR-QUARTER	9(5)	57	61	0.1%
DUAL-ELIGIBLE-FLAG	9(2)	62	63	2.0%
HIC-NUMBER	X(12)	64	75	5.0%
MSIS-CASE-NUMBER	X(12)	76	87	0.1%
FILLER	X(15)	88	102	
<u>MONTHLY FIELDS</u>				
MONTH 1:				
DAYS-OF-ELIGIBILITY	S9(2)	103	104	2.0%
ELIGIBILITY-GROUP	X(6)	105	110	2.0%
MAINTENANCE-ASSISTANCE-STATUS	X(1)	111	111	0.1%
BASIS-OF-ELIGIBILITY	X(1)	112	112	0.1%
HEALTH-INSURANCE	9(1)	113	113	5.0%
TANF-CASH-FLAG	9(1)	114	114	2.0%
RESTRICTED-BENEFITS-FLAG	9(1)	115	115	5.0%
PLAN-TYPE-1	9(2)	116	117	5.0%
PLAN-ID-1	X(12)	118	129	5.0%
PLAN-TYPE-2	9(2)	130	131	5.0%
PLAN-ID-2	X(12)	132	143	5.0%
PLAN-TYPE-3	9(2)	144	145	5.0%
PLAN-ID-3	X(12)	146	157	5.0%
PLAN-TYPE-4	9(2)	158	159	5.0%
PLAN-ID-4	X(12)	160	171	5.0%
CHIP-CODE	X(1)	172	172	5.0%
FILLER	X(21)	173	193	

ELIGIBLE RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION -		DEFAULT ERROR TOLERANCE
		START	END	
MONTH 2:				
DAYS-OF-ELIGIBILITY	S9(2)	194	195	2.0%
ELIGIBILITY-GROUP	X(6)	196	201	2.0%
MAINTENANCE-ASSISTANCE-STATUS	X(1)	202	202	0.1%
BASIS-OF-ELIGIBILITY	X(1)	203	203	0.1%
HEALTH-INSURANCE	9(1)	204	204	5.0%
TANF-CASH-FLAG	9(1)	205	205	2.0%
RESTRICTED-BENEFITS-FLAG	9(1)	206	206	5.0%
PLAN-TYPE-1	9(2)	207	208	5.0%
PLAN-ID-1	X(12)	209	220	5.0%
PLAN-TYPE-2	9(2)	221	222	5.0%
PLAN-ID-2	X(12)	223	234	5.0%
PLAN-TYPE-3	9(2)	235	236	5.0%
PLAN-ID-3	X(12)	237	248	5.0%
PLAN-TYPE-4	9(2)	249	250	5.0%
PLAN-ID-4	X(12)	251	262	5.0%
CHIP-CODE	X(1)	263	263	5.0%
FILLER	X(21)	264	284	
MONTH 3:				
DAYS-OF-ELIGIBILITY	S9(2)	285	286	2.0%
ELIGIBILITY-GROUP	X(6)	287	292	2.0%
MAINTENANCE-ASSISTANCE-STATUS	X(1)	293	293	0.1%
BASIS-OF-ELIGIBILITY	X(1)	294	294	0.1%
HEALTH-INSURANCE	9(1)	295	295	5.0%
TANF-CASH-FLAG	9(1)	296	296	2.0%
RESTRICTED-BENEFITS-FLAG	9(1)	297	297	5.0%
PLAN-TYPE-1	9(2)	298	299	5.0%
PLAN-ID-1	X(12)	300	311	5.0%
PLAN-TYPE-2	9(2)	312	313	5.0%
PLAN-ID-2	X(12)	314	325	5.0%
PLAN-TYPE-3	9(2)	326	327	5.0%
PLAN-ID-3	X(12)	328	339	5.0%
PLAN-TYPE-4	9(2)	340	341	5.0%
PLAN-ID-4	X(12)	342	353	5.0%
CHIP-CODE	X(1)	354	354	5.0%
FILLER	X(21)	355	375	

The error tolerance describes, for each field, the maximum allowable percentage of records submitted that may have missing, unknown, or invalid codes. Error rates in excess of the error tolerance level for **any** field will cause the entire file to be rejected.

6. MSIS CLAIM FILES.

MSIS utilizes four claims files: Inpatient Claims (CLAIMIP), Long Term Care Claims (CLAIMLT), Other Claims (CLAIMOT), and Prescription Drug Claims (CLAIMRX). Each Claim file tape submitted to HCFA:

- must begin with the Standard Header Record (See Section 4.3);
- must contain one record for every claim of the appropriate type paid, or encounters processed, during the reporting quarter; and
- must conform to one of the four standard claims file record formats and data element lists, although many data elements are common to all four claims files.

Claim files must include:

- one record for each line item that is separately adjudicated;
- all fully adjudicated current quarter claims that have completed the State's processing cycle, for which the State has determined that it has liability to reimburse the provider;
- all adjustments to prior quarter claims adjudicated in the reporting quarter;
- adjudicated claims which passed all the States' eligibility and coverage edits, but which resulted in a zero liability because of payments by responsible third parties;
- claim records representing capitated payments or fees paid to capitated plans;
- encounter claims (TYPE-OF-CLAIM=3), to the extent that they are routinely received by the State;
- Medicare/Medicaid Crossover claims, which are identified by the presence of valid values in the MEDICARE-DEDUCTIBLE-PAYMENT and MEDICARE-COINSURANCE-PAYMENT fields.

Do not include any claim that does not relate to covered Medicaid services (e.g., claims for services to non-Medicaid CHIP individuals) , or that has been returned to the provider because of insufficient information.

All claims records are edited by MSIS's validation program for completeness and validity. Edits are applied to adjustment claim records, and count against each field's error tolerance, except where noted in the error condition specifications for each field.

-----[Portions of the original document are skipped here]-----

6.4 Claims Files Contents

MSIS recognizes that Medicaid claims do not always contain the same information. These differences are accommodated through the use of four distinct claims files. The four claims files have similar logical structures. The differences among the four files lie in the kinds of services they report and in some of the detailed information required by each group of services.

All charges reported in MSIS claims files are recorded in whole dollars.

NOTE: Since claims are summarized based on date of payment, service category and other coding changes in effect as of the date of adjudication must be used even if the service date is for a prior year.

6.4.1 CLAIMIP File

CLAIMIP file records identify Title XIX claims for inpatient hospital services.

Note: For the purposes of the CLAIMIP file, any service that is billed as inpatient care is considered an acute care inpatient hospital service, and is included in the file. This file also includes records for services billed by Religious Non-Medical institutions. Inpatient psychiatric services provided in a separately administered psychiatric wing or psychiatric hospital are not considered acute and are not part of the CLAIMIP file. The latter are included in the Long Term Care Claims File (CLAIMLT).

6.4.2 CLAIMLT File

CLAIMLT file records identify Title XIX claims for long term care services received in an institution. The phrase "long term care" includes services received in:

- Nursing Facilities (NFs);
- Intermediate Care Facilities for the Mentally Retarded (ICF-MRs);
- Psychiatric Hospitals; and
- Independent (free-standing) psychiatric wings of acute care hospitals.

6.4.3 CLAIMOT File

CLAIMOT file records cover all Medicaid claims that are not included in either the CLAIMIP file, the CLAIMLT file, or the CLAIMRX file. CLAIMOT file records include:

- Provider claims for all non-institutional Medicaid services;
- Provider claims for all services received in hospitals, NFs, or ICF/MRs that are not billed as part of a long term care or inpatient claim, such as claims for physician visits, services of private duty nurses, encounters, etc;
-
- Capitated payments; and
- Claims for medical and non-medical services received under an approved Title XIX waiver.

CLAIMOT records may contain bills for multiple units of service, for example, several physician visits related to the same illness. However, a single line item or claim record may refer to only one procedure code. Thus, lab and X-ray claims related to a sequence of office visits must be recorded as separate line items with each having its own CLAIMOT record.

6.4.4 CLAIMRX File

CLAIMRX file records identify Title XIX claims for prescription drugs (including durable medical equipment and supplies provided by a pharmacist under a prescription). Injectibles and other drugs dispensed as a bundled service are reported for the provider administering the service (e.g. physician-administered inoculations are reported on the CLAIMOT file as physician service).

6.5.1 CLAIMIP Physical Record Layout:

CLAIMIP RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION -		DEFAULT ERROR TOLERANCE
		START	END	
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
BEGINNING-DATE-OF-SERVICE	9(8)	41	48	2.0%
ENDING-DATE-OF-SERVICE	9(8)	49	56	2.0%
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
MEDICAID-COVERED-INPATIENT-DAYS	S9(5)	96	100	2.0%
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	101	105	2.0%
MEDICARE-COINSURANCE-PAYMENT	S9(5)	106	110	2.0%
DIAGNOSIS-CODE-PRINCIPAL	X(6)	111	116	5.0%
DIAGNOSIS-CODE-2	X(6)	117	122	5.0%
DIAGNOSIS-CODE-3	X(6)	123	128	5.0%
DIAGNOSIS-CODE-4	X(6)	129	134	5.0%
DIAGNOSIS-CODE-5	X(6)	135	140	5.0%
DIAGNOSIS-CODE-6	X(6)	141	146	5.0%
DIAGNOSIS-CODE-7	X(6)	147	152	5.0%
DIAGNOSIS-CODE-8	X(6)	153	158	5.0%
DIAGNOSIS-CODE-9	X(6)	159	164	5.0%
PROC-CODE-PRINCIPAL	X(7)	165	171	5.0%
PROC-CODE-FLAG-PRINCIPAL	9(2)	172	173	5.0%
PROC-CODE-MOD-PRINCIPAL	X(2)	174	175	5.0%
PROC-CODE-2	X(7)	176	182	5.0%
PROC-CODE-FLAG-2	9(2)	183	184	5.0%
PROC-CODE-MOD-2	X(2)	185	186	5.0%
PROC-CODE-3	X(7)	187	193	5.0%
PROC-CODE-FLAG-3	9(2)	194	195	5.0%
PROC-CODE-MOD-3	X(2)	196	197	5.0%
PROC-CODE-4	X(7)	198	204	5.0%
PROC-CODE-FLAG-4	9(2)	205	206	5.0%
PROC-CODE-MOD-4	X(2)	207	208	5.0%
PROC-CODE-5	X(7)	209	215	5.0%
PROC-CODE-FLAG-5	9(2)	216	217	5.0%
PROC-CODE-MOD-5	X(2)	218	219	5.0%
PROC-CODE-6	X(7)	220	226	5.0%
PROC-CODE-FLAG-6	9(2)	227	228	5.0%
PROC-CODE-MOD-6	X(2)	229	230	5.0%
ADMISSION-DATE	9(8)	231	238	5.0%
PATIENT-STATUS	9(2)	239	240	5.0%
DIAGNOSIS-RELATED-GROUP(DRG)	9(4)	241	244	100.0%
DIAGNOSIS-RELATED-GROUP-INDICATOR	X(4)	245	248	100.0%

6.5.1 CLAIMIP Physical Record Layout (continued):

CLAIMIP RECORD SUMMARY - continued

<u>FIELD NAME</u>	<u>COBOL PICTURE</u>	<u>- POSITION -</u>		<u>DEFAULT ERROR TOLERANCE</u>
		<u>START</u>	<u>END</u>	
PROC-DATE-PRINCIPAL	9(8)	249	256	5.0%
UB-REV-CODE-1	9(4)	257	260	5.0%
UB-REV-UNITS-1	S9(7)	261	267	5.0%
UB-REV-CHARGE-1	S9(8)	268	275	5.0%
UB-REV-CODE-2	9(4)	276	279	5.0%
UB-REV-UNITS-2	S9(7)	280	286	5.0%
UB-REV-CHARGE-2	S9(8)	287	294	5.0%
UB-REV-CODE-3	9(4)	295	298	5.0%
UB-REV-UNITS-3	S9(7)	299	305	5.0%
UB-REV-CHARGE-3	S9(8)	306	313	5.0%
UB-REV-CODE-4	9(4)	314	317	5.0%
UB-REV-UNITS-4	S9(7)	318	324	5.0%
UB-REV-CHARGE-4	S9(8)	325	332	5.0%
UB-REV-CODE-5	9(4)	333	336	5.0%
UB-REV-UNITS-5	S9(7)	337	343	5.0%
UB-REV-CHARGE-5	S9(8)	344	351	5.0%
UB-REV-CODE-6	9(4)	352	355	5.0%
UB-REV-UNITS-6	S9(7)	356	362	5.0%
UB-REV-CHARGE-6	S9(8)	363	370	5.0%
UB-REV-CODE-7	9(4)	371	374	5.0%
UB-REV-UNITS-7	S9(7)	375	381	5.0%
UB-REV-CHARGE-7	S9(8)	382	389	5.0%
UB-REV-CODE-8	9(4)	390	393	5.0%
UB-REV-UNITS-8	S9(7)	394	400	5.0%
UB-REV-CHARGE-8	S9(8)	401	408	5.0%
UB-REV-CODE-9	9(4)	409	412	5.0%
UB-REV-UNITS-9	S9(7)	413	419	5.0%
UB-REV-CHARGE-9	S9(8)	420	427	5.0%
UB-REV-CODE-10	9(4)	428	431	5.0%
UB-REV-UNITS-10	S9(7)	432	438	5.0%
UB-REV-CHARGE-10	S9(8)	439	446	5.0%
UB-REV-CODE-11	9(4)	447	450	5.0%
UB-REV-UNITS-11	S9(7)	451	457	5.0%
UB-REV-CHARGE-11	S9(8)	458	465	5.0%
UB-REV-CODE-12	9(4)	466	469	5.0%
UB-REV-UNITS-12	S9(7)	470	476	5.0%
UB-REV-CHARGE-12	S9(8)	477	484	5.0%
UB-REV-CODE-13	9(4)	485	488	5.0%
UB-REV-UNITS-13	S9(7)	489	495	5.0%
UB-REV-CHARGE-13	S9(8)	496	503	5.0%
UB-REV-CODE-14	9(4)	504	507	5.0%
UB-REV-UNITS-14	S9(7)	508	514	5.0%
UB-REV-CHARGE-14	S9(8)	515	522	5.0%
UB-REV-CODE-15	9(4)	523	526	5.0%
UB-REV-UNITS-15	S9(7)	527	533	5.0%
UB-REV-CHARGE-15	S9(8)	534	541	5.0%

6.5.1 CLAIMIP Physical Record Layout (continued):

CLAIMIP RECORD SUMMARY - continued

<u>FIELD NAME</u>	<u>COBOL PICTURE</u>	<u>- POSITION -</u>		<u>DEFAULT ERROR TOLERANCE</u>
		<u>START</u>	<u>END</u>	
UB-REV-CODE-16	9(4)	542	545	5.0%
UB-REV-UNITS-16	S9(7)	546	552	5.0%
UB-REV-CHARGE-16	S9(8)	553	560	5.0%
UB-REV-CODE-17	9(4)	561	564	5.0%
UB-REV-UNITS-17	S9(7)	565	571	5.0%
UB-REV-CHARGE-17	S9(8)	572	579	5.0%
UB-REV-CODE-18	9(4)	580	583	5.0%
UB-REV-UNITS-18	S9(7)	584	590	5.0%
UB-REV-CHARGE-18	S9(8)	591	598	5.0%
UB-REV-CODE-19	9(4)	599	602	5.0%
UB-REV-UNITS-19	S9(7)	603	609	5.0%
UB-REV-CHARGE-19	S9(8)	610	617	5.0%
UB-REV-CODE-20	9(4)	618	621	5.0%
UB-REV-UNITS-20	S9(7)	622	628	5.0%
UB-REV-CHARGE-20	S9(8)	629	636	5.0%
UB-REV-CODE-21	9(4)	637	640	5.0%
UB-REV-UNITS-21	S9(7)	641	647	5.0%
UB-REV-CHARGE-21	S9(8)	648	655	5.0%
UB-REV-CODE-22	9(4)	656	659	5.0%
UB-REV-UNITS-22	S9(7)	660	666	5.0%
UB-REV-CHARGE-22	S9(8)	667	674	5.0%
UB-REV-CODE-23	9(4)	675	678	5.0%
UB-REV-UNITS-23	S9(7)	679	685	5.0%
UB-REV-CHARGE-23	S9(8)	686	693	5.0%
FILLER	X(32)	694	725	

6.5.2 CLAIMLT Physical Record Layout:

CLAIMLT RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION -		DEFAULT ERROR TOLERANCE
		START	END	
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
BEGINNING-DATE-OF-SERVICE	9(8)	41	48	2.0%
ENDING-DATE-OF-SERVICE	9(8)	49	56	2.0%
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
MEDICAID-COVERED-INPATIENT-DAYS	S9(5)	96	100	2.0%
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	101	105	2.0%
MEDICARE-COINSURANCE-PAYMENT	S9(5)	106	110	2.0%
DIAGNOSIS-CODE-1	X(6)	111	116	5.0%
DIAGNOSIS-CODE-2	X(6)	117	122	5.0%
DIAGNOSIS-CODE-3	X(6)	123	128	5.0%
DIAGNOSIS-CODE-4	X(6)	129	134	5.0%
DIAGNOSIS-CODE-5	X(6)	135	140	5.0%
ADMISSION-DATE	9(8)	141	148	5.0%
PATIENT-STATUS	9(2)	149	150	5.0%
ICF-MR-DAYS	S9(5)	151	155	2.0%
LEAVE-DAYS	S9(5)	156	160	5.0%
NURSING-FACILITY-DAYS	S9(5)	161	165	2.0%
PATIENT-LIABILITY	S9(6)	166	171	2.0%
FILLER	X(29)	172	200	

6.5.3 CLAIMOT Physical Record Layout

CLAIMOT RECORD SUMMARY

<u>FIELD NAME</u>	<u>COBOL PICTURE</u>	<u>- POSITION -</u>		<u>DEFAULT ERROR TOLERANCE</u>
		<u>START</u>	<u>END</u>	
MSIS-IDENTIFICATION-NUMBER	X(20)	1	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
BEGINNING-DATE-OF-SERVICE	9(8)	41	48	2.0%
ENDING-DATE-OF-SERVICE	9(8)	49	56	2.0%
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
QUANTITY-OF-SERVICE	S9(5)	96	100	2.0%
MEDICARE-DEDUCTIBLE-PAYMENT	S9(5)	101	105	2.0%
MEDICARE-COINSURANCE-PAYMENT	S9(5)	106	110	2.0%
DIAGNOSIS-CODE-1	X(6)	111	116	5.0%
DIAGNOSIS-CODE-2	X(6)	117	122	5.0%
PLACE-OF-SERVICE	9(2)	123	124	5.0%
SPECIALTY-CODE	X(4)	125	128	100.0%
SERVICE-CODE	X(7)	129	135	5.0%
SERVICE-CODE-FLAG	9(2)	136	137	5.0%
SERVICE-CODE-MOD	X(2)	138	139	5.0%
UB-92-REVENUE-CODE	9(4)	140	143	100.0%
PROVIDER-ID-NUMBER-SERVICING	X(12)	144	155	5.0%
FILLER	X(20)	156	175	

6.5.4 CLAIMRX Physical Record Layout

CLAIMRX RECORD SUMMARY

<u>FIELD NAME</u>	<u>COBOL PICTURE</u>	<u>- POSITION -</u>		<u>DEFAULT ERROR TOLERANCE</u>
		<u>START</u>	<u>END</u>	
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
ADJUSTMENT-INDICATOR	9(1)	21	21	2.0%
TYPE-OF-SERVICE	9(2)	22	23	0.1%
TYPE-OF-CLAIM	9(1)	24	24	2.0%
DATE-OF-PAYMENT-ADJUDICATION	9(8)	25	32	2.0%
MEDICAID-AMOUNT-PAID	S9(8)	33	40	0.1%
DATE-PRESCRIBED	9(8)	41	48	2.0%
FILLER	9(8)	49	56	
PROVIDER-ID-NUMBER-BILLING	X(12)	57	68	5.0%
AMOUNT-CHARGED	S9(8)	69	76	5.0%
OTHER-THIRD-PARTY-PAYMENT	S9(6)	77	82	2.0%
PROGRAM-TYPE	9(1)	83	83	2.0%
PLAN-ID-NUMBER	X(12)	84	95	2.0%
QUANTITY-OF-SERVICE	S9(5)	96	100	2.0%
DAYS-SUPPLY	9(3)	101	103	5.0%
NATIONAL-DRUG-CODE	X(12)	104	115	5.0%
PRESCRIPTION-FILL-DATE	9(8)	116	123	2.0%
NEW-REFILL-INDICATOR	9(2)	124	125	2.0%
PRESCRIBING-PHYSICIAN-ID-NUMBER	X(12)	126	137	5.0%
FILLER	X(38)	138	175	

The following section (Attachment three in the report) contains the Comprehensive Eligibility Crosswalk.

MAS/BOE - INDIVIDUALS RECEIVING CASH ASSISTANCE OR ELIGIBLE UNDER SECTION 1931 OF THE ACT- AGED
 MSIS Coding (MAS-1, BOE-1)

	DESCRIPTION	CFR/PL CITATIONS
1	Aged individuals receiving SSI, eligible spouses or persons receiving SSI pending a final determination of disposal of resources exceeding SSI dollar limits; and persons considered to be receiving SSI under §1619(b) of the Act.	42 CFR 435.120 §1619(b) of the Act Section 1902(a)(10)(A)(I)(11) of the Act PL 99-643, §2
2	Aged individuals who meet more restrictive requirements than SSI and who are either receiving or not receiving SSI; or who qualify under Section 1619 of the Act.	42 CFR 435.121 §1619(b)(3) of the Act; Section 1902(f) of the Act; PL 99-643, §7
3	Aged individuals receiving mandatory State supplements.	42 CFR 435.130
4	Aged individuals who receive a State supplementary payment (but not SSI) based on need.	42 CFR 435.230, §1902(a)(10)(A)(ii)

MAS/BOE - INDIVIDUALS RECEIVING CASH ASSISTANCE OR ELIGIBLE UNDER SECTION 1931 OF THE ACT- BLIND/DISABLED
 MSIS Coding (MAS-1, BOE-2)

	DESCRIPTION	CFR/PL CITATIONS
1	Blind and/or disabled individuals receiving SSI, eligible spouses or persons receiving SSI pending a final determination of blindness, disability, and/or disposal of resources exceeding SSI dollar limits; and persons considered to be receiving SSI under Section 1619(b) of the Act.	42 CFR 435.120 §1619(b) of the Act Section 1902(a)(10)(A)(I)(11) of the Act, PL 99-643, §2
2	Blind and/or disabled individuals who meet more restrictive requirements than SSI and who are either receiving or not receiving SSI; or who qualify under Section 1619.	42 CFR 435.121 §1619(b)(3) of the Act, Section 1902(f) of the Act, PL 99-643, §7
3	Blind and/or disabled individuals receiving mandatory State supplements.	42 CFR 435.130
4	Blind and/or disabled individuals who receive a State supplementary payment (but not SSI) based upon need.	42 CFR 435.230 §1902(a)(10)(A)(ii) of the Act

MAS/BOE - INDIVIDUALS RECEIVING CASH ASSISTANCE OR ELIGIBLE UNDER SECTION 1931 OF THE ACT - CHILDREN

MSIS Coding (MAS-1, BOE-4)

	DESCRIPTION	CFR/PL CITATIONS
1	Low Income Families with Children qualified under section 1931 of the Act.	42 CFR 435.110 §1902(a)(10)(A)(I) (I) of the Act Section 1931 of the Act
2	Children age 18 who are regularly attending a secondary school or the equivalent of vocational or technical training.	42 CFR 435.110 §1902(a)(10)(A)(I) (I)

MAS/BOE - INDIVIDUALS RECEIVING CASH ASSISTANCE OR ELIGIBLE UNDER SECTION 1931 OF THE ACT - ADULTS

MSIS Coding (MAS-1, BOE-5)

	DESCRIPTION	CFR/PL CITATIONS
1	Adults deemed essential for well-being of a recipient [see 45 CFR 233.20(a)(2)(vi)]qualified for Medicaid under section 1931 of the Act.	42 CFR 435.110, §1902(a)(10)(A)(I) (I)of the Act Section 1931 of the Act
2	<ul style="list-style-type: none"> o Pregnant women who have no other eligible children. o Other Adults in 'adult only' units. 	42 CFR 435.110, §1902(a)(10)(A)(I) (I)of the Act,

MAS/BOE - INDIVIDUALS RECEIVING CASH ASSISTANCE OR ELIGIBLE UNDER SECTION 1931 -U CHILDREN (OPTIONAL)

	DESCRIPTION	CFR/PL CITATIONS
1	Unemployed Parent program -- Cash assistance benefits to low income individuals in two parent families where the principle wage earner is employed fewer than 100 hours a month.	42 CFR 435.110 §1902(a)(10)(A)(I) (1) of the Act Section 1931 of the Act
2	Children age 18 who are regularly attending a secondary school or the equivalent of vocational or technical training.	42 CFR 435.110 §1902(a)(10)(A)(I) (I) of the Act

MAS/BOE - INDIVIDUALS RECEIVING CASH ASSISTANCE OR ELIGIBLE UNDER SECTION 1931-U ADULTS
 MSIS Coding (MAS-1, BOE-7) (OPTIONAL)

	DESCRIPTION	CFR/PL CITATIONS
1	Adults deemed essential for well-being of a recipient [see 45 CFR 233.20(a)(2)(vi)]qualified under section 1931 of the Act (Low Income Families with Children).	42 CFR 435.110, §1902(a)(10)(A)(I) of the Act, Section 1931 of the Act
2	<ul style="list-style-type: none"> o Pregnant women who have no other eligible children. o Other Adults in `adult only' units. 	42 CFR 435.110, §1902(a)(10)(A)(I) of the Act

MAS/BOE - MEDICALLY NEEDY - AGED
 MSIS Coding (MAS-2, BOE-1)

	DESCRIPTION	CFR/PL CITATIONS
1	Aged individuals who would be ineligible if not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212, and the same rules apply to medically needy individuals.	42 CFR 435.326
2	Aged	42 CFR 435.320 42 CFR 435.330

MAS/BOE - MEDICALLY NEEDY - BLIND/DISABLED
 MSIS Coding (MAS-2, BOE-2)

	DESCRIPTION	CFR/PL CITATIONS
1	Blind and/or disabled individuals who would be ineligible if not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.	42 CFR 435.326
2	Blind/Disabled	42 CFR 435.322 42 CFR 435.324 42 CFR 435.330
3	Blind and/or disabled individuals who meet all Medicaid requirements except current blindness and/or disability criteria, and have been continuously eligible since 12/73 under the State's requirements.	42 CFR 435.340

MAS/BOE - MEDICALLY NEEDED - CHILDREN
 MSIS Coding (MAS-2, BOE-4)

	DESCRIPTION	CFR/PL CITATIONS
1	Individuals under age 18 who, but for income and resources, would be eligible.	§1902(a)(10)(C)(ii) (I) of the Act; PL 97-248, §137
2	Infants under the age of 1 and who were born after 9/30/84 to and living in the household of medically needy women.	§1902(e)(4) of the Act; PL 98-369, §2362
3	Other financially eligible individuals under age 18-21, as specified by the State.	42 CFR 435.308
4	Children who would be ineligible if not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.	42 CFR 435.326

MAS/BOE - MEDICALLY NEEDED -ADULTS
 MSIS Coding (MAS-2, BOE-5)

	DESCRIPTION	CFR/PL CITATIONS
1	Pregnant women.	42 CFR 435.301
2	Caretaker relatives who, but for income and resources, would be eligible.	42 CFR 435.310
3	Adults who would be ineligible if not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.	42 CFR 435.326

MAS/BOE - POVERTY RELATED ELIGIBLES - AGED
MSIS Coding (MAS-3, BOE-1)

	DESCRIPTION	CFR/PL CITATIONS
1	Qualified Medicare Beneficiaries (QMBs) who are entitled to Medicare Part A, whose income does not exceed 100% of the Federal poverty level, and whose resources do not exceed twice the SSI standard.	§§1902(a)(10)(E)(I) and 1905(p) of the Act; PL 100-203, §4118(p)(8); PL 100-360, §301(a) & (e); PL 100-485, §608(d)(14); PL 100-647, §8434
2	Specified Low-Income Medicare Beneficiaries (SLMBs) who meet all of the eligibility requirements for QMB status, except for the income in excess of the QMB income limit, but not exceeding 120% of the Federal poverty level.	§4501(b) of OBRA 90 as amended in §1902(a)(10)(E) of the Act
3	Qualifying individuals having higher income than allowed for QMBs or SLMBs.	§1902(a)(10)(E)(iv) of the Act
4	Aged individuals not described in §1902(a)(10)(A)(I) of the Act, with income below the poverty level and resources within State required limits.	§1902(a)(10)(A)(ii)(X), §1902(m)(1) and (m)(3) of the Act; PL 99-509, §§9402(a) & (b)

MAS/BOE - POVERTY RELATED ELIGIBLES - BLIND/DISABLED
MSIS Coding (MAS-3, BOE-2)

	DESCRIPTION	CFR/PL CITATIONS
1	Qualified Medicare Beneficiaries (QMBs) who are entitled to Medicare Part A, whose income does not exceed 100% of the Federal poverty level, and whose resources do not exceed twice the SSI standard.	§§1902(a)(10)(E)(I) and 1905(p) of the Act; PL 100-203, Section 4118(p)(8); PL 100-360, Section 301(a) & (e); PL 100-485, Section 608(d)(14); PL 100-647, Section 8434
2	Specified Low-Income Medicare Beneficiaries (SLMBs) who meet all of the eligibility requirements for QMB status, except for the income in excess of the QMB income limit, but not exceeding 120% of the Federal poverty level.	§4501(b) of OBRA 90 as amended in §1902(a)(10)(E) of the Act
3	Qualifying individuals having higher income than allowed for QMBs or SLMBs.	§1902(a)(10)(E)(iv) of the Act
4	Qualified Disabled Working Individuals (QDWIs) who are entitled to Medicare Part A.	§§1902(a)(10)(E)(ii) and 1905(s) of the Act
5	Disabled individuals not described in §1902(a)(10)(A)(I) of the Act with income below the poverty level and resources within State specified limits.	§1902(a)(10)(A)(ii)(X), §1902(m)(1) and (m)(3) of the Act; PL 99-509, Subsections 9402(a) & (b)

MAS/BOE - POVERTY RELATED ELIGIBLES - CHILDREN
 MSIS Coding (MAS-3, BOE-4)

	DESCRIPTION	CFR/PL CITATIONS
1	Infants and children up to age 6 with income at or below 133% of the Federal Poverty Level (FPL).	§§1902(a)(10)(A)(I) (IV) & (VI), 1902(l)(1)(A), (B), & (C) of the Act; PL 100-360, §302(a)(1), PL 100-485, §608(d)(15)
2	Children under age 19 (born after 9/30/83) whose income is at or below 100% of the Federal poverty level within the State's resource requirements.	§1902(a)(10)(A)(I) (VII) of the Act
3	Infants under age 1 whose family income is below 185% of the poverty level and who are within any optional State resource requirements.	§§1902(a)(10)(A)(ii) (IX) and 1902(l)(1)(D) of the Act; PL 99-509, §§9401(a) & (b), PL 100-203, §4101
4	Children made eligible under the more liberal income and resource requirements as authorized under section 1902(r)(2) of the Act when used to disregard income on a poverty-level-related basis.	§1902(r)(2) of the Act.

MAS/BOE - POVERTY RELATED ELIGIBLES - ADULTS
 MSIS Coding (MAS-3, BOE-5)

	DESCRIPTION	CFR/PL CITATIONS
1	Pregnant women with incomes at or below 133% of the Federal Poverty Level.	§1902(a)(10)(A)(i) (IV) and (VI); §1902(l)(1)(A), (B), & (C) of the Act; PL 100-360, §302(a)(1); PL 100-485, §608(d)(15).
2	Women who are eligible until 60 days after their pregnancy, and whose incomes are below 185% of the FPL and have resources within any optional State resource requirements.	§§1902(a)(10)(A)(ii)(IX) and 1902(l)(1)(D) of the Act, PL 99-509, §§9401(a) & (b); PL 100-203, §4101
3	Caretaker relatives and pregnant women made eligible under more liberal income and resource requirements of section 1902(r)(2) of the Act when used to disregard income on a poverty-level-related basis.	§1902(r)(2) of the Act.

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MAS/BOE - OTHER ELIGIBLES - AGED
MSIS Coding (MAS-4, BOE-1)

	DESCRIPTION	CFR/PL CITATIONS
1	Aged individuals who meet more restrictive requirements than SSI and who are either receiving or not receiving SSI; or who qualify under section 1619 of the Act.	42 CFR 435.121 §1619(b)(3) of the Act; Section 1902(f) of the Act, PL 99-643, §7
2	Aged individuals who are ineligible for optional State supplements or SSI due to requirements that do not apply under title XIX.	42 CFR 435.122
3	Aged essential spouses considered continuously eligible since 12/73; and some spouses who share hospital or nursing facility rooms for 6 months or more.	42 CFR 435.131
4	Institutionalized aged individuals who have been continuously eligible since 12/73 as inpatients or residents of Title XIX facilities.	42 CFR 435.132
5	Aged individuals who would be SSI/SSP eligible except for the 8/72 increase in OASDI benefits.	42 CFR 435.134
6	Aged individuals who would be eligible for SSI but for title II cost-of-living adjustment(s).	42 CFR 435.135
7	Aged aliens who are not lawful, permanent residents or who do not have PRUCOL status, but who are otherwise qualified, and who require emergency care.	PL 99-509, §9406
8	Aged individuals who would be eligible for AFDC, SSI, or an optional State supplement if not in a medical institution.	42.CFR 435.211 §1902(a)(10)(A)(ii) and §1905(a) of the Act
9	Aged individuals who meet income and resource requirements for AFDC, SSI, or an optional State supplement.	42 CFR 435.210 §1902(a)(10)(A)(ii) and §1905 of the Act
10	Aged individuals who have become ineligible and who are enrolled in a qualified HMO or "§1903(m)(2)(G) entity" that has a risk contract.	42 CFR 435.212 §1902(e)(2); PL 99-272, §9517; PL 100-203, §4113(d)
11	Aged individuals who, solely because of coverage under a home and community based waiver, are not in a medical institution, but who would be eligible if they were.	42 CFR 435.217 §1902(a)(10)(A)(ii) (VI); 50 PL 100-13
12	Aged individuals who elect to receive hospice care who would be eligible if in a medical institution.	§1902(a)(10)(A)(ii) (VII) of the Act, PL 99-272, §9505
13	Aged individuals in institutions who are eligible under a special income level specified in Supplement 1 to Attachment 2.6-A of the State's title XIX Plan.	42 CFR 435.231 §1902(a)(10)(A)(ii) of the Act

MAS/BOE - OTHER ELIGIBLES - BLIND/DISABLED
MSIS Coding (MAS-4, BOE-2)

	DESCRIPTION	CFR/PL CITATIONS
1	Blind and/or disabled individuals who meet more restrictive requirements than SSI, including both those receiving and not receiving SSI payments	42 CFR 435.121 §1619(b)(3) of the Act; Section 1902(f) of the Act PL 99-643, §7
2	Blind and/or disabled individuals who are ineligible for optional State supplements or SSI due to requirements that do not apply under title XIX.	42 CFR 435.122
3	Blind and/or disabled essential spouses considered continuously eligible since 12/73; and some spouses who share hospital or nursing facility rooms for 6 months or more.	42 CFR 435.131
4	Institutionalized blind and/or disabled individuals who have been continuously eligible since 12/73 as inpatients or residents of Title XIX facilities.	42 CFR 435.132
5	Blind and/or disabled individuals who would be SSI/SSP, eligible except for the 8/72 increase in OASDI benefits.	42 CFR 435.134
6	Blind and/or disabled individuals who would be eligible for SSI but for title II cost-of-living adjustment(s).	42 CFR 435.135 Section 503 PL 94-566
7	Blind and/or disabled aliens who are not lawful, permanent residents or who do not have PRUCOL status, but who are otherwise qualified, and who require emergency care.	PL 99-509, §9406
8	Blind and/or disabled individuals who meet all Medicaid requirements except current blindness, or disability criteria, who have been continuously eligible since 12/73 under the State's 12/73 requirements.	42 CFR 435.133
9	Blind and/or disabled individuals, age 18 or older, who became blind or disabled before age 22 and who lost SSI or State supplementary payments eligibility because of an increase in their OASDI (childhood disability) benefits.	§1634(c) of the Act; PL 99-643, §6
10	Blind and/or disabled individuals who would be eligible for AFDC, SSI, or an optional State supplement if not in a medical institution.	42 CFR 435.211 §§1902(a)(10)(A)(ii) and 1905(a) of the Act
11	Qualified severely impaired blind or disabled individuals under age 65, who, except for earnings, are eligible for SSI.	§§1902(a)(10)(A)(I) (II) and 1905(q) of the Act; PL 99-509, §9404 and §1619(b)(8) of the ACT, PL 99-643, §7

MSIS Coding (MAS-4, BOE-2) continued

	DESCRIPTION	CFR/PL CITATIONS
12	Blind and/or disabled individuals who meet income and resource requirements for AFDC, SSI, or an optional State supplement.	42 CFR 435.210 §§1902(a)(10)(A)(ii) and 1905 of the Act
13	Working disabled individuals who buy-in to Medicaid	§1902(a)(10)(A)(ii)(XIII)
14	Blind and/or disabled individuals who have become ineligible who are enrolled in a qualified HMO or "§1903(m)(2)(G) entity" that has a risk contract.	42 CFR 435.212 §1902(e)(2) of the Act; PL 99-272, §9517; PL 100-203, §4113(d)
15	Blind and/or disabled individuals who, solely because of coverage under a home and community based waiver, are not in a medical institution and who would be eligible if they were.	42 CFR 435.217 §1902(a)(10)(A)(ii)(VI) of the Act; 50 PL 100-13
16	Blind and/or disabled individuals who elect to receive hospice care, and who would be eligible if in a medical institution.	§1902(a)(10)(A)(ii)(VII); PL 99-272, §9505
17	Blind and/or disabled individuals in institutions who are eligible under a special income level specified in Supplement 1 to Attachment 2.6-A of the State's title XIX Plan.	42 CFR 435.231 §1902(a)(10)(A)(ii) of the Act
18	Blind and/or disabled widows and widowers who have lost SSI/SSP benefits but are considered eligible for Medicaid until they become entitled to Medicare Part A.	§1634 of the Act, PL 101-508, §5103
19	Certain Disabled children, 18 or under, who live at home, but who, if in a medical institution, would be eligible for SSI or a State supplemental payment.	42 CFR 435.225; §1902(e)(3) of the Act
20	Continuation of Medicaid eligibility for disabled children who lose SSI benefits because of changes in the definition of disability	§1902 (a)(10)(A)(i)(II) of the Act; Section 4913 of P.L. 105-32

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MAS/BOE - OTHER ELIGIBLES - CHILDREN
MSIS Coding (MAS-4, BOE-4)

	DESCRIPTION	CFR/PL CITATIONS
1	Children of families receiving up to 12 months of extended Medicaid benefits (for those eligible after 4/1/90).	§1925 of the Act, PL 100-485, §303
2	"Qualified children" under age 19 born after 9/30/83 or at an earlier date at State option, who meet the State's AFDC income and resource requirements.	§§1902(a)(10)(A)(I)(III) and 1905(n) of the Act; PL 98-369, §2361; PL 99-272, §9511; PL 100-203, §4101
3	Children of individuals who are ineligible for AFDC-related Medicaid because of requirements that do not apply under title XIX.	42 CFR 435.113
4	Children of individuals who would be eligible for Medicaid under section 1931 of the Act (Low income families with children) except for the 7/1/72 (PL 92-325) OASDI increase and were entitled to OASDI and received cash assistance in 8/72.	42 CFR 435.114
5	Children whose mothers were eligible for Medicaid at the time of childbirth, and are deemed eligible for one year from birth as long as the mother remained eligible, or would have if pregnant, and the child remains in the same household as the mother.	42 CFR 435.117 §1902(e)(4) of the Act; PL 98-369, §2362
6	Children of aliens who are not lawful, permanent residents or who do not have PRUCOL status, but who are otherwise qualified, and who require emergency care.	PL 99-509, §9406
7	Children who meet income and resource requirements for AFDC, SSI, or an optional State supplement	42 CFR 435.210 §§1902(a)(10)(A)(ii) and 1905 of the Act
8	Children who would be eligible for AFDC, SSI, or an optional State supplement if not in a medical institution.	42 CFR 435.211 Section 1902(a)(10)(A)(ii) and section 1905(a) of the Act
9	Children who have become ineligible who are enrolled in a qualified HMO or "§1903(m)(2)(G) entity" that has a risk contract.	42 CFR 435.212 §1902(e)(2) of the Act; PL 99-272, §9517; PL 100-203, §4113(d)
10	Children of individuals who elect to receive hospice care, and who would be eligible if in a medical institution.	§1902(a)(10)(A)(ii) (VII); PL 99-272, §9505

MSIS Coding (MAS-4, BOE-4) continued

	DESCRIPTION	CFR/PL CITATIONS
11	Children who would be eligible for AFDC if work-related child care costs were paid from earnings rather than received as a State service.	42 CFR 435.220
12	Children of individuals who would be eligible for AFDC if the State used the broadest allowable AFDC criteria.	42 CFR 435.223 §§1902(a)(10)(A)(ii) 1905(a) of the Act
13	Children who solely because of coverage under a home and community based waiver, are not in a medical institution, but who would be eligible if they were.	42 CFR 435.217 Section 1902(a)(10)(A)(ii)(VI) of the Act.
14	Children not described in §1902(a)(10)(A)(I) of the Act, "Ribikoff Kids", who meet AFDC income and resource requirements, and are under a State-established age (18-21).	§§1902(a)(10)(A)(ii) & 1905(a)(I) of the Act, PL 97-248, §137

MAS/BOE - OTHER ELIGIBLES - ADULTS
MSIS Coding (MAS-4, BOE-5)

	DESCRIPTION	CFR/PL CITATIONS
1	Families receiving up to 12 months of extended Medicaid benefits (if eligible on or after 4/1/90).	§1925 of the Act, PL 100-485, §303
2	Qualified pregnant women whose pregnancies have been medically verified and who meet the State's AFDC income and resource requirements.	§§1902(a)(10)(A)(I)(III) and 1905(n) of the Act; PL 98-369, §2361; PL 99-272, §9511, PL 100-203 §4101
3	Adults who are ineligible for AFDC-related Medicaid because of requirements that do not apply under title XIX.	42 CFR 435.113
4	Adults who would be eligible for Medicaid under section 1931 of the Act (Low income families with children) except for the 7/1/72 (PL 92-325) OASDI increase; and were entitled to OASDI and received cash assistance in 8/72.	42 CFR 435.114
5	Women who were eligible while pregnant, and are eligible for family planning and pregnancy related services until the end of the month in which the 60th day occurs after the pregnancy	§1902(e)(5) of the Act; PL 98-369; PL 100-203, §4101; PL 100-360, §302(e)
6	Adult aliens who are not lawful, permanent residents or who do not have PRUCOL status, but who are otherwise qualified, and who require emergency care.	PL 99-509, §9406
7	Adults who meet the income and resource requirements for AFDC, SSI, or an optional State Supplement.	42 CFR 435.210 §§1902(a)(10)(A)(ii) and 1905 of the Act
8	Adults who would be eligible for AFDC, SSI, or an optional State Supplement if not in a medical institution.	42 CFR 435.211 §§1902(a)(10)(A)(ii) and 1905(a) of the Act
9	Adults who have become ineligible who are enrolled in a qualified HMO or "§1903(m)(2)(G) entity" that has a risk contract.	42 CFR 435.212 §1902(e)(2) of the Act; PL 99-272, §9517, PL 100-203, §4113(d)
10	Adults who solely because of coverage under a home and community based waiver, are not in a medical institution, but who would be eligible if they were.	42 CFR 435.217, Section 1902(a)(10)(A)(ii)(VI) of the Act.
11	Adults who elect to receive hospice care, and who would be eligible if in a medical institution.	§1902(a)(10)(A)(ii) (VII); PL 99-272, §9505
12	Adults who would be eligible for AFDC if work-related child care costs were paid from earnings rather than received as a State service.	42 CFR 435.220
13	Pregnant women who have been granted presumptive eligibility.	§§1902(a)(47) and 1920 of the Act; PL 99-509, §9407
14	Adults who would be eligible for AFDC if the State used the broadest allowable AFDC criteria.	42 CFR 435.223 §§1902(a)(10)(A)(ii) and 1905(a) of the Act

MAS/BOE - OTHER ELIGIBLES - FOSTER CARE CHILDREN
MSIS Coding (MAS-4, BOE-8)

	DESCRIPTION	CFR/PL CITATIONS
1	Children for whom the State makes adoption assistance or foster care maintenance payments under Title IV-E.	42 CFR 435.145 Section 1902(a)(10)(A)(I)(1) of the Act
2	Children with special needs covered by State foster care payments or under a State adoption assistance agreement which does <u>not</u> involve Title IV-E.	§1902(a)(10)(A)(ii) (VIII) of the Act; PL 99-272, section 9529

MAS/BOE - SECTION 1115 DEMONSTRATION MEDICAID EXPANSION (Code as POVERTY ELIGIBLES - AGED for hard-copy HCFA-2082 reporting)
MSIS Coding (MAS-5, BOE-1)

	DESCRIPTION	CFR/PL CITATION
1	Aged individuals made eligible under the authority of a Section 1115 waiver due to poverty-level related eligibility expansions.	§1115(a)(1), (a)(2) & (b) of the Act; §1902(a)(10) and §1903(m) of the Act

MAS/BOE - SECTION 1115 DEMONSTRATION MEDICAID EXPANSION (Code as POVERTY ELIGIBLES - BLIND/DISABLED for hard-copy HCFA-2082 reporting)
MSIS Coding (MAS-5, BOE-2)

	DESCRIPTION	CFR/PL CITATION
1	Blind and/or disabled individuals made eligible under the authority of a Section 1115 waiver due to poverty-level-related eligibility	§1115(a)(1), (a)(2) & (b) of the Act; §1902(a)(10) and §1903(m) of the Act

MAS/BOE - SECTION 1115 DEMONSTRATION MEDICAID EXPANSION (Code as POVERTY ELIGIBLES - CHILDREN for hard-copy HCFA-2082 reporting)
MSIS Coding (MAS-5, BOE-4)

	DESCRIPTION	CFR/PL CITATION
1	Children made eligible under the authority of a Section 1115 waiver due to poverty-level-related eligibility expansions.	§1115(a)(1), (a)(2) & (b) of the Act; §1902(a)(10) and §1903(m) of the Act

MAS/BOE - SECTION 1115 DEMONSTRATION MEDICAID EXPANSION (Code as POVERTY ELIGIBLES - ADULTS for hard-copy HCFA-2082 reporting)
MSIS Coding (MAS-5, BOE-5)

	DESCRIPTION	CFR/PL CITATION
1	Caretaker relatives and pregnant women made eligible under the authority of at section 1115 waiver due to poverty-level-related eligibility expansions.	§1115(a)(1) and (a)(2) of the Act; §1902(a)(10) and §1903(m).