

MAX 2000 State Eligibility Anomalies

State	Measure	Issue
AK	County Codes	Alaska's county codes do not follow the usual pattern of 3-digit odd numbers. However, they are correct.
AK	Dual Eligibility Codes	Alaska reports very few QMB and SLMB onlies (dual codes 1 and 3, respectively, in the 2nd byte of the new annual crossover value). In Alaska, the SSI state supplement income standard is approximately 110 percent of poverty for a single individual, and 122 percent of poverty for a couple. Hence, the vast majority of QMBs and SLMBs are eligible for full Medicaid benefits by virtue of their eligibility for the state supplement to SSI.
AK	Length of Enrollment	Only 31% of eligibles were enrolled 12 months in 2000, a lower than expected proportion. However, due to seasonal employment in the summer, many families do not qualify for benefits all year. In addition, a table showing the distribution of eligibles by length of enrollment for the year showed more enrollment at the 3, 6 and 9 month intervals than usually occurs, suggesting that the enrollment data may not be reliable for month to month analysis. For most quarters, enrollment is lowest in the first month and highest in the third month, and then there is a noticeable decline in the first month of the next quarter.
AK	Managed Care	AK is one of the few states without any MC enrollment.
AK	Missing Eligibility Data	Just over 1% of persons in AK for whom Medicaid claims were paid did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS eligibility files.
AK	Private Health Insurance	AK's rate of private insurance coverage - close to half of monthly eligibles - occurs because of Native Americans who qualify for Indian Health Service coverage.
AK	Race/Ethnicity	5% of eligibles were coded as "unknown".
AK	SCHIP Code	Alaska reports its M-SCHIP eligibles in MSIS. The state does not have an S-SCHIP program.
AK	SSN	51 SSNs have duplicate records; this represents 0.1% of records in CY00. The majority of these records are for children.

State	Measure	Issue
AK	TANF/1931	AK 's TANF data are not reliable.
AK	Uniform Eligibility Groups	Alaska has a 6 months continuous eligibility guarantee for children. Enrollment for children and adults usually falls in July, a time of peak employment.
AK	Uniform Eligibility Groups	AK's number of enrollees in uniform groups 11-12 exceeds SSI counts because of a state administered SSI supplement.
AK	Uniform Eligibility Groups	A small number of persons age >64 years are mapped to uniform eligibility group 12, 32 and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
AL	1115 Waiver	Beginning in August 2000, Alabama implemented a new 1115 Waiver. This 1115 welfare waiver provides family planning services for Plan First families (mapped to uniform groups 54-55).
AL	County Codes	AL assigns some foster care children county code 100.
AL	Date of Death	AL DOD data are incomplete.
AL	Managed Care	Persons who are only reported to plan type code 04 (prenatal care) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
AL	Managed Care	More than 300,000 eligibles received PLAN TYPE 08 each month in MSIS. These persons were enrolled in what Alabama refers to as its "PHP Network." This is not a comprehensive managed care plan. Rather, the PHP Network provides only inpatient care for persons who do not have Medicare Part A coverage.
AL	Managed Care	In October 1999, AL terminated its Bay Health Plan in Mobile County, causing a decline in HMO enrollment of about 40,000 eligibles. The remaining HMO, United Medicare Complete, only enrolls dual eligibles.
AL	Managed Care	Although disparities exist between CMS and MSIS Medicaid managed care counts, Alabama asserts that the MSIS counts are more accurate.
AL	Restricted Benefits Flag	Persons in uniform groups 54 and 55 only qualify for family planning benefits. These persons are assigned restricted code 4, as are pregnant women.

State	Measure	Issue
AL	SCHIP Code	Alabama reports its M-SCHIP children, but did not report any of its S-SCHIP children. AL did not ever report its M-SCHIP program in SEDS.
AL	SSN	In Alabama, 2,471 SSNs have duplicate records; this represents 0.7% of records in CY00. The majority of these records are for children.
AL	TANF/1931	Alabama experienced major problems with its TANF flag and, as a result, the monthly TANF information was not reliable.
AL	Uniform Eligibility Groups	AL reports almost no one to uniform groups 44-45 due to state coding limitations. Presumably TMA enrollees are included in the uniform groups 14-15 counts, as well as other 1931 enrollees.
AL	Uniform Eligibility Groups	In October 2000 enrollment in uniform group 35 increased by about 5,000 before returning to its previous level in the following month. The jump in enrollment represented the added enrollment of about 5,000 women into a family planning program. Most of the women elected not to remain enrolled beyond the first month.
AR	1115 Waiver	Arkansas has an 1115 Waiver program and reported many of its poverty related children into uniform group 54 in 2000. The adults in uniform group 55 only qualify for family planning benefits.
AR	County Codes	AR county code data are not reliable until 2003.
AR	Date of Death	Just over 1,200 enrollees had a year of death prior to 2000.
AR	Dual Eligibility Codes	AR reported 29,038 duals in 2000 who were not found in the EDB files.
AR	Managed Care	AR did not report enrollment into MSIS for its transportation PHP; however, CMS managed care data show over half of Medicaid eligibles enrolled in a PCCM and a transportation PHP.
AR	Managed Care	Managed care enrollment was undercounted for Arkansas. Arkansas only reported PCCM enrollment for ARKids, a subset of PCCM enrollees.
AR	Missing Eligibility Data	More than 3% of persons in AR for whom Medicaid claims were paid did not have any reported months of eligibility. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
AR	Private Health Insurance	AR's private insurance data are not reliable.

State	Measure	Issue
AR	Restricted Benefits Flag	Adults in uniform group 55 were assigned restricted benefits code 5 (other) since they only qualify for family planning benefits.
AR	SCHIP Code	Arkansas reports more M-SCHIP enrollees in MSIS than in HCFA's SEDS system. The state insists that MSIS data are correct.
AR	SCHIP Code	Arkansas reported its M-SCHIP eligibles in MSIS. Its M-SCHIP program covers older children to 100% FPL. The state did not have an S-SCHIP program.
AR	SSN	In Arkansas, 521 SSNs had duplicate records; this represented 0.2% of records in CY00.
AR	TANF/1931	Arkansas did not report TANF data into MSIS.
AR	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
AR	Uniform Eligibility Groups	In MAX 99, a small group of persons under age 65 were mapped to uniform groups 11, 21, 31 and 41. This error was corrected in MAX 00, so that persons under 65 were mapped to uniform groups 12, 22, 32 and 42.
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	SLMB only and QI enrollees were generally not included in MSIS data until late 2002.
AZ	Dual Eligibility Codes	Only about 90% of aged enrollees were identified to be EDB duals, a lower proportion than most states. In addition, the dual eligible codes on MSIS claims data were not found to be reliable, when files were linked to EDB.
AZ	Managed Care	In Arizona, Plan Type 08 is used primarily to cover new eligibles who have not yet selected a managed care plan.
AZ	Managed Care	AZ did not report enrollment in Behavioral Health Plans in 2000. According to CMS data, there were about 26,384 BHP enrollees in AZ in June, 2000. However, there may be BHP capitation claims in MSIS.

State	Measure	Issue
AZ	Managed Care	In AZ, about 46% of EDB duals were ever enrolled in HMO/HIOs. In addition, about 54% of EDB duals in 2000 were enrolled in PHP only or PHP/PCCM only, higher proportions than most states.
AZ	Managed Care	Persons who are only reported to plan type code 05 (LTC) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
AZ	Missing Eligibility Data	Just over 2% of persons in AZ for whom Medicaid claims were paid did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS eligibility files.
AZ	Private Health Insurance	In CY99, Arizona acknowledged that the number of persons with private health insurance was lower than it should be. They were making improvements to their TPL file, and the reporting increased somewhat in CY00.
AZ	Restricted Benefits Flag	AZ extends family planning only benefits to some persons in group 960. However, the state has not been assigning restricted benefits code 5 to these individuals.
AZ	Restricted Benefits Flag	AZ extends family planning only benefits to some persons in uniform group 55 (state specific code 960). However, they were not assigned restricted benefits code 5.
AZ	SCHIP Code	Arizona is not reporting their S-SCHIP program into MSIS. The state does not have an M-SCHIP program.
AZ	SSN	In Arizona, 5,235 SSNs have duplicate records: this represents 1.7% of records in CY00. The vast majority of records with duplicate SSNs involved infants and children under age 6.
AZ	Uniform Eligibility Groups	Some persons age >64 years are mapped to 12, 32, and 42. Researchers may want to recode these persons into groups 11, 31, and 41.
AZ	Uniform Eligibility Groups	Arizona reported increased enrollment in uniform groups 14-15 during CY2000, attributable to a rapidly growing number of 1931 eligibles not receiving TANF benefits.

State	Measure	Issue
CA	1115 Waiver	California introduced a very large 1115 Waiver program (FPACT) in December 1999, which extended family planning benefits (only) to working age women. Enrollment exceeded 1 million persons in 2000.
CA	Date of Death	California did not report any date of death data.
CA	Dual Eligibility Codes	In CA, only 88% of persons over 64 years of age were EDB duals, a lower proportion than in most states.
CA	Managed Care	In CA, about 85% of the EDB duals were enrolled in PHPs, a higher proportion than most states.
CA	Managed Care	California reports many more dental PHP enrollees in MSIS than are reported in CMS counts. As it turns out, a small portion of California's dental enrollees are enrolled in "true blue" dental PHPs. These are the persons that appear in the CMS data. The remaining 4 million enrollees participate in a hybrid FFS/PHP dental plan. The CMS data do not count these plans as PHPs, but MSIS does. In addition, CA reported enrollment in several hybrid PCCM plans into plan type 8 (other) in MSIS since these are limited risk contracts and not true PCCMs. However, these plans are reported as PCCMs in the CMS management care reports.
CA	Missing Eligibility Data	About 5% of persons in the CA file for whom Medicaid claims were paid did not have any reported months of eligibility in the year. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS eligibility files. According to the state, most of these persons were women who were determined to be presumptively eligible for pregnancy-related services on a temporary basis. These records cannot be linked for women who eventually enrolled in Medicaid.
CA	Race/Ethnicity	In 2000, 8% of eligibles were coded as 'unknown.'
CA	Restricted Benefits Flag	The 1.7 million FPACT eligibles are only eligible for family planning benefits (restricted benefits code 5-other).
CA	SCHIP Code	California reports its M-SCHIP enrollees, but not its S-SCHIP population. Additionally, some M-SCHIP enrollees in state-specific eligibility groups 7C, 8N, and 8T are correctly mapped to uniform eligibility group 44. These children are undocumented aliens eligible for emergency services only.

State	Measure	Issue
CA	SSN	Roughly one-third of eligibles have 9-filled SSNs. This results in part from the fact that SSNs are not reported for the over 1 million persons who are 1115 FPACT Waiver eligibles. In addition, SSNs are often not available for unborns, newborns, undocumented aliens and immigrants.
CA	TANF/1931	In 2000 MAX, TANF status is reported as "unknown" for over 100,000 eligibles beginning in FY 2000 Q1. L.A. county was unable to report TANF status.
CA	Uniform Eligibility Groups	Women receiving family planning benefits who are under age 18 are mapped to uniform group 54.
CO	Date of Death	The state does not report dates of death for any eligibles.
CO	Dual Eligibility Codes	A specific dual eligibility flag code could not be assigned to about 30 percent of the dual population. These persons received dual flag "09".
CO	Managed Care	About 14% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 70% were enrolled in PHPs or PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.
CO	Race/Ethnicity	9% of eligibles have an "unknown" race ethnicity code.
CO	SCHIP Code	Colorado's S-SCHIP program is not reported in the MSIS data. Colorado does not have an M-SCHIP program.
CO	SSN	In Colorado, 11.6% of SSNs, or 44,443 records, are 9-filled in CY2000. 63 SSNs have duplicate records; this represents 0.0% of records in CY00.
CO	TANF/1931	Over half the children and adults in MAS 1 do not receive TANF benefits, an unusual pattern relative to other states.
CO	Uniform Eligibility Groups	CO shows many more SSI recipients in uniform eligibility groups 11/12 than SSA data, but this may relate to a state-administered SSI supplement
CT	Foster Care	More than 10 percent of Foster Care children are older than age 20. This proportion is higher than expected.
CT	Length of Enrollment	CT had 65% of eligibles with 12 months of enrollment, a higher proportion than most states.

State	Measure	Issue
CT	SCHIP Code	Connecticut has both M-SCHIP and S-SCHIP programs for children. CT is not able to identify M-SCHIP eligibles. Currently, M-SCHIP children belong to certain state specific groups that also include non-SCHIP children. As a result, these state-specific groups are coded as 9 (SCHIP status unknown) for the SCHIP indicator. The state does not report its S-SCHIP eligibles either.
CT	SSI	CT is a 209(b) state and only reports 50 percent of the SSI population in uniform groups 11-12. Part of the problem is that the state does not report disabled children who qualify for Medicaid in uniform group 12.
CT	SSN	In 2000, 1,584 SSNs have duplicate records; this represents 0.7% of records in CY00. The majority of these records are for children.
CT	TANF/1931	Connecticut cannot identify its TANF population. The field is 9-filled for all eligibles.
DC	Dual Eligibility Codes	DC is not able to assign a specific dual eligibility code to 55% of its dual population. Instead, these eligibles are assigned dual code value 9 (in the 2nd byte of the new annual crossover value). Also, D.C. does not include the following groups of duals in its MSIS data: SLMB only, QI, QII, QWDI. Information on these eligibles was not retained in the District's MMIS. Since D.C. provides full Medicaid benefits to 100% FPL for the aged and disabled, there are not any QMB only eligibles.
DC	Dual Eligibility Codes	The District of Columbia extends full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL). As a result, some persons are reported into the disabled poverty-related group who are not dual eligibles.
DC	Dual Eligibility Codes	In DC, only 81% of persons greater than 64 years of age and 30% of disabled persons were EDB duals, lower proportions than most states.
DC	Length of Enrollment	DC had 67% of eligibles enrolled all 12 months of the year, a higher proportion than most states.
DC	Managed Care	MSIS reports the "Health Services for Children with Special Needs" plan as an HMO. However, this plan is reported as a "Medical-Only PHP" in the CMS managed care report.
DC	Private Health Insurance	DC reports a lower than expected proportion of eligibles with private health insurance (<2%).

State	Measure	Issue
DC	SCHIP Code	DC is reporting its M-SCHIP data. DC does not have an S-SCHIP program. MSIS M-SCHIP counts are considerably higher (about 50% more) than those reported by DC in the CMS reporting system for SCHIP. DC maintains that the MSIS data on M-SCHIP enrollment are more reliable.
DC	SSI	Relative to the number of aged and disabled SSI recipients, DC reported 25% more eligibles under uniform groups 11 and 12. This suggests they were covering some aged and disabled under Medicaid as SSI recipients who no longer received SSI benefits.
DC	SSN	About 4% of eligibles do not have valid SSNs. In DC, 42 SSNs have duplicate records; this represents 0.0% of records in CY00. The majority of these records are for children.
DC	Uniform Eligibility Groups	DC extends full Medicaid benefits to all aged and disabled with income <100% FPL.
DE	1115 Waiver	Delaware's 1115 Waiver program extends full Medicaid benefits to adults with income to 100% FPL. It also extends family planning benefits (only) for 24 months to women leaving Medicaid.
DE	Missing Eligibility Data	Almost 2% of persons in DE for whom Medicaid claims were paid did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with the identifies in the MSIS eligibility files.
DE	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) only qualify for family planning benefits.
DE	SCHIP Code	Delaware's S-SCHIP program is not being reported into MSIS. DE does not have an M-SCHIP program.
DE	SSN	In DE, 8 SSNs have duplicate records; this represents 0.0% of records in CY00.
DE	TANF/1931	Delaware 9-fills TANF status starting in July 2000. In addition, earlier TANF data do not appear to be reliable.

State	Measure	Issue
DE	Uniform Eligibility Groups	In Delaware all 1931 eligibles were correctly reported into uniform groups 14/15. However, transitional assistance eligibles were also reported into uniform groups 14/15 (instead of uniform 44/45), even though they are not 1931 eligibles. In addition, the state expanded its interpretation of 1931 eligibility rules beginning in 1999. Over time, as a result of the 1931 expansion, there are an increasing number of eligibles in groups 14-15 who are not TANF eligibles.
DE	Uniform Eligibility Groups	Due to state coding constraints, not all eligibles in 1619(b) waivers and foster care could be separately identified and mapped to the correct uniform eligibility groups.
DE	Uniform Eligibility Groups	DE reports most children and adults to uniform eligibility groups 14-15 as a result of expanded section 1931 rules. However, persons qualify for transitional medical assistance are also reported to uniform groups 14-15; they should have been reported to uniform eligibility groups 44-45.
FL	Dual Eligibility Codes	Relatively few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Florida extends full Medicaid benefits to the aged and disabled with income below 90% FPL.
FL	Managed Care	Florida generally codes enrollees in its MediPass plan to Plan Type 07 (PCCM). However, enrollees with mental health MediPass providers are coded to Plan Type 03 (BHP). MSIS reports approximately 13,000 fewer enrollees in Plan Type 03 than CMS reports in its PHP count for 6/00, but the state maintains that the MSIS figure is accurate.
FL	Missing Eligibility Data	Just over 2% of persons in FL for whom medical claims were paid did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that link with the identities in the MSIS eligibility files. Most of the persons without any Medicaid enrollment were refugees. In addition, this group may have included a few hundred c children with enrollment in the state's separate SCHIP program (SCHIP code 3).
FL	Race/Ethnicity	In 2000, about 11% of eligibles were coded as 'unknown.'
FL	SCHIP Code	Florida reports enrollment in its M-SCHIP and S-SCHIP programs. The enrollment reported in its S-SCHIP program, however, is incomplete and only for a subset of eligibles ages 1-5 years who transferred out of Medicaid.

State	Measure	Issue
FL	SSN	In Florida, 1,072 SSNs have duplicate records; this represents 0.8% of records in CY00. The majority of these records are for adults.
FL	TANF/1931	Florida cannot identify TANF recipients. All eligibles receive TANF = 9, indicating that their TANF status is unknown.
FL	Uniform Eligibility Groups	Enrollment in the state's 1115 program was reported in uniform groups 54 and 55. The 1115 program provides family planning only benefits to persons in state specific group FP.
FL	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 90% FPL.
FL	Uniform Eligibility Groups	Enrollment in uniforms group 31-32 increased noticeably in October 2000 due to an increase in state specific group SLMBA (SLMB only). The state acknowledges this increase, but is unable to explain it.
GA	County Codes	GA has acknowledged that the county code 09 was incorrectly assigned for numerous records. Although correction records were supposed to have fixed this problem, there may still be more records assigned county code 09 than is appropriate.
GA	Dual Eligibility Codes	Georgia coded the majority of its dual eligible population with dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicaid eligibility is unknown.
GA	Managed Care	Managed care is under-reported in MSIS 2000 data. GA had a transportation managed care plan (the NET Broker Program) that was not reported in MSIS. About 800,000 individuals were enrolled in NET each month during 2000, according to CMS managed care data. In addition, the CMS managed care report included about 2000 individuals in a Mental Health BHP that was not reported in MSIS because it is a 1915c waiver program.
GA	Managed Care	No HMO/HIO enrollment was reported as of 1/00 after GA's Grady Memorial Hospital HMO ceased to be a Medicaid HMO provider.
GA	Managed Care	There appears to be a seam effect with the managed care enrollment data, with enrollment lowest in month one each quarter and highest in month three. Then, managed care enrollment falls in month one of the next quarter.

State	Measure	Issue
GA	Missing Eligibility Data	More than 11% of persons in GA for whom 2000 Medicaid claims were paid did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked these identifiers in the MSIS eligibility files
GA	Race/Ethnicity	In 2000, 8% of eligibles were coded as 'unknown.' In addition, the 8.4% Hispanic fell to 0.8% in 2000, from 4.0% in 1999 (cause unknown).
GA	Restricted Benefits Flag	Women in state group 77 who are qualified for family planning benefits were assigned restricted benefits code 5 (other).
GA	SCHIP Code	Georgia reports S-SCHIP children in MSIS. However, the number of S-SCHIP enrollees was erratic month to month in 2000 and was considerably greater than the level of S-SCHIP enrollment reported in the CMS SEDS system. The S-SCHIP counts appear not to be reliable. The state does not have an M-SCHIP program.
GA	SSN	In GA, 344 SSNs have duplicate records; this represents 8.4% of records in CY00. The majority of these records are for children. The state reports that this is caused by outside agencies providing data to MSIS.
GA	TANF/1931	Georgia 9-fills the TANF field.
GA	Uniform Eligibility Groups	Some persons in the aged uniform groups (11, 21, 31, and 41) were younger than age 65. Researchers may want to remap these individuals to uniform groups 12, 22, 32, and 42.
GA	Uniform Eligibility Groups	Beginning in June 2000, as part of an 1115 program, GA extended family planning benefits to women in state eligibility group 77. Beginning in January 2001, persons in state group 77 were mapped to uniform group 55, instead of uniform group 35. However, in August 2001, GA terminated its special family planning program causing an abrupt decline in uniform group 55.
GA	Uniform Eligibility Groups	GA data continued to show some quarterly 'seam effect' problems. In several quarters, enrollment declined from the first month to the third month, and then increased abruptly in the first month of the next quarter.
HI	Dual Eligibility Codes	Roughly 89% percent of aged eligibles are reported as being duals in 2000, a lower proportion than most states.
HI	Dual Eligibility Codes	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.

State	Measure	Issue
HI	Length of Enrollment	HI had 61% of eligibles with 12 months of enrollment, a higher proportion than most states.
HI	Managed Care	HI's PACE program is not a full PACE, rather it is a "Pre-PACE" program operating under a waiver. As a result, it is not reported as managed care type 06 (PACE). Instead, it is correctly reported to managed care plan type 01 (HMO).
HI	Managed Care	MSIC MC data show lower HMO enrollment than CMS MC data. The state explained that this occurs because state-only enrollees were mistakenly included with the CMS managed care data
HI	Missing Eligibility Data	About 2.7% of persons in HI for whom Medicaid claims were paid in 2000 did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
HI	Race/Ethnicity	About 12 percent of enrollees were reported to be "unknown" for the race/ethnicity code.
HI	SCHIP Code	In October-December 2000, HI erroneously reported that M-SCHIP child enrollment dropped to about 500 per month, compared to 3,000-4,000 per month in the previous and subsequent quarters.
HI	SCHIP Code	Hawaii has an M-SCHIP program, but no S-SCHIP program. The M-SCHIP program did not begin enrollment until January 2000 and didn't appear in MSIS until July 2000. It appears that M-SCHIP children may have been reported to uniform group 54 from January through June 2000.
HI	SSN	In HI, 292 SSNs have duplicate records; this represents 0.3% of records in CY00. The majority of these records are for children.
HI	TANF/1931	Hawaii 9-fills the TANF field for all eligibles.
HI	Uniform Eligibility Groups	From October to December 2000 HI erroneously reported that enrollment in uniform group 48 dropped to less than 300 per month, compared to about 4,000 per month in previous and subsequent quarters. It appears these children were reported to uniform group 34 instead.
HI	Uniform Eligibility Groups	Hawaii extends full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL). As a result, the disabled poverty-related group included both dual eligibles and persons who were not dual eligibles.

State	Measure	Issue
HI	Uniform Eligibility Groups	Hawaii is a so-called 209(b) state, meaning that it uses more restrictive eligibility criteria for Medicaid than the SSI program uses. However, it appears that about 90% of SSI recipients are enrolled in Medicaid, when enrollment in uniform groups 11-12 is compared to SSI administrative data.
HI	Uniform Eligibility Groups	Beginning in January 2000, enrollment is no longer reported to Uniform Eligibility Group 35, since pregnant women could not be separately identified from other adults covered under the 1115 waiver. Both groups are now mapped to uniform eligibility group 550.
IA	Dual Eligibility Codes	About 5% of dual eligibles are assigned dual code 9 (in the 2nd byte of the new annual crossover value). IA is not able to identify the dual group to which these people belong.
IA	Managed Care	In Iowa, 34% of the EDB dual population were enrolled in PHPs or PHPs and PCCMs, a higher proportion than most states.
IA	Private Health Insurance	Roughly 17% of Iowa's Medicaid population each month was reported to have private health insurance, a higher proportion than most states.
IA	SCHIP Code	Iowa reported its M-SCHIP children in MSIS. The state did not report its S-SCHIP children, however.
IA	SSN	382 SSNs have duplicate records, these represent 0.2% of total records in CY00. The majority of these SSNs are for children.
IA	TANF/1931	Iowa's TANF data are not reliable.
ID	County Codes	By mistake, no enrollees were reported to reside in Blaine County (County Code 013). ID failed to report to county code 013 until 2003 when about 900 enrollees were reported in this county.
ID	Date of Death	ID did not submit Date of Death data in 2000.
ID	Dual Eligibility Codes	ID only reported 2 types of dual eligibility -- QMB only (byte 1 in the dual field) and QMB plus Medicaid (byte 2 in the dual field). SLMB only and QI duals eligibles were not included in the MSIS data.
ID	Dual Eligibility Codes	About 40% of dual eligibles in ID were identified through the EBD link (not MSIS data).

State	Measure	Issue
ID	Managed Care	The state does not have any fully capitated managed care. They do have PCCMs, however.
ID	Managed Care	In ID, 19% of EDB duals were enrolled in PCCMs, a higher proportion than most states.
ID	MSIS ID	The state changed their MSIS IDs starting with FFY 1999.
ID	Private Health Insurance	Idaho reports that over 20 percent of eligibles have private insurance. This proportion is much higher than in most other states.
ID	SCHIP Code	Idaho reports its M-SCHIP enrollment. The state does not have an S-SCHIP program. The state M-SCHIP counts are not always consistent with SEDS, but the state asserts the MSIS data are more reliable.
ID	SSI	ID's number of enrollees in uniform groups 11-12 exceeds SSI counts because of a state-administered SSI supplement.
ID	SSN	21 SSNs have duplicate records. This represents 0.0% of records in CY99.
ID	TANF/1931	Idaho 9-fills the TANF flag for all eligibles.
ID	Uniform Eligibility Groups	ID reports a lower than expected number of enrollees to uniform groups 14-15; it seems likely that many section 1931 enrollees are reported to uniform groups 44-45.
ID	Uniform Eligibility Groups	The number of eligibles in uniform groups 11 and 12 exceeded SSI counts because of a state administered SSI supplement.
IL	Dual Eligibility Codes	In IL, only 87% of persons >64 years were EDB duals, a lower proportion than most states.
IL	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
IL	Managed Care	IL reported enrollment in plan type 08 (other). These plans consist of Primary Health Providers and Managed Care Community Networks (MCCN), and they provide different services than comprehensive plans. These plans appear to be reported as HMOs (not PHPs) in the CMS managed care data.

State	Measure	Issue
IL	SCHIP Code	IL reported both M-SCHIP and S-SCHIP enrollment in MSIS.
IL	SSN	Roughly 3.3% (58,676) of IL's eligibles had 9-filled SSNs. In addition, 14,532 SSNs had duplicate records; this represents about 0.8% of records in CY 2000. SSNs can be assigned to more than one record in IL due to the state's system of assigning Medicaid identification numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled into Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication problems can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.
IL	Uniform Eligibility Groups	IL uses more restrictive rules to determine Medicaid eligibility for SSI recipients, under the 209(b) provisions. In addition, the state is not able to report all SSI recipients into uniform groups 11 and 12. SSI recipients, including SSI state supplement recipients, are reported into other uniform groups. As a result, the number of persons reported into uniform groups 11-12 was considerably less than the number of SSI recipients.
IL	Uniform Eligibility Groups	Enrollment in Uniform Eligibility Groups 14-17 and 44-45 declined across 2000, but were offset by increases in Uniform Eligibility Groups 34 and 25. This shift was a result of a Department of Human Services initiative to redetermine eligibility.
IL	Uniform Eligibility Groups	There were two expansions in the summer of 2000 in Illinois --- a Medically Needy expansion and an OBRA 86 expansion (the OBRA 86 expansion covered aged and disabled eligibles to 70% FPL; this was later raised to 85%).
IL	Uniform Eligibility Groups	In spite of these expansions enrollment in uniform group 31-32 fell, with only a slight offset in uniform groups 21-22.
IN	Dual Eligibility Codes	IN assigned dual code 8 (in the 2nd byte of the new annual crossover value) to about 24% of its dual population. IN explained that these persons have Medicare Part B, but don't fall into one of the other dual categories.
IN	Managed Care	From 1999 - 2000, the total number of enrollees in non-PCCM managed care increased by 27%.
IN	Private Health Insurance	Roughly 13% of Indiana's Medicaid population was reported to have private health insurance, a higher than expected proportion.

State	Measure	Issue
IN	SCHIP Code	IN reports M-SCHIP and S-SCHIP children in MSIS. The state implemented its S-SCHIP program in January 2000.
IN	SSN	In Indiana, 2.6% of SSNs, or 20,144 records, are 9-filled in CY2000. 427 SSNs have duplicate records; this represents 0.1% of records in CY00. The majority of these records are for children.
IN	Uniform Eligibility Groups	IN is a so-called 209(b) state. This explains why the total number of SSI eligibles reported into uniform groups 11 & 12 is lower than the number reported by SSA. IN reports the SSI disabled over age 64 into uniform group 11.
KS	Dual Eligibility Codes	Kansas uses the MSIS dual code 8 (in the 2nd byte of the new annual crossover value) for persons whose income and resources are too high to qualify for QMB plus, or SLMB plus, but who still receive full Medicaid benefits.
KS	Foster Care	Foster care is under-reported in uniform eligibility group 48 until February 2000.
KS	Managed Care	Kansas continued to over report managed care enrollment in 2000. Both the HMO and PCCM enrollment numbers are about 25 percent greater than the comparable counts in the CMS managed care reports. In addition, about 48% of the EDB duals were enrolled in PCCMs, a higher proportion than reported by most other states.
KS	Private Health Insurance	KS private insurance data are not reliable.
KS	SCHIP Code	Kansas is not reporting their S-SCHIP children. The state does not have an M-SCHIP program.
KS	SSN	34 SSNs have duplicate records. This represents 0.0% of records in CY00.
KS	TANF/1931	TANF counts in MSIS are about 17% below the expected number of recipients.
KS	Uniform Eligibility Groups	Beginning in April 2000, Kansas changed their nursing home criteria. Rather than using the Medically Needy Criteria, the state used the 300% institutional rules. As a result, enrollment increased in uniform groups 41, 42, and 44 and fell in 21, 22, and 24.

State	Measure	Issue
KY	Dual Eligibility Codes	In 2000, Kentucky's dual eligibility codes from MSIS were incorrect and should not be used. The state was over-reporting the number of disabled and children who were dually eligible. KY reported 70,708 duals in 2000 who were not found in the EDB files. However, the EDB confirmed dual information is reliable (dual code value: 50-59 and 98).
KY	Managed Care	The "other" managed care plan type in Kentucky was a special capitation plan for transportation benefits.
KY	Managed Care	About 18% of the EDB dual eligibles were enrolled in HMOs/HIOs and about 56% were enrolled in PHPs or PHPs & PCCMs. This is a higher proportion of MC enrollment for EDB dual eligibles than occurred in most states.
KY	Managed Care	Beginning in July 2000, Kentucky phased out the use of Kentucky Health Select, a comprehensive managed care plan. The individuals were moved into the state's Medicaid PCCM.
KY	Missing Eligibility Data	Just over 2% of persons in the KY MAX 00 file who used services in 2000 did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
KY	Race/Ethnicity	Race was reported as unknown for about 4% of eligibles.
KY	Restricted Benefits Flag	In some months during 2000, <250 persons are assigned restricted benefits code 9 (cause unknown).
KY	SCHIP Code	KY reported M-SCHIP and S-SCHIP data into MSIS.
KY	SSN	About 3% of eligibles did not have valid SSNs.
LA	Dual Eligibility Codes	In LA, about 28% of the disabled were reported to be EDB duals, a lower proportion than most states.
LA	Dual Eligibility Codes	Louisiana's MMIS system did not include the following dual eligibility until April 2000: SLMB, QI1, QI2, QDWI.
LA	Missing Eligibility Data	Eligibility records were not found for over 5% of records with claims in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
LA	Race/Ethnicity	Race is reported as unknown for about 7% of enrollees.

State	Measure	Issue
LA	Restricted Benefits Flag	LA assigns the "other" restricted benefits flag (code 5) to about 5,000 enrollees/month. Most of these individuals are in the medically needy uniform group, while a few are in the poverty-related adult group. Since many in the poverty-related adult group are reported to have restrictions related to their pregnancy status (restricted benefits code 4), those in the "other" (code 5) group may have restrictions related to substance abuse.
LA	SCHIP Code	LA reports its M-SCHIP children in MSIS. The state does not have a S-SCHIP program.
LA	SSN	LA did not have any duplicate SSNs in its MAX 00 file.
LA	TANF/1931	TANF enrollment data for 2000 was over reported. This problem results from the fact that Medicaid does not automatically disenroll TANF individuals when notified. The Medicaid policy is to extend eligibility for TANF individuals until they are able to determine an appropriate Medicaid disposition.
LA	Uniform Eligibility Groups	A small number of persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
LA	Uniform Eligibility Groups	Most low-income infants are reported to uniform group 44 instead of 34, because the state deems these newborns are covered until age 1.
MA	1115 Waiver	Massachusetts operates an 1115 waiver program, extending Medicaid coverage to additional groups of low-income disabled, children, and adults.
MA	Dual Eligibility Codes	Massachusetts reports very few eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state provides full Medicaid benefits to all aged up to 100% FPL. Also, because Massachusetts provides full Medicaid benefits to all disabled up to 133% FPL in its 1115 Waiver program, the state reports very few disabled with dual codes 1 or 3 (also in the 2nd byte of the new annual crossover value).
MA	Dual Eligibility Codes	Almost 60 percent of the persons identified by the state in MSIS data as dual eligibles were assigned dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the records are for duals, but their dual group (e.g., QMB, SLMB, etc) cannot be determined.
MA	Foster Care	Massachusetts underreports foster care children in MSIS data.

State	Measure	Issue
MA	Length of Enrollment	MA had 65% of eligibles with 12 months of enrollment, a higher proportion than most states.
MA	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
MA	Missing Eligibility Data	Almost 2% of persons in MA for whom 2000 Medicaid claims were paid did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
MA	Race/Ethnicity	About 20 percent of eligibles are coded with an unknown race.
MA	Restricted Benefits Flag	MA does not extend full Medicaid benefits to all its expansion groups. Those with some restrictions are assigned restricted benefits code 5. It is unclear what these benefit restrictions include.
MA	SCHIP Code	Massachusetts reports children in both its M-SCHIP and S-SCHIP programs. MSIS data on both programs do not exactly track the SEDS data. The state insists that the MSIS data are more reliable.
MA	SSI	Enrollment in uniform eligibility group 11 is about 2/3 of the SSI aged enrollment reported in SSA administrative data, while enrollment in uniform group 12 is about 20% higher than SSA administration (cause unknown).
MA	SSN	In Massachusetts, 488 SSNs have duplicate records; this represents 0.0% of records in CY00.
MA	TANF/1931	The number of monthly TANF recipients reported in MSIS is considerably higher than the number reported in ACF administrative data on TANF for the same period.
MA	Uniform Eligibility Groups	Some persons age >64 years are mapped to uniform eligibility groups 12, 22, 32, and 42. Researchers may want to recode these persons into groups 11, 21, 31, and 41.
MA	Uniform Eligibility Groups	Persons reported to uniform eligibility group 35 should have been reported to uniform eligibility group 55. MA was not able to reliably identify poverty-related pregnant women for uniform eligibility group 35.

State	Measure	Issue
MA	Uniform Eligibility Groups	Massachusetts provides full Medicaid benefits to aged enrollees up to 100% FPL and disabled enrollees up to 133% FPL.
MD	County Codes	Maryland reports eligibles with county code = 510. These are residents of the city of Baltimore. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "007."
MD	Dual Eligibility Codes	In MD, only 86% of persons over 64 years of age were identified as EDB duals, a lower proportion than most states.
MD	Managed Care	Some persons in HMOs/HIOs have the PLAN ID field 9-filled.
MD	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) only qualify for family planning benefits.
MD	SCHIP Code	Maryland has both M-SCHIP and S-SCHIP programs, but its S-SCHIP program was not reported in MSIS until August 2001.
MD	SSN	27,793 persons have the SSN field 9-filled (4.1% of the population). 261 SSNs have duplicate records; this represents 0.0% of records in CY00. The majority of these records are for children.
MD	TANF/1931	TANF counts in MSIS are 16% higher than expected based on TANF administrative data.
MD	Uniform Eligibility Groups	In November and December 1999, Maryland enrolled approximately 55,000 individuals whose Medicaid benefits had been improperly terminated in 1997 (during the implementation of welfare reform), resulting in a major increase in uniform groups 44/45. In January 2000, enrollment in these groups returned to the normal levels.
ME	Date of Death	The DOD is 8-filled for all eligibles.
ME	Dual Eligibility Codes	Maine extends full Medicaid benefits to the aged and disabled with income <100% FPL, accounting for the lower proportion of QMB only dual eligibles.
ME	Managed Care	During 2000, comprehensive managed care enrollment declined and PCCM enrollment increased. This shift happened as the state phased out its managed care contract with Aetna and shifted enrollees to PCCMs.

State	Measure	Issue
ME	Missing Eligibility Data	About 4% of persons in the ME for whom 2000 Medicaid claims were paid did not have any reported months of eligibility in 2000. These records did not have any MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
ME	Restricted Benefits Flag	In some months, not all the persons assigned dual codes 01 and 03 were assigned restricted benefits flag 3.
ME	SCHIP Code	Maine has both M-SCHIP and S-SCHIP programs, and both are reported into MSIS.
ME	SSN	Roughly 2.7 percent (about 5,835) of Maine's eligibles had 9-filled SSNs; most of these eligibles are babies. Also, 6 SSNs have duplicate records; this represents 0.0% of records in CY00.
ME	TANF/1931	Maine's TANF numbers are consistently higher than ACF numbers. The state believes MSIS is over counting the TANF enrollees.
ME	Uniform Eligibility Groups	Maine's counts of SSI recipients in uniform eligibility groups 11-12 are somewhat higher than the counts reported in SSI administrative data. This probably occurs because Maine has a state-administered SSI supplement.
ME	Uniform Eligibility Groups	ME foster care children (uniform group 48) are undercounted until October 2003, due to state reporting complexities.
ME	Uniform Eligibility Groups	In September 2000, the state implemented a new program to cover the parents of SCHIP eligibles from 100-150% FPL. These enrollees were mapped to uniform group 45. The state tried to get a waiver through to make these adults eligible for the higher SCHIP matching rate, but were unsuccessful.
ME	Uniform Eligibility Groups	A small group of children (<20) who did not qualify for S-SCHIP were mapped to uniform group 54.
ME	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL, which explains why some persons in uniform group 32 are not dual eligibles.
MI	Date of Death	All dates of death are "8-filled".

State	Measure	Issue
MI	Dual Eligibility Codes	Roughly half of Michigan's dual eligibles are reported with dual code 9 (in byte 2 of the dual code); also, few eligibles are assigned dual code 1, since the state provides full Medicaid benefits to the aged and disabled with incomes less than 100% FPL.
MI	Managed Care	In MI, about 25% of the EDB duals were enrolled in HMOs/HIOs, a higher proportion than occurred in most states.
MI	Missing Eligibility Data	Just under 2% of persons in the MI MAX 00 file who used services in 2000 did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
MI	Race/Ethnicity	About 3% of eligibles were reported with an "unknown" race code.
MI	SCHIP Code	Beginning in January 2002, the state changed its SEDs reporting to accurately report enrollees that have aged out of the M-SCHIP group. This resulted in a decline in the number of reported M-SCHIP enrollees. MSIS data did not reflect this change in 2000. Thus, there is an overcount of M-SCHIP eligibles in 2000.
MI	SCHIP Code	Michigan reports its M-SCHIP enrollment. It does not report its S-SCHIP enrollment, however.
MI	SSN	In Michigan, 291 SSNs do not have unique records; this represents 0.1% of records in CY00. The majority of these records are for children.
MI	TANF/1931	Michigan is unable to provide TANF flags for its Medicaid population.
MI	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
MI	Uniform Eligibility Groups	MI reports 200-300 persons to uniform eligibility group 99 each month.
MI	Uniform Eligibility Groups	Michigan has a higher than expected number of enrollees younger than age 16 in uniform groups 15, 25, 35 and 45. This is likely tied to the fact that the state mapped its state-specific eligibility groups directly to the uniform groups, rather than using any sort of age sort. Researchers might want to remap enrollees under age 16 to uniform groups 14, 24, 34 and 44.
MN	Managed Care	In MN, about 38% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.

State	Measure	Issue
MN	Restricted Benefits Flag	Persons assigned restricted benefits code 5 only qualify for "access" services, since their eligibility has not yet been fully established.
MN	SCHIP Code	Minnesota reports its very small M-SCHIP program that covers only infants with income from 275 - 280% FPL. The state did not have an S-SCHIP program in 2000.
MN	TANF/1931	Eligibles reported as TANF recipients in Minnesota's data are actually recipients of the Minnesota Family Income Program. For their Medicaid population, this is nearly equivalent of the TANF code and is of greater interest to the state (from a data feedback perspective).
MN	Uniform Eligibility Groups	Minnesota is a 209(b) state, meaning that the state requires SSI recipients to apply for Medicaid, and the state uses somewhat more restrictive criteria. However, it appears the vast majority of SSI recipients qualify for Medicaid coverage.
MN	Uniform Eligibility Groups	Minnesota reports almost all of its poverty-related children and adults into uniform groups 54 and 55 as a part of its MinnesotaCare 1115 Waiver Program.
MN	Uniform Eligibility Groups	About 3,000 - 4,000 persons age 65 and older each month in state group UN2854 were mapped to uniform eligibility group 45 by mistake. They should have been reported to uniform eligibility group 41.
MN	Uniform Eligibility Groups	From January through September 2000, the assignment of enrollees to uniform eligibility groups was only reliable in Minnesota for the uniform groups 11-15 and 54-55. Enrollees assigned to other uniform group were not reliable, except to the extent that individuals were identified as aged, disabled, children (including foster care), or adults. As an example, "children" at a general level were appropriately identified, but the sorting of children by medically needy, poverty-related, or other status had many errors. In 2002, the state discovered a longstanding MSIS coding mistake related to income -- and income is a critical variable to the assignment of individuals across uniform groups. Researchers should not use the uniform group designations 21-25, 31-35 and 41-48, except to identify the individuals as aged, disabled, children, or adults. In addition, the enrollment data for MN have some quarterly "seam effect" problems. Enrollment tends to be lowest in the 1st month of each quarter, increases in the 2nd month, and is then highest in the 3rd month. Then, there is usually a noticeable drop in enrollment for the beginning month of the next quarter. The data by uniform eligibility group are reliable beginning in October 2000.

State	Measure	Issue
MO	1115 Waiver	Adults and children are covered under an 1115 program.
MO	County Codes	Eligibles with County Code = 510 are residents of the city of St. Louis. Eligibles with County Code = 193 are residents of St. Genevieve County who should have been reported to county code = 186.
MO	Date of Death	MO reported >2,200 persons with a date of death prior to 2000.
MO	Dual Eligibility Codes	About half of the dual population are assigned dual code 8 (in the 2nd byte of the new annual crossover value). According to the state, these are eligibles who might qualify under QMB or SLMB rules, but pay for their own Part B premiums as a part of a 209(b) spend down. The state also indicated that dual eligibles have to apply for QMB/SLMB coverage.
MO	Length of Enrollment	MO had 63% of eligibles w/12 months of enrollment in 2000, a higher proportion than most states.
MO	Managed Care	From 1999-2000, the number of person years enrollment in non-PCCM managed care increased by 69% due to greater HMO/HIO enrollment.
MO	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) only qualify for family planning benefits. In addition, some presumptively eligible pregnant women are assigned restricted benefits code 4.
MO	SCHIP Code	Missouri is reporting M-SCHIP eligibles into MSIS. The state does not have an S-SCHIP program. The M-SCHIP data differs from SEDs through October 2000, but the state insists their MSIS data are correct.
MO	SSN	About 5% of SSNs are 9-filled. 49 SSNs have duplicate records; this represents 0.0% of records in 2000
MO	Uniform Eligibility Groups	Missouri does not provide medically needy coverage.
MO	Uniform Eligibility Groups	MO is a so-called 209(b) state. This explains why the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by Social Security Administration.
MO	Uniform Eligibility Groups	Enrollment in uniform group 14-15 jumps by roughly 40,000 persons in July 2000. This shift is caused by the reinstatement of persons who lost Medicaid because their welfare benefits were terminated. This special initiative ended in March 2001.

State	Measure	Issue
MS	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since the state provided full Medicaid benefits to the aged and disabled with income less than 135% FPL. This change in coverage led to a 7,000 drop in the number of SLMB only dual eligibles.
MS	Dual Eligibility Codes	Mississippi assigned dual code 2 (in the 2nd byte of the crossover code) to all full benefit duals, rather than distinguishing between QMB plus (2s), SLMB plus (4s) and other full duals (8s). This occurred because the state disregarded income between 100-135 percent FPL.
MS	Foster Care	Mississippi reports a smaller proportion of children in foster care than generally expected.
MS	Managed Care	No managed care enrollment was reported since Mississippi stopped reporting any eligibles with comprehensive managed care in 1999.
MS	Private Health Insurance	The state believes they under-reported private health insurance enrollment in 2000.
MS	Race/Ethnicity	About 5% of eligibles were coded as "unknown".
MS	SCHIP Code	Mississippi's state-specific eligibility group "91" encompasses M-SCHIP children, non-SCHIP poverty-related children and poverty-related pregnant women. The state cannot accurately determine which individuals in state group "91" are M-SCHIP children, however. MS has an S-SCHIP program, but it is not reported into MSIS.
MS	SSN	Roughly 5 percent of Mississippi's eligibles had 9-filled SSNs. Presumably, most of these eligibles are "K Babies" (state-specific eligibility group "KK") or newborns who have yet to receive SSNs. Also, 4 SSNs have duplicate records. This represents 0.0% of records in CY00.
MS	Uniform Eligibility Groups	MS provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL through June 2000 and then extended full benefits to these eligibles with less than 135% FPL.
MS	Uniform Eligibility Groups	In 2000, just over half of Medicaid adults were in uniform group 35 (poverty-related pregnant).

State	Measure	Issue
MS	Uniform Eligibility Groups	A small number of individuals (<60) were mapped to uniform eligibility group 99 in some months of 2000. These individuals were included in the state's MSIS data, but not reported as Medicaid enrollees.
MT	Dual Eligibility Codes	Dual eligibility groups QDWI, QI1, and QI2 duals are not included in MT's MSIS files.
MT	Private Health Insurance	Over 12 percent of Montana's Medicaid population is enrolled in a private health insurance plan, a higher than expected proportion.
MT	Restricted Benefits Flag	Montana's welfare reform program, called "FAIM," extends reduced Medicaid benefits to some adult eligibles. People with these restricted benefits are assigned code 5 (other).
MT	SCHIP Code	Montana begins reporting its S-SCHIP data in October 1999. The state does not have an M-SCHIP program.
MT	SSN	MT's SSN information is not fully reliable. Many individuals had their state Medicaid ID numbers or other numbers entered in the SSN field by mistake.
MT	TANF/1931	Montana 9-fills the TANF field.
MT	Uniform Eligibility Groups	MT appears to report many of disabled SSI >64 years of age to uniform eligibility group 11.
NC	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since North Carolina extended full Medicaid benefits to the aged and disabled with income <100% of the federal poverty level (FPL).
NC	Race/Ethnicity	The race code is reported as "unknown" for about 6% of NC enrollees.
NC	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees.
NC	Restricted Benefits Flag	The women in uniform eligibility group 35 who receive RBF = 2 (restricted benefits on the basis of alien status) are aliens who receive coverage for emergency services, including labor and delivery.
NC	SCHIP Code	NC has opted to report its S-SCHIP group. The state does not have an M-SCHIP program.

State	Measure	Issue
NC	SSN	35,237 persons have the SSN field 9-filled (2.7% of the population). 461 SSNs have duplicate records; this represents 0.0% of records in CY00.
NC	Uniform Eligibility Groups	Beginning in Oct 2000, North Carolina reinstated a large group of former AFDC welfare enrollees in to uniform groups 14-15. The enrollees may have been inappropriately terminated from Medicaid as a result of welfare reform.
NC	Uniform Eligibility Groups	NC extended full Medicaid benefits to aged and disabled up to 100% FPL.
NC	Uniform Eligibility Groups	North Carolina's count of SSI recipients differs somewhat from SSA counts. Two factors may contribute. First, North Carolina administers its own SSI Supplement program. Second, the state appears to report most disabled persons over age 64 to Uniform Eligibility Group 11.
NC	Uniform Eligibility Groups	NC reports most disabled SSI recipients >64 year to uniform group 11.
NC	Uniform Eligibility Groups	Effective 11/1/99, North Carolina expanded its 1931 eligibility rules to cover eligibility for 12 months after termination of TANF benefits. These enrollees would otherwise have received transitional Medicaid (uniform groups 44-45). As a result, enrollment increased in uniform groups 14-15, while it fell in groups 44-45.
ND	Dual Eligibility Codes	The vast majority of dual eligibles are assigned dual code 9 (in the 2nd byte of the new annual crossover value), since ND cannot correctly identify the dual groups to which they belong.
ND	Dual Eligibility Codes	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	Missing Eligibility Data	6.4% of persons in the ND MAX 00 file who used services in 2000 did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
ND	Private Health Insurance	North Dakota reports that about 20% of its eligibles have private insurance, a higher than expected proportion.
ND	Restricted Benefits Flag	About 30% of dual eligibility in uniform eligibility groups 31-32 do not appear to be assigned restricted benefits flag 3 (cause unknown).

State	Measure	Issue
ND	SCHIP Code	North Dakota reports its M-SCHIP children. The state also has an S-SCHIP program, but full S-SCHIP data were not reported to MSIS until October 2000.
ND	SSN	8 SSNs had a duplicate record in 2000.
ND	TANF/1931	ND reports fewer TANF recipients than are reported in ACF data; state officials cannot explain why the counts differ.
ND	Uniform Eligibility Groups	Because North Dakota is a 209(b) state, they report about one-third fewer SSI recipients in uniform eligibility groups 11 and 12 than usually expected.
NE	Date of Birth	The coding of unborn children in NE complicates MSIS records for infants <1 year and pregnant women. NE considers that an unborn child can qualify for Medicaid, but not the pregnant mother, unless she otherwise qualifies. Unborn children in NE are assigned MSIS IDs, along with a 9-filled SSN, "U" sex and a 9-filled or expected DOB. Once the child is born, the DOB, sex and SSN fields are updated. Unless otherwise eligible, the mother of the unborn child is not reported to MSIS. The prenatal and delivery charges are assigned to the child, if the mother is not otherwise eligible. Thus, some unborn children will also have mothers in the MSIS file, while others will not. Making it even more complicated, some unborn children are reported to child uniform groups 14, 16, 34, and 44 but most are reported to the adult uniform group 35 (they can also be in 15, 25 and 45). Unborn children can also have (expected) DOBs that are later than the enrollment month.
NE	Dual Eligibility Codes	Nebraska does not report any eligibles with the dual code 1 (in the 2nd byte of the crossover code), since the state extends full Medicaid to all aged/disabled <100 percent FPL.
NE	Dual Eligibility Codes	NE does not include QI-1 partial duals (6 in byte 2 of the crossover code) in its MSIS data.
NE	SCHIP Code	Nebraska reports its M-SCHIP children. The state does not have an S-SCHIP program.
NE	Sex	See Unborn Child note.
NE	TANF/1931	Over time, TANF enrollment in MSIS has been about 15-25 percent higher than ACF data. The state believes this is because there is a separate TANF plan that is not reported to ACF.

State	Measure	Issue
NE	Unborn Children	Pregnant women who are only eligible for Medicaid as a result of their unborn child are not entered into the MSIS system. Instead, an MSIS ID is assigned to the unborn child. The unborn child's SSN is 9-filled and the sex is Unknown. The DOB is the expected date of birth.
NE	Uniform Eligibility Groups	See DOB note above regarding uniform group coding for unborn children.
NE	Uniform Eligibility Groups	NE extends full Medicaid benefits for all aged/disabled up to 100% FPL.
NE	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, NE requires them to separately apply for Medicaid coverage.
NH	Dual Eligibility Codes	New Hampshire is not including dual eligibles in the SLMB only, QI-1, QI-2, and QDWI groups in its MSIS data. In addition, all full benefit duals were reported to dual code 2 (in the 2nd byte of the crossover code).
NH	Managed Care	Managed care continued to be undercounted during 2000. New Hampshire is reporting comprehensive managed care (Plan Type 01) enrollment of 2,492 in its June 2000 MSIS data. The CMS data for the same time period indicate that enrollment was almost double that -- 4,432. The state believes it may only have reported HMO enrollment for family heads.
NH	SCHIP Code	New Hampshire operates both M-SCHIP and S-SCHIP programs, but it only reported its M-SCHIP eligibles in MSIS.
NH	SSN	34 SSNs have duplicate records; this represents 0.0% of records in CY00.
NH	TANF/1931	All persons in uniform groups 14-17 were reported to be TANF eligibles. It is unclear whether any persons other than TANF recipients qualified for Medicaid under 1931 rules.
NH	Uniform Eligibility Groups	New Hampshire is a 209(b) state, explaining in part why the number of eligibles reported in uniform groups 11 and 12 was substantially lower than the number receiving SSI, according to the SSA.
NJ	Date of Death	Just under 300 enrollees had a date of death prior to 2000.
NJ	Dual Eligibility Codes	New Jersey does not report any eligibles with dual eligibility code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits for all aged/disabled up to 100% FPL.

State	Measure	Issue
NJ	Dual Eligibility Codes	Only 89% of persons age > 64 years are dual eligibles, a lower proportion than most states.
NJ	Managed Care	In the 2000 files, 1,000-21,000 persons/month were assigned Plan Type value 08 (Other). This is an undercount. The correct number is about 30,000/month. Plan type 08 is used for residents of long term care facilities, who received capitated pharmaceutical coverage. Due to reporting problems, these data could not be corrected for the 2000 files. The HMO enrollment data (plan type 01) appear to be reliable.
NJ	Managed Care	Plans IDs were not reported for the capitated pharmaceutical coverage in plan type 08.
NJ	Race/Ethnicity	New Jersey reports 12 percent of its eligibles with an unknown race.
NJ	Restricted Benefits Flag	Persons with restricted benefits flag 5 (other) are generally in waivers and do not qualify for full Medicaid benefits
NJ	SCHIP Code	NJ reports both M-SCHIP and S-SCHIP enrollees in MSIS. In the last few months of 2000, NJ added M-SCHIP coverage for parents as well.
NJ	SSN	In New Jersey, 10.4% of SSNs, or 101,043 records, were 9-filled in CY2000.
NJ	Uniform Eligibility Groups	NJ provided full Medicaid benefits to aged and disabled eligibles up to 100% FPL.
NM	Dual Eligibility Codes	New Mexico does not include SLMB only or QI enrollees in its MSIS data (dual code 3, 6 & 7 in byte 2). NM reports most of its duals to code 9 (Medicare type unknown).
NM	Race/Ethnicity	3% of eligibles were coded as "unknown."
NM	Restricted Benefits Flag	Persons (in state group 29) with restricted benefits code 5 only qualify for family planning benefits.
NM	SCHIP Code	NM implemented an 1115 waiver in March, 1999 for its M-SCHIP program. The state does not have an S-SCHIP program. M-SCHIP enrollment data in MSIS are not consistent with SEDS, but the state believes the MSIS data are more reliable.
NM	SSN	The SSN field is 9-filled for 11,643 persons, about 2.8% of all records.

State	Measure	Issue
NM	TANF/1931	TANF enrollment in MSIS data is lower than reported in TANF administrative data, indicating it may not be reliable.
NV	County Codes	Nevada reports eligibles with County Code = 510. These are residents of Carson City. While this FIPS code is technically correct, documentation for the Area Resource File suggests that researchers might want to recode these persons into county "025."
NV	Dual Eligibility Codes	The following dual eligibility groups are not reported separately in Nevada's MSIS file: QDWI (5), QI-1 (6), or QI-2 (7). These are included with dual code 3 (SLMB only) in byte 2 of the dual code. In addition, NV only used dual code 2 (QMB plus full Medicaid) for full benefits duals.
NV	Managed Care	NV incorrectly identified about 30 Hospice care enrollees as receiving comprehensive managed care.
NV	Managed Care	NV reported all HMO enrollees into one managed care Plan ID in MSIS. CMS managed care data show three managed care plans in Nevada.
NV	Missing Eligibility Data	About 9% of persons in the NV MAX 00 file who used services in 2000 did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
NV	Private Health Insurance	NV undercounted the number of enrollees with private insurance.
NV	SCHIP Code	Nevada does not report its S-SCHIP enrollment. The state does not have an M-SCHIP program.
NV	SSN	In NV, there were no duplicate SSNs during the year.
NV	Uniform Eligibility Groups	Although all SSI recipients would qualify for Medicaid, Nevada requires them to apply separately for Medicaid coverage. This might explain why monthly data show enrollment in uniform eligibility groups 11-12 to be lower than SSI enrollment levels reported in SSA data.
NV	Uniform Eligibility Groups	A small number of persons (between 5-30) are reported to invalid uniform eligibility group codes most months.

State	Measure	Issue
NV	Uniform Eligibility Groups	NV inappropriately mapped state groups '48' and '49' in bytes 1-2 to uniform eligibility groups 44-45. These enrollees should have been mapped to uniform eligibility groups 14-15, depending on age. As a result of these reporting errors, NV undercounted enrollment in uniform eligibility groups 14-15 and overcounted enrollment in groups 35, 44-45 until CY 01.
NY	1115 Waiver	NY has a 1115 demonstration extending full Medicaid benefits to childless adults.
NY	County Codes	County code 061 was used for the NYC boroughs. This includes persons in Bronx County (005), Kings County (047), Queens County (081), or Richmond County (085).
NY	Date of Birth	A date of birth was not assigned for close to 120,000 enrollees. Most, but not all, of these enrollees were reported to child eligibility groups. The state believes that most, if not all, of the enrollees who do not have dates of birth are unborn children. The state assigns Medicaid ID numbers to unborn children to make sure they are eligible for services at birth.
NY	Dual Eligibility Codes	New York has significant problems identifying its QMB only (Dual eligible flag = 51) and SLMB only (Dual eligible flag =53) populations. The state identifies only a handful of QMB onlies and does not identify any SLMB onlies.
NY	Dual Eligibility Codes	Only 86% of aged in NY are dual eligibles, a lower proportion than most states. This may relate to NY's higher proportion of aged non-citizens on Medicaid.
NY	Dual Eligibility Codes	New York codes 58% of its dual eligible population with dual flag 9 (byte 2 of the dual code) defined as individual is entitled to Medicare, but the type of Medicare eligibility is unknown.
NY	Length of Enrollment	NY has 62% of eligibles with 12 months of enrollment, a higher proportion than most states.
NY	Managed Care	MSIS managed care data are not consistent with CMS managed care data with regard to PCCM and BHP enrollment. Managed care enrollment was more consistent month-to-month in 2000 than in 1999. As a result, total enrollment in managed care for the year was lower.
NY	Race/Ethnicity	More than 21 percent of eligibles in New York have an unknown race code.

State	Measure	Issue
NY	Restricted Benefits Flag	Most of the enrollees with "other" restricted benefits (code 5) are in the medically needy groups.
NY	Restricted Benefits Flag	From about 30,000 - 40,000 enrollees each month were incorrectly assigned restricted benefits flag 5 in the 1999 to 2001 MAX data. Almost all these persons should have been assigned restricted benefits code 1. The only persons correctly assigned RBF 5 are those in state groups 68 - 69.
NY	SCHIP Code	New York reports its M-SCHIP eligibles, but does not report its S-SCHIP eligibles. NY's M-SCHIP counts in MAX are not consistent with SEDs, but the state asserts that they are more reliable.
NY	Sex	Sex was reported as "unknown" for over 92,000 enrollees. These are probably in the unborn groups.
NY	SSI	Relative to the number of aged SSI recipients, NY is reporting about 15- 20% more eligibles under uniform eligibility group 11. NY has a state administered SSI supplement program of emergency assistance for SSI recipients which may account for the difference.
NY	SSN	50,589 SSNs have duplicate records, this represents 3.0% of records in CY00. The state has not been able to explain why this occurs.
NY	Uniform Eligibility Groups	NY reporting to the uniform eligibility groups does not follow the patterns of other states. The number of poverty-related children and adults mapped to uniform groups 34 and 35 is lower than expected, while the number of eligibles in uniform groups 24 and 25 is higher than expected. No one is being reported into uniform groups 31-32 or 45.
OH	Dual Eligibility Codes	OH is only able to code two values for dual eligibles: 1 (QMB only) and 9 (eligible is entitled to Medicare, but reason for Medicaid eligibility is unknown). (These dual codes are assigned to the 2nd byte of the new annual crossover value.)
OH	Restricted Benefits Flag	OH has a sizeable group of eligibles (about 3,000) in uniform groups 11-12 with restricted benefits related to Medicare, which seems odd. This may be related to the state's 209(b) coverage.

State	Measure	Issue
OH	SCHIP Code	OH has an M-SCHIP program, but no S-SCHIP program. Ohio is somewhat unusual in that some M-SCHIP children are reported into uniform group 12. Since Ohio is a 209(b) state, some disabled children do not qualify for Medicaid through the SSI-related provisions. However, they are able to qualify for SCHIP coverage.
OH	SSN	About 2.9% of SSNs, or 42,534 records, are 9-filled. 13,443 SSNs have duplicate records; this represents 1.9% of records in CY00. Part of the SSN duplication occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSN; researchers may want to combine these records.
OH	TANF/1931	The TANF flag for OH has some limitations. Ohio is only able to update this data element quarterly, not monthly.
OH	Uniform Eligibility Groups	Each month, <50 persons are reported to the invalid uniform group combination of 49.
OH	Uniform Eligibility Groups	OH is a 209(b) state. As such, the number of SSI eligibles reported into uniform groups 11 and 12 is lower than the number reported by the Social Security Administration.
OH	Uniform Eligibility Groups	OH has an unusually large proportion of children and adults in uniform groups 44-45. Some 1931 children and adults may be reported here in error, instead of being reported to uniform groups 14-15.
OK	Dual Eligibility Codes	In 2000, close to 27,000 persons were identified as dual eligibles in MSIS whose Medicare eligibility was not confirmed in the EDB link.
OK	Dual Eligibility Codes	Some persons in uniform groups 31-32 are inappropriately assigned dual code 1 (QMB only) in byte 2 of the dual code. These persons should have been assigned dual code 2 (QMB plus full Medicaid) in byte 2.
OK	Dual Eligibility Codes	Oklahoma does not report any QDWIs, QI-1s, or QI-2s in its MSIS data. This information is maintained on a separate file not reported into MSIS.
OK	Foster Care	Foster care children are under-reported in Oklahoma MSIS data because the state was unable to identify foster care children on Medicaid qualifying under the Title IV-E provisions.

State	Measure	Issue
OK	Managed Care	The "other" managed care plan type in Oklahoma is a hybrid PCCM in which the capitation fee to physicians also covers a limited number of common office procedures and lab work.
OK	Restricted Benefits Flag	In November 2000, the number of persons with restricted benefits code 3 dropped by about 7,000.
OK	Restricted Benefits Flag	Most medically needy enrollees have restricted benefits code 5 (other). Until November some persons in uniform groups 31-32 (in the second byte) were inappropriately assigned restricted benefits code 3 instead of 1.
OK	SCHIP Code	Oklahoma reports its M-SCHIP children in MSIS. The state does not have an S-SCHIP program.
OK	SSN	In Oklahoma, 12,260 SSNs have duplicate records; this represents 4.2% of records in CY00. The majority of these records are for children.
OK	SSN	About 5.0% of SSNs, or 30,121 records are 9-filled.
OK	TANF/1931	Oklahoma 9-fills the TANF field.
OK	Uniform Eligibility Groups	In 2000 data, about 4,000 persons were mapped to uniform group 31-32 who were incorrectly mapped to uniform group 11-12 in 1999 MAX data.
OK	Uniform Eligibility Groups	OK provides full Medicaid benefits to aged and disabled to 100% FPL.
OK	Uniform Eligibility Groups	Oklahoma is a 209(b) state, using more restrictive rules for Medicaid than SSI. This explains, in part, why the number of SSI eligibles reported to uniform groups 11-12 is lower than the number reported by the Social Security Administration.
OR	County Codes	Oregon's county code data are not reliable.

State	Measure	Issue
OR	Dual Eligibility Codes	Until October 2002, many persons with 3, 6, or 7 in byte 2 of the dual code (SLMB only or QIs) were reported to uniform eligibility groups 21-22 and 41-42 and they were assigned restricted benefits code 1 or 5. Partial benefit duals are ordinarily assigned restricted benefits code 3. It is unclear whether the dual codes were incorrect, or the uniform group and restricted benefit code assignment were incorrect since partial benefit duals should not be reported to uniform eligibility groups 21-22 or 41-42 or assigned restricted benefits code 1 or 5.
OR	Dual Eligibility Codes	In 2000, OR had close to 12,000 persons who were identified as dual eligibles, but were not confirmed as duals when the EDB link occurred. About two-thirds of these "false" duals were children.
OR	Dual Eligibility Codes	Persons with 3, 6, or 7 in byte 2 of the dual code (SLMB only or QIs) were incorrectly reported to uniform eligibility groups 41 and 42. They should have been reported to uniform groups 31-32.
OR	Dual Eligibility Codes	Beginning in 2000, Oregon reviewed the dual eligibility status of their eligibles. They discovered that many were coded incorrectly. As a result, we observed a shift from dual code 2 to dual code 9 (in the second byte of the new annual code crossover value).
OR	Length of Enrollment	OR had about 37% of eligibles with 12 months of enrollment, a lower proportion than most states.
OR	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
OR	Managed Care	Enrollment in all types of managed care drops somewhat in October, 2000 (cause unknown).
OR	Managed Care	About 53% of EDB duals were enrolled in HMO/HIOs in OR, a higher proportion than most states.
OR	Missing Eligibility Data	Just over 3% of persons in the OR MAX 99 file who used services in 2000 did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.

State	Measure	Issue
OR	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally medically needy enrollees. By March 2000 the number of enrollees assigned restricted benefit code 2 (emergency services only) increased considerably (cause unknown).
OR	Restricted Benefits Flag	Many persons with dual codes 51, 53, 56, and 57 were assigned restricted benefits code 1 or 5. It is not clear which information is correct--the dual code or the restricted benefits code.
OR	SCHIP Code	Oregon reports its S-SCHIP data in MSIS. The state does not have an M-SCHIP program.
OR	SSN	2,271 SSNs have duplicate records; this represents 0.7% of records in CY00.
OR	Uniform Eligibility Groups	Beginning in 1999, OR had a family planning only waiver (called FPEP by state); however, these individuals have not been reported to MSIS (through FY04). Their enrollment and claims are handled in a separate system operated by OR's public health department.
OR	Uniform Eligibility Groups	Since 1994, OR has had an 1115 program--the Oregon Health Plan--that expanded eligibility, prioritized health benefits, and relied heavily on managed care. This 1115 waiver eliminated the spend-down component of the state's medically needy program and it also eliminated retroactive coverage, but it expanded coverage to all low-income individuals, including childless adults and eventually college students. Expansion enrollees are reported to UEG 55.
OR	Uniform Eligibility Groups	Some partial benefit duals may have been incorrectly reported to uniform eligibility groups 21-22 and 41-42. However, it is also possible the uniform eligibility group coding was correct and the dual coding was wrong.
OR	Uniform Eligibility Groups	The numbers of enrollees in uniform eligibility groups 54-55 are undercounted. Effective January 1999, OR included family planning only enrollees under an 1115 waiver; however, these enrollees have not been included in its MSIS reporting.
OR	Uniform Eligibility Groups	Oregon generally maps SSI disabled persons >64 years to uniform group 11.
PA	Dual Eligibility Codes	PA's dual eligible coding is not reliable until July 2000.
PA	Dual Eligibility Codes	About 30% of disabled persons in PA were linked to the EDB file, a lower proportion than most states.

State	Measure	Issue
PA	Dual Eligibility Codes	The second byte of the MSIS dual eligibility code is 9-filled until July 2000.
PA	Length of Enrollment	PA had 62% of eligibles with 12 months of enrollment, a higher proportion than most states.
PA	Managed Care	PA's managed care enrollment is under counted until July 2000.
PA	Managed Care	In PA, about 40% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
PA	Private Health Insurance	PA overcounted private insurance coverage until July 2000.
PA	Restricted Benefits Flag	Restricted benefits code 5 (other) is assigned to many persons with medically needy coverage. In addition, persons in a GA-related group (D50) mapped to uniform group 45 have restrictions on their coverage.
PA	Restricted Benefits Flag	The restricted benefits flag is 0-filled by mistake for some dual eligibles in uniform groups 21-22, 31-32 and 41-42.
PA	SCHIP Code	Pennsylvania has an S-SCHIP program, but no M-SCHIP program. The state does not report its S-SCHIP enrollment in MSIS.
PA	SSN	4 SSNs have duplicate records; this represents 0.0% of records in CY00.
PA	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, SSI disabled > 64 years are mapped to uniform eligibility group 11.
PA	Uniform Eligibility Groups	Persons in state group PU27 were mapped to uniform group 15 by mistake. They should have been mapped to uniform group 17.
PA	Uniform Eligibility Groups	PA overcounted enrollment until July 2000. PA officials have indicated that over 40,000 persons in state specific eligibility groups PS16 reported to uniform group 35 through June 2000 were not Medicaid enrollees and were reported to MSIS by mistake. Other corrections in July 2000 also resulted in minor shifts by uniform eligibility group.

State	Measure	Issue
RI	1115 Waiver	Beginning in 1994, Rhode Island had an 1115 program for children and adults. This 1115 plan has always covered infants 185-250% FPL, children 1-5 years 133-250%, children 6-7 years 100-250% FPL, and family planning only recipients 250%. Until 1/97, it also covered children 8-19 years 100-250%, but then that group became the first M-SCHIP population. Until 1/01, it also covered children pregnant women 185-250% when this group was transferred to M-SCHIP as well. Finally, from 1/98 to 1/01, RI covered parents 110-185% FPL under the state's 1931 provisions.
RI	1115 Waiver	RI operates an 1115 waiver program for children and adults. For the 1115 adults in state-specific eligibility groups 71, 73, and 74, the benefits are limited to family planning services.
RI	County Codes	Medicaid enrollees living out of state are reported under county FIPS code 000. 89% of 1999 eligibles have valid county codes, a lower proportion than most states.
RI	Dual Eligibility Codes	Through 2001, the vast majority of Rhode Island's dual eligible population received the dual code 9 (in the 2nd byte of the new annual crossover value). Starting in January 2002, the state made considerable improvements to its dual code reporting. A significant number of duals previously reported to code 9 were shifted to other dual codes.
RI	Length of Enrollment	RI had 66% of eligibles with 12 months of enrollment, a higher proportion than most states.
RI	Managed Care	RI overreported HMO enrollment in 2000 and 2001. This overreporting was because the state continued reporting enrollees to Plan IDs HCO8064' and PHO08260. There should not have been any enrollees in these plans after 12/31/99. The plan type code should have been 8-filled.
RI	Managed Care	Some people with PLAN TYPE = 01 (comprehensive) are inappropriately assigned 8-filled PLAN IDs. This is caused by a problem with the program used to generate MSIS data.
RI	Missing Eligibility Data	About 2% of persons in the RI file for whom Medicaid claims were paid during the year did not have any reported months of eligibility during the year. These records did not have MSIS ID or SSNs that linked with identifiers in the MSIS eligibility file.

State	Measure	Issue
RI	Race/ethnicity	In 2000, 20% of eligibles were coded as "unknown."
RI	Restricted Benefits Flag	Adults in state-specific eligibility groups 71, 73 and 74 with restricted benefits code 4 (pregnancy-related) only qualify for family planning benefits under an 1115 waiver. Pregnant women are also assigned restricted benefits code 4. Medically needy enrollees are generally assigned restricted benefits code 5 (other).
RI	SCHIP Code	Rhode Island reports its M-SCHIP children. The state does not have an S-SCHIP program.
RI	SSN	23 SSNs have duplicate records; this represents 0.0% of records in CY99.
RI	TANF/1931	RI TANF data are not reliable.
RI	Uniform Eligibility Groups	Rhode Island does not report all of its 1931 eligibles into uniform eligibility groups 14 and 15. Some are currently mapped to uniform eligibility groups 44 and 45.
RI	Uniform Eligibility Groups	In July 2000, Rhode Island increased its income threshold for the aged and disabled reported into uniform groups 41 and 42. This caused many enrollees previously enrolled in uniform groups 21 and 22 to move.
RI	Uniform Eligibility Groups	By mistake, about 200 persons (state groups GA and GC) were included in uniform eligibility groups 44-45 who were state-only enrollees, not Title XIX enrollees.
SC	County Codes	2,000 persons were assigned county code 999 (an invalid FIPs code).
SC	Dual Eligibility Codes	South Carolina does not report any eligibles with dual code 1 (in the 2nd byte of the new annual crossover value), since the state extends full Medicaid benefits to all aged/disabled up to 100% FPL.
SC	Length of Enrollment	SC had 65% of eligibles with 12 months of enrollment, a higher proportion than most states.
SC	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.

State	Measure	Issue
SC	Managed Care	South Carolina's Physician's Enhanced Program (PEP) is a hybrid managed care program. In MSIS, it is coded as Plan Type 08. In other external data sources, it may be reported as PCCM. In addition, SC does not report the Channeling Project as managed care in MSIS, even though it reports the Channeling Project to the CMS managed care report.
SC	Persons With No Enrollment	SC has about 817 persons with no months of enrollment in 2000. These persons were originally mapped to uniform eligibility group 99.
SC	Race/ethnicity	About 4% of records in SC are reported as "unknown."
SC	Restricted Benefits Flag	SC has a large group of enrollees in state group 3055 assigned restricted benefits code 5 (other) because they only receive family planning benefits.
SC	SCHIP Code	SC has an M-SCHIP program, but not an S-SCHIP program.
SC	SCHIP Code	South Carolina reports its M-SCHIP enrollment. The state does not have an S-SCHIP program.
SC	SSN	81 SSNs have duplicate records; this represents 0.0% of records in CY00.
SC	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL.
SD	County Codes	There are a small number of records (<50) assigned to the invalid county code 131. In addition, the state has some enrollees (<500) mapped to county code 999; according to the state, some of these are inappropriately mapped to this code while others are appropriately assigned this code because they are beneficiaries who reside out-of-state.
SD	Dual Eligibility Codes	South Dakota assigns the dual code 9 (in the 2nd byte of the new annual crossover value) to over 50% of their dual eligibles, because they cannot correctly identify the dual groups to which these people belong.
SD	Managed Care	SD began reporting dental managed care enrollment in MAX 2000. By mistake, this enrollment was not reported in MAX 1999.
SD	SCHIP Code	South Dakota reports its M-SCHIP children. Its S-SCHIP program was not implemented until 2000, is also reported to MAX effective July 2000.

State	Measure	Issue
SD	SSN	In South Dakota, 1,260 SSNs have duplicate records; this represents 2.5% of records in CY00. The majority of these records are for children.
SD	TANF/1931	South Dakota cannot identify their TANF recipients. This field is 9-filled for all eligibles.
SD	Uniform Eligibility Groups	By mistake, about 1,000 foster care children in state code 53 were mapped to uniform group 44 in 1999. They were correctly reported to uniform group 48 in MAX 2000 data.
TN	1115 Waiver	TN has had a long-standing 1115 demonstration to extend eligibility to low-income persons (including the aged and disabled) who would not otherwise have qualified for Medicaid. The waiver also moved the vast majority of Medicaid enrollees to managed care.
TN	County Codes	About 2% of enrollees were assigned county code 000 (cause unknown).
TN	Dual Eligibility Codes	TN had some problems with its dual eligible reporting. Many duals were incorrectly assigned dual codes 1 and 3 (in byte 2 of the dual code), as well as restricted benefits code 3. Instead, they qualify for full Medicaid benefits and should have been assigned dual codes 2, 4, or 8 and restricted benefits code 1.
TN	Dual Eligibility Codes	Roughly half of Tennessee's dual eligibles were assigned MSIS dual code 8 (in the 2nd byte of the new annual crossover value). Many of these duals qualified through the TennCare 1115 Waiver expansion. The state did not buy into Part B Medicare for these persons. About 71,066 persons were reported as duals in MSIS data who were not found in the EDB files.
TN	Length of Enrollment	TN had 78% of eligibles with 12 months of enrollment, a higher proportion than most states.
TN	Managed Care	In TN, about 94% of the EDB duals were enrolled in HMO/HIOs, a higher proportion than most states.
TN	Missing Eligibility Data	About 4.5% of persons in the TN MAX 00 file who used services in 2000 did not have any reported months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with identifiers in the MSIS eligibility files.
TN	Race/Ethnicity	Race was reported as unknown for just over 3% of eligibles.

State	Measure	Issue
TN	Restricted Benefits Flag	Through September 2002, many more dual eligibles were assigned restricted benefits code 3 than should have been. This was fixed starting in October 2002 causing a significant decrease in the number of enrollees reported to code 3 and increases in the number reported to code 1.
TN	SCHIP Code	Tennessee reports its M-SCHIP children. The state does not have a S-SCHIP program.
TN	SCHIP Code	During 2000 the number of M-SCHIP children was not consistent with data from CMS' SEDS system. The state could not explain the discrepancy. In addition, the M-SCHIP enrollment in MAX more than doubles in October 2000, due to growth in state group 87 ("TennCare Uninsured"). This increase did not appear in the SEDS numbers.
TN	SSN	In Tennessee, 1,059 SSNs have duplicate records; this represents 0.1% of records in CY00. The majority of these records are for children.
TN	TANF/1931	Tennessee under-reported the number of TANF recipients in their 2000 MSIS files by about 10%.
TN	TANF/1931	TN reported that all eligibles in uniform eligibility groups 14-17 were TANF recipients. It is not clear whether any persons other than TANF eligibles qualified under the 1931 rules.
TN	Uniform Eligibility Groups	Tennessee reported a much higher number of eligibles in uniform eligibility groups 11 and 12 than expected, given the number of SSI recipients in the state. This may relate to a long-standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI.
TX	1115 Waiver	Texas reports about 2,000 to 3,000 eligibles in uniform eligibility group 55. These eligibles are not part of an 1115 Medicaid waiver. Rather, the individuals are made eligible through an 1115 TANF waiver, which extended Medicaid benefits after the individual's TANF time limit had expired.
TX	Dual Eligibility Codes	Texas assigns the dual eligibility code 8 (in the 2nd byte of the new annual crossover value) to about 17% of its dual eligibility population. Most are reported in uniform groups 41 and 42. Texas does not automatically buy-in to Medicare for persons in these groups. In addition, some 8s are SSI recipients in uniform groups 11 and 12 whose exact dual status was not yet determined.

State	Measure	Issue
TX	Managed Care	Texas has a PACE program, but PACE enrollment is not separately reported in the managed care data.
TX	Restricted Benefits Flag	Persons with restricted benefits code 5 (other) are generally long-term care recipients in UEG 41-42 who are allowed to stay at home as a result of a 1929(b) waiver (community supported living arrangement), as well as medically needy recipients whose date of initial coverage is complicated by a spend-down liability.
TX	SCHIP Code	Texas reports its M-SCHIP children. The state's S-SCHIP program, which began in April 2000, is not reported into MSIS.
TX	SSN	About 6% of SSNs, or 166,840 records, are 9-filed.
TX	SSN	In Texas, 4,209 SSNs have duplicate records; this represents 0.3% of records in CY00. The majority of these duplicate records are for children.
TX	State-Specific Eligibility	The state-specific eligibility group field is 8-filled for QI1s, QI2s, and QDWIs.
UT	Dual Eligibility Codes	Few eligibles are assigned dual code 1 (in the 2nd byte of the new annual crossover value), since Utah provides full Medicaid benefits up to 100% FPL for its aged and disabled recipients. Utah does not buy into Part A Medicare coverage for duals. Also, the state reported a larger-than-expected number of eligibles with dual code 8 (in the 2nd byte of the new annual crossover value).
UT	Dual Eligibility Codes	Some persons in uniform groups 21-22 and 41-42 are reported to have dual codes 1 and 3 (in byte 2 of the crossover code) and restricted benefits limited to Medicare cost-sharing (code 3). State officials say this is due to a timing problem. Both dual eligibles who have to spend down to qualify for full Medicaid benefits (through the medically needy program) and those who contribute to the cost of their institutional care are not initially classified as qualifying for full Medicaid benefits. This means the restricted benefits flag and dual codes may not always be reliable.
UT	Dual Eligibility Codes	Only about 87% of Utah's aged enrollees were identified as dual eligibles in the EDB file, a somewhat lower than expected proportion.
UT	Length of Enrollment	Utah had 35% of eligibles enrolled all 12 months of the year, a lower proportion than most other states.

State	Measure	Issue
UT	Managed Care	In Utah, about 50% of the EDB duals were enrolled in HMO/HIOs and about 40% were enrolled in PHPs during the year. These proportions were higher than occurred in most states.
UT	Managed Care	Even though UT is reported to have a PCCM program and a transportation managed care plan in CMS data, enrollment for these plans is not reported in MSIS.
UT	Missing Eligibility Data	Just under 10% of persons in the UT MAX 00 file (23,000 persons) who used services in 2000 did not have any reported months of enrollment in 2000. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
UT	Private Health Insurance	Utah reported about 14 percent of its eligibles with private health insurance, a somewhat higher than expected proportion. The state has confirmed that this proportion is correct. In addition, a small group of enrollees (<500/month) have invalid insurance codes (9).
UT	Restricted Benefits Flag	Some eligibles outside of uniform groups 31 and 32 receive RBF=3 (restricted benefits based on dual eligibility status). These may be medically needy spend-downers and persons who contribute to the cost of their institutional care each month.
UT	SCHIP Code	Utah reported enrollment in its S-SCHIP program in MSIS. The state did not have an M-SCHIP program.
UT	SSN	In Utah, 3.8% of SSNs, or 8,656 records, are 9-filled in CY2000. 39 SSNs had duplicate records; this represents 0.0% of records in CY 2000.
UT	TANF/1931	The TANF flag was not reliable for January - September 2000.
UT	Uniform Eligibility Groups	The state provides full Medicaid benefits for the aged and disabled up to 100% FPL. In addition, Utah requires SSI recipients to apply separately for Medicaid. As a result, the combined number of eligibles in uniform groups 11-12 is considerably less than the number of SSI recipients.
UT	Uniform Eligibility Groups	Utah under-reported the number of poverty-related children in uniform group 34 until August 2000. These children were reported to uniform group 44 instead. This problem could not be corrected using state specific eligibility codes.

State	Measure	Issue
VA	County Codes	Virginia assigns even numbered FIPS codes (510-840) to independent cities. In addition, the state did not use standard codes for some institutionalized enrollees, for whom the FIPS code is 9-filled.
VA	SCHIP Code	VA only had an S-SCHIP program in 2000, and reported all of its S-SCHIP eligibles into MSIS. The number of S-SCHIP children in MSIS was considerably greater than in the CMS SCHIP reporting systems after correction records were added to MSIS.
VA	SSN	27,180 SSNs had duplicate records. This represented 7.3% of all records. In addition, 29,977 records were 9-filed for SSN.
VA	TANF/1931	Virginia's TANF data are not reliable.
VA	Uniform Eligibility Groups	Virginia is a 209(b) state. As a result, SSI recipients are required to fill out separate applications for Medicaid, and are required to meet stricter standards. Because of this, the number of persons in uniform groups 11 and 12 is less than the number of SSI recipients reported by the SSA.
VT	1115 Waiver	Vermont has an 1115 waiver, Vermont Health Access Plan (VHAP), that extends eligibility (with full benefits) to various groups of children and adults. In addition, low-income aged and disabled individuals, many of whom ordinarily would only qualify for Medicare cost-sharing, also receive limited pharmacy benefits under the waiver.
VT	Dual Eligibility Codes	Most QMB only, SLMB only, and QI1 eligibles are reported into uniform eligibility groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate). About a third of the enrollees reported to the 1115 program are reported to have an "unknown" dual type (code 9 in the 2nd byte of the new annual crossover value).
VT	Dual Eligibility Codes	Dual eligibles in state groups BD, B6, IA, and ID were assigned to incorrect dual codes. Duals in BD and B6 should have been assigned dual code 8 (in the second byte of the crossover code), and IA and ID should have been assigned to 4.

State	Measure	Issue
VT	Managed Care	During 2000, Vermont transitioned everyone with Plan Type =01 (Comprehensive Managed Care) into Plan Type =07 (PCCM). This change was made because the state's two managed care plans (Blue Cross and Kaiser) left the program.
VT	Race/ethnicity	About 36 percent of Vermont's Medicaid population has the race field coded as "unknown".
VT	Restricted Benefits Flag	Restricted benefits flag 5 ("other") is assigned to enrollees in UEG 51-52 of Vermont's 1115 demonstration, which provides low-income aged and disabled enrollees with pharmacy benefits only (in addition to Medicare cost-sharing for many). In addition, some persons in UEG 55 are assigned restricted benefits code 5 (restrictions not known).
VT	SCHIP Code	Vermont reports its S-SCHIP eligibles into MSIS. The state does not have an M-SCHIP program.
VT	SSN	In VT, there are no duplicate SSNs.
VT	Uniform Eligibility Groups	The children and adults reported to uniform groups 54 and 55 generally qualify for full Medicaid benefits. Aged and disabled in uniform groups 51-52 only qualify for prescription drug benefits.
VT	Uniform Eligibility Groups	No eligibles are mapped to uniform groups 31 and 32, because most QMB only, SLMB only, and QI1 eligibles are reported into uniform groups 51 and 52. As part of Vermont's 1115 demonstration, these eligibles qualify for pharmacy benefits, but no other Medicaid services (except Medicare cost-sharing expenses, as appropriate).
VT	Uniform Eligibility Groups	No MSIS retroactive coverage or correction records were used for VT's MAX data until October 2002 since they did not appear to be reliable prior to this time.
VT	Uniform Eligibility Groups	In 2000, Vermont stopped reporting into uniform groups 16-17 (optional reporting groups), instead reporting all TANF eligibles into uniform groups 14-15.
WA	County Codes	WA's county code data are not reliable.
WA	Date of Death	In 2000, over 500 individuals were reported to have a DOD before 1999.

State	Measure	Issue
WA	Dual Eligibility Codes	About 89% of persons >64 years were EDB duals, a somewhat lower proportion from most states (cause unknown).
WA	Managed Care	WA did not report any BHP enrollment in 2000. According to CMS managed care data, BHP enrollment was 0.8 million in June 2000.
WA	Managed Care	HMO managed care enrollment generally increased from month 1 to month 3 of each quarter and then decreased somewhat in month 1 of the next quarter. This recurring pattern of monthly HMO enrollment within a quarter seems unlikely. The state's data should not be used for analysis of month-to-month HMO enrollment, although it appears to be reliable at a more general level.
WA	Managed Care	Also, HMO enrollment declined by 130,000 from September-October 2000 (cause unknown).
WA	Missing Eligibility Data	Just under 2% of persons in the WA file for whom claims were paid in 2000 did not have any recorded months of eligibility in 2000. These records did not have MSIS IDs or SSNs that linked with the identifiers in the MSIS Eligibility files.
WA	Restricted Benefits Flag	Some dual eligibles with dual flags 01, 03, 05, 06, and 07 (QMB only, SLMB only, etc.) are incorrectly assigned restricted benefits flag 1 (for full Medicaid benefits) when they should have been assigned restricted benefits flag 3 (limited Medicaid benefits related to dual status).
WA	SCHIP Code	Washington operates an S-SCHIP program, but does not report enrollment in MSIS. The state does not have an M-SCHIP program.
WA	SSN	In Washington, 5.1% of SSNs, or 52,131 records, are 9-filled in CY2000. 84 SSNs have duplicate records; this represents 0.0% of records in CY00. The majority of these records are for children.
WA	Uniform Eligibility Groups	In Washington, enrollment generally declined from month 1 to month 3 of each quarter and then increased somewhat in month 1 of the next quarter. This recurring pattern of monthly enrollment within a 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.

State	Measure	Issue
WI	County Codes	For about 12,000 eligibles, Wisconsin did not report standard FIPS codes, and this data element is 9-filled in MAX. These eligibles include those served through Relief to Needy Indian Person (RNIP) agencies, juvenile correction agencies, Division of Children and Family Services agencies, and Katie Beckett eligibles. Also, county code 078 is Menominee County.
WI	Dual Eligibility Codes	Through September 2002, Wisconsin assigned dual flag 8 (in the second byte of the dual code) to about 30% of its dual population, a higher proportion than expected.
WI	Managed Care	Persons who are only reported to plan type code 06 (PACE) are reported to plan type combo code 15 (other combo). This is an error. These enrollees should have been mapped to plan type combo code 05 (other managed care only) instead.
WI	Managed Care	A large HMO was terminated in April 2000, causing over 30,000 enrollees to switch to FFS. In June and July 2000, these eligibles enrolled in another HMO.
WI	Managed Care	Individuals in Plan Type 08 are enrolled in a voluntary managed care program in Milwaukee County called "The Independent Care Plan." The plan provides medical and social services to individuals with physical, developmental, or emotional disabilities and can also take care of short-term physician-ordered nursing home stays, typically for rehabilitative purposes.
WI	Private Health Insurance	Wisconsin reported about 18 percent of its eligibles with private health insurance, which is somewhat higher than other states report.
WI	Race/Ethnicity	In 2000, over 35% of eligibles were coded as "unknown."
WI	Restricted Benefits Flag	Enrollees assigned restricted benefits code 5 (other) are eligible for TB-related services only. Beginning in September 2002, restricted benefits flag 5 was also assigned to prescription drug only enrollees.
WI	SCHIP Code	WI has an M-SCHIP program, but not an S-SCHIP program.
WI	SSN	2,055 SSNs have duplicate records; this represents 0.7% of records in CY00. The majority of these records are for children. 14,458 records are 9-filled; this represents 2.3% of records in CY00.
WI	TANF/1931	Wisconsin is unable to identify TANF recipients.

State	Measure	Issue
WI	Uniform Eligibility Groups	Wisconsin has an 1115 Badger Care program, covering M-SCHIP children and adults. These M-SCHIP enrollees are reported in MSIS.
WI	Uniform Eligibility Groups	Wisconsin has a state-administered SSI supplement program, which explains why the counts in uniform eligibility groups 11-12 are higher than the number of SSI recipients reported by SSA.
WV	Dual Eligibility Codes	WV assigned the majority of its dual eligible population to dual code 9 (in the 2nd byte of the new annual crossover value). This code indicates that the individual is entitled to Medicare, but the reason for Medicaid eligibility is unknown. WV did not include partial benefit duals in codes 3, 6, and 7 (in byte 2) in its MSIS reporting, meaning that duals were undercounted in MAX.
WV	Managed Care	MSIS data showed about 16% more PCCM enrollees in June, 2000 than CMS data; however, the counts of HMO enrollees were about the same for both CMS and MSIS data.
WV	SCHIP Code	The state does not report its S-SCHIP enrollment.
WV	SCHIP Code	West Virginia's M-SCHIP enrollment phased out by September 2000, as West Virginia moved to become an S-SCHIP only state.
WV	SSN	5.1% of the persons in the MAX00 file had 9-filled SSNs.
WV	SSN	In West Virginia, 689 SSNs had duplicate records; this represents 0.4% of records in CY00. The majority of these records are for children.
WV	TANF/1931	WV does not have a reliable TANF flag. The TANF flag is 9-filled for all eligibles in uniform groups 14-15. All other eligibles, including those in uniform groups 16-17, receive TANF flag 1, indicating that they do not receive TANF benefits.
WV	Uniform Eligibility Groups	Enrollment in uniform groups 11-12 is about 17 percent higher than the number of SSI recipients reported by SSA. This may be caused by persons receiving state supplemental SSI benefits administered by the state.
WY	Dual Eligibility Codes	Wyoming assigned dual code 9 (in the 2nd byte of the new annual crossover value) to about 35 percent of its dual population. This code indicates that the individual is entitled to Medicare but the reason for Medicaid eligibility is unknown.

State	Measure	Issue
WY	Managed Care	WY did not report any MC enrollment.
WY	SCHIP Code	Wyoming has an S-SCHIP program, but is not reporting its eligibles into MSIS. The state does not have an M-SCHIP program.
WY	TANF/1931	Wyoming's TANF data are not reliable.