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Section	Section Exclusions	Sub-Section	Measure	Measure Description
All Records	None	None	Total Number of Records	Count of records in the file.
			Total Medicaid Amount Paid	Sum of Medicaid expenditures on all records.
			% with no services (code 0)	Recipient indicator code equal to zero, divided by the total record count*100.
			% with FFS only claims (code 1)	Recipient indicator code equal to 1, divided by the total record count*100.
			% with only cap claims (code 2)	Recipient indicator code equal to 2, divided by the total record count*100.
			% with only encounter claims (code 3)	Recipient indicator code equal to 3, divided by the total record count*100.
			% with FFS and cap claims (code 4)	Recipient indicator code equal to 4, divided by the total record count*100.
			% with cap and encounter claims only (code 5)	Recipient indicator code equal to 5, divided by the total record count*100.
			% with FFS and encounter claims only (code 6)	Recipient indicator code equal to 6, divided by the total record count*100.
			% with FFS, cap and encounter records (code 7)	Recipient indicator code equal to 7, divided by the total record count*100.
			# with missing eligibility information (excluding S-SCHIP only)	Records with missing EL ind equal to 1 (excluding enrollees with at least 1 month SCHIP equal to 3 and no months SCHIP equal to 1, 2, or 9).
			% with missing eligibility information (excluding S-SCHIP only)	Records with missing EL equal to 1, divided by all records*100 (excluding enrollees with at least 1 month SCHIP equal to 3 and no months with SCHIP equal to 1, 2, or 9).
All Records	None	S-SCHIP Enrollment	# with ONLY S-SCHIP enrollment	The count of records with at least 1 month with SCHIP code equal to 3 and no months with SCHIP codes equal to 1, 2, or 9.
			% with ONLY S-SCHIP enrollment	The count of records with at least 1 month with SCHIP code equal to 3 and no months with SCHIP codes equal to 1, 2, or 9, divided by the total record count*100.
			# with ANY S-SCHIP enrollment	The count of records with at least 1 month with SCHIP code equal to 3.
			% with ANY S-SCHIP enrollment	The count of records with at least 1 month with SCHIP code equal to 3, divided by the total record count*100.
			Total PYE ANY S-SCHIP enrollment	Sum of person years of enrollment for records with at least 1 month with SCHIP code equal to 3.
All Records	None	Restricted Benefits Enrollment Only: *Family Planning Enrollment*	# with ONLY Family Planning Only enrollment	Records with at least 1 month with restricted benefits code equal to 6 and no months with restricted benefits codes equal to 1, 2, 3, 4, or 5.
			# with ANY Family Planning Only enrollment	Records with at least 1 month with restricted benefits code equal to 6.
			# PYE ANY FP Only	Sum of person years of enrollment for records with at least 1 month with restricted benefits code equal to 6.
			Expenditures for ONLY FP Only enrollees (thsnd $)	Sum of Medicaid expenditures on records with at least 1 month with restricted benefits code equal to 6 and no months with restricted benefits codes equal to 1, 2, 3, 4, or 5.
			Average Medicaid Paid for ONLY FP Only enrollees	Total Medicaid paid for records with at least 1 month with restricted benefits code equal to 6 and no months with restricted benefits codes equal to 1, 2, 3, 4, or 5, divided by the total number of records with at least 1 month with restricted benefits code equal to 6 and no months with restricted benefits codes equal to 1, 2, 3, 4, or 5.
All Records	None	Restricted Benefits Enrollment Only: *Aliens Enrollment*	# Aliens with ONLY restricted benefits	Records with at least 1 month with restricted benefits code equal to 2 and no months with restricted benefits codes equal to 1, 3, 4, 5, or 6.
			# Aliens with ANY restricted benefits	Records with at least 1 month with restricted benefits code equal to 2.
			# PYE Aliens with ANY restricted benefits	Sum of person years of enrollment for records with at least 1 month with restricted benefits code equal to 2.
			Expend for Aliens with restricted benefits ONLY enrollment (thsnd $)	Sum of Medicaid expenditures on records with at least 1 month with restricted benefits code equal to 2 and no months with restricted benefits codes equal to 1, 3, 4, 5, or 6.
			Avg Medicaid Paid for Alien enrollees with restricted benefits ONLY	Total Medicaid paid for records with at least 1 month with restricted benefits code equal to 2 and no months with restricted benefits codes equal to 1, 3, 4, 5, or 6, divided by the total number of records with at least 1 month with restricted benefits code equal to 2 and no months with restricted benefits codes equal to 1, 3, 4, 5, or 6.

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All Records	None	Restricted Benefits Enrollment Only: *Duals Enrollees with restricted benefits*	# Duals with ONLY restricted benefits enrollment	Records with at least 1 month with restricted benefits code equal to 3 and no months with restricted benefits codes equal to 1, 2, 4, 5, or 6.
			# Duals with ANY restricted benefits enrollment	Records with at least 1 month with restricted benefits code equal to 3.
			# PYE Duals with ANY restricted benefits	Sum of person years of enrollment for records with at least 1 month with restricted benefits code equal to 3.
			Expenditures for Duals with only restricted benefits enrollment (thsnd $)	Sum of Medicaid expenditures on records with at least 1 month with restricted benefits code equal to 3 and no months with restricted benefits codes equal to 1, 2, 4, 5, or 6.
			Avg Medicaid Paid for Duals with only restricted benefit enrollment	Total Medicaid paid for records with at least 1 month with restricted benefits code equal to 3 and no months with restricted benefits codes equal to 1, 2, 4, 5, or 6, divided by the total number of records with at least 1 month with restricted benefits code equal to 3 and no months with restricted benefits codes equal to 1, 2, 4, 5, or 6.
Total enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	None	Total Medicaid Enrollees	Count of unduplicated enrollees.
			Total Medicaid PYE (Person Years of Enrollment)	Sum of person years of enrollment for all records.
			# with any M-SCHIP enrollment (Medicaid enrollees)	Records with at least 1 month with SCHIP code equal to 2.
			Total PYE any M-SCHIP	Sum of person years of enrollment on records with at least 1 month with SCHIP code equal to 2.
Total enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	Instititutional Status	# enrollees with any LTC claims (includes NF, ICF/MR, Aged Mental Hospital, IP Psych. < 21 years)	Sum of the number of LTC recipients (beneficiaries who had LTC claims).
			~~% enrollees with any LTC claims~~	Sum of the count of LTC recipients (where a recipient is identified as a beneficiary with at least one LTC claim) for all records divided by the sum of the number of records and the number of missing records for all records.
			~~% AGED enrollees with any LTC claims~~	Where the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51: Sum of the count of LTC recipients (where a recipient is identified as a beneficiary with at least one LTC claim), divided by the sum of the number of records and the number of missing records for all records.
			~~% DISABLED enrollees with any LTC claims~~	Where the SMRF Uniform Eligibility Code is equal to 12, 22, 32, 42, or 52: Sum of the count of LTC recipients (where a recipient is identified as a beneficiary with at least one LTC claim), divided by the sum of the number of records and the number of missing records for all records*100.
			~~% CHILD enrollees with any LTC cliaims~~	Where the SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48, or 54: Sum of the count of LTC recipients (where a recipient is identified as a beneficiary with at least one LTC claim), divided by the sum of the number of records and the number of missing records for all records*100.
			~~% ADULT enrollees with any LTC claims~~	Where the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or 55: Sum of the count of LTC recipients (where a recipient is identified as a beneficiary with at least one LTC claim), divided by the sum of the number of records and the number of missing records for all records*100.

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Total enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	Other Eligibility Demographics	% Records with Valid SSN Format	Sum of records where the format of the SSN variable is equal to 1, divided by the total number of records.
			#SSNs with duplicate records	Count of records with a duplicate Social Security Number variable.
			% with County Code	Count of records with valid county code, divided by the count of all records. A valid county code is defined as the eligible residence county code variable having a length of 3, and a value not equal to 000, 888, or 999.
			% with Valid 5 Digit Zip Code Format	Count of records with valid value of the ZIP code variable, divided by the count of all records.
			% Enrollees who Died During Year	Count of records identified as having died during the year using the variable that indicates if the beneficiary has died (calculated using the year of death variable), divided by the count of all records.
			% White (Code 1)	Count of records with the race variable equal to 1, divided by the count of all records.
			% Black (Code 2)	Count of records where the race variable is equal to 2, divided by the count of all records*100.
			% Native American/Alaskan Native (Code 3)	Count of records where the race variable is equal to 3, divided by the count of all records*100.
			% Hispanic/Latino (Code 5)	Count of records where the race variable is equal to 5, divided by the count of all records*100.
			% Unknown (Code 9)	Count of records where the race variable is equal to 9, divided by the count of all record*100.
			% Asian (Code 4)	Count of records where the race variable is equal to 4, divided by the count of all records*100.
			% Native Hawaiian or other Pacific Islander (Code 6)	Count of records where the race variable is equal to 6, divided by the count of all records*100.
			% Hispanic/Latino AND one or more races (Code 7)	Count of records where the race variable is equal to 7, divided by the count of all records*100.
			% More than one race (Code 8)	Count of records where the race variable is equal to 8, divided by the count of all records*100.
			% Age 0	Count of records where the eligible age group code variable is equal to 0, divided by the count of all records.
			% Age 0-20 Years	Count of records where the eligible age group code variable is equal to 0, 1, 2, or 3, divided by the count of all records*100.
			% Age > 64 Years	Count of records where the eligible age group code variable is equal to 6, 7, or 8, divided by the count of all records*100.
			% with century of birth '18' , '19', '20'	Count of records where the eligible birth date variable is between 1800 and 2099, divided by the count of all records*100.
			% with Gender code 'M' or 'F'	Count of records where the eligible sex code variable is equal to M or F, divided by the count of all records*100.
			% Enrollees with 12 months enrollment	Count of records where the eligible months count is equal to 12, divided by the count of all records.

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Total enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	EDB Dual Eligibles	Total EDB Duals (Duals confirmed by EDB)	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% Age > 64 Years who are EDB Duals	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7 AND the Eligible Age Group Code variable is equal to 6, 7, or 8, all divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% MAX Aged Groups (11,21,31,41,51) who are EDB Duals	Count of records where the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, all divided by the count of records where the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51.
			% MAX Disabled Groups (12,22,32,42,52) who are EDB Duals	Count of records where the SMRF Uniform Eligibility Code is equal to 12, 22, 32, 42, or 52 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the SMRF Uniform Eligibility Code is equal to 12, 22, 32, 42, or 52*100.
			~~%EDB Only (50)~~	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 50 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, all divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			~~%EDB QMB Only (51)~~	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 51 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			~~%EDB QMB Plus (52)~~	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 52 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7; divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			~~%EDB SLMB Only (53)~~	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 53 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			~~%EDB SLMB Plus (54)~~	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 54 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			~~% EDB QDWI (55)~~	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 55 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.

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Total enrollees (Cont.)	Missing Medicaid eligibility information, enrollees with S-SCHIP only	EDB Dual Eligibles (Cont.)	% EDB QI 1 (56)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 56 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records with the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			% EDB QI 2 (57)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 57 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			% EDB Other (58)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 58 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			% EDB dual type unknown (59)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 59 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			Total Non-EDB Duals (Duals rptd in MSIS, not found in EDB)	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3.
			% Non-EDB Duals MSIS Eligibility Only	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3*100.
			% Non-EDB Duals MSIS Claims Only	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 2, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3*100.
			% Non-EDB Duals MSIS Elig/Claims Only	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 3, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3*100.
			% Non-EDB Duals Without Valid SSN	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3 AND the format of the SSN variable is equal to '1, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3*100.
			% Non-EDB Duals who are Children/Adults	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3 AND the SMRF Uniform Eligibility Codes is equal to 14, 16, 24, 34, 44, 48, 54, 15, 17, 25, 35, 45, or 55, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3*100.

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Total enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	Eligibility Characteristics	% MAX Aged Groups (11,21,31,41,51) >64 yrs.	Count of records where the eligible age group code variable is equal to 6, 7, or 8 AND the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51, divided by the count of records where the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51*100.
			% MAX Child Grps (14,16, 24, 34, 44, 48, 54) and Age <21 Years	Count of records where the eligible age group code variable is equal to 0, 1, 2, or 3 AND the SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48, or 54, divided by the count of records where the SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48, or 54*100.
			% MAX Adult Groups (15,17,25,35,45,55) >20 Years	Count of records where the eligible age group code variable is equal to 4, 5, 6, 7, or 8 AND the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or 55, divided by the count of records where the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or 55*100.
			MAX Aged Total	Count of records where the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51.
				Count of records where the SMRF Uniform Eligibility Code is equal to 11.
			11: Aged, Cash	Count of records where the SMRF Uniform Eligibility Code is equal to 21.
			21: Aged, MN	Count of records where the SMRF Uniform Eligibility Code is equal to 31.
			31: Aged, Poverty	Count of records where the SMRF Uniform Eligibility Code is equal to 41.
			41: Other Aged	Count of records where the SMRF Uniform Eligibility Code is equal to 51.
			51: 1115 Aged MAX Disabled Total	Count of records where the SMRF Uniform Eligibility Code is equal to 12, 22, 32, 42, or 52.
				Count of records where the SMRF Uniform Eligibility Code is equal to 12.
			12: Disabled, Cash	Count of records where the SMRF Uniform Eligibility Code is equal to 22.
			22: Disabled, MN	Count of records where the SMRF Uniform Eligibility Code is equal to 32.
			32: Disabled, Poverty	Count of records where the SMRF Uniform Eligibility Code is equal to 42.
			42: Other Disabled	Count of records where the SMRF Uniform Eligibility Code is equal to 52.
			52: 1115 Disabled MAX Child Total	Count of records where the SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48, or 54.
				Count of records where the SMRF Uniform Eligibility Code is equal to 14.
			14: AFDC Child, Cash	Count of records where the SMRF Uniform Eligibility Code is equal to 16.
			16: AFDC-U Child, Cash	Count of records where the SMRF Uniform Eligibility Code is equal to 24.
			24: AFDC Child, MN	Count of records where the SMRF Uniform Eligibility Code is equal to 34.
			34: Child Poverty	Count of records where the SMRF Uniform Eligibility Code is equal to 44.
			44: Other Child	Count of records where the SMRF Uniform Eligibility Code is equal to 48.
			48: Foster Care Child	Count of records where the SMRF Uniform Eligibility Code is equal to 54.
			54: 1115 Child MAX Adult Total	Count of records where the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or 55.
				Count of records where the SMRF Uniform Eligibility Code is equal to 15.
			15: AFDC Adult, Cash	Count of records where the SMRF Uniform Eligibility Code is equal to 17.
			17: AFDC-U Adult, Cash	Count of records where the SMRF Uniform Eligibility Code is equal to 25.
			25: AFDC Adult, MN	Count of records where the SMRF Uniform Eligibility Code is equal to 35.
			35: Adult, Poverty	Count of records where the SMRF Uniform Eligibility Code is equal to 45.
			45: Other Adult	Count of records where the SMRF Uniform Eligibility Code is equal to 55.
			55: 1115 Adult	

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Total enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	June Eligibility Profile	TOTAL ENROLLEES IN JUNE	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
			% Full Scope Benefits (Code 1)	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is equal to 1, divided by the sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
			June % Restricted Benefits Alien (Code 2)	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is equal to 2, divided by the sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
			June % Restricted Benefits Dual (Code 3)	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is equal to 3, divided by the sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
			June % Restricted Benefits Pregnant (Code 4)	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is equal to 4, divided by the sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
			June % Restricted Benefits Other (Code 5)	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is equal to 5, divided by the sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
			June % Unknown Benefits (Code 9)	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is equal to 9, divided by the sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
			June % Private Health Insurance (codes 2-4)	Sum of enrollment for records where the monthly eligible private insurance flag for June is equal to 2, 3, or 4, divided by the sum of enrollment for records where the monthly eligible private insurance flag for June is greater than 0.
			June Total Enrollees with TANF Flag (code 2)	Sum of enrollment for records where the monthly eligible TANF flag for June is equal to 2, divided by the sum of enrollment for records where the monthly eligible TANF flag for June is greater than 0.
			June # with M-SCHIP (Code 2)	Sum of enrollment for records where the monthly eligible CHIP flag for June is equal to 2, divided by the sum of enrollment for records where the monthly eligible CHIP flag for June is greater than 0.
			June # with S-SCHIP Flag (Code 3)	Sum of enrollment for records where the monthly eligible restricted benefits flag for June is equal to 3, divided by the sum of enrollment for records where the monthly eligible restricted benefits flag for June is greater than 0.
Total Enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	Managed Care Plan Information (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs)	June % Total Enrollees in MC Anytime During Year	Sum of records where the managed care indicator is greater than 0, divided by the count of records.
			# Of Total MC Enrollees	Sum of records, excluding records with zero managed care months .
				Sum of records where the variable that indicates if beneficiaries are enrolled in HMO/HIO is equal to 1, divided by the sum of records, excluding records with zero managed care months.
			% HMO/HIO (Dups)	Sum of records where the variable that indicates positive months of dental is equal to 1, divided by the sum of records, excluding records with zero managed care months.

% Dental (Dups)

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Total Enrollees (Cont.)	Missing Medicaid eligibility information, enrollees with S-SCHIP only	Managed Care Plan Information (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs) (Cont.)		Sum of records where the variable that indicates positive months of behavioral health is equal to 1, divided by the sum of records, excluding records with zero managed care months.
			% BHO (Dups)	Sum of records where the variable that indicates positive months of prenatal is equal to 1, divided by the sum of records, excluding records with zero managed care months.
			% Prenatal (Dups)	Sum of records where the variable that indicates positive months of LTC is equal to 1, divided by the sum of records, excluding records with zero managed care months.
			% LTC (Dups)	Sum of records where the variable that indicates positive months of PACE is equal to 1, divided by the sum of records, excluding records with zero managed care months.
			% PACE (Dups)	Sum of records where the variable that indicates positive months of PCCM is equal to 1, divided by the sum of records, excluding records with zero managed care months.
			% PCCM (Dups)	Sum of records where the variable that indicates positive months of "other managed care" is equal to 1, divided by the sum of records, excluding records with zero managed care months.
			% Other MC (Dups) % EDB Duals ever enrolled in HMO/HIOs	Sum of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7 AND the beneficiary had positive months of managed care, all divided by the sum of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% EDB Duals in PHP only or PHP/PCCM only	Sum of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7 AND the variable that indicates whether the beneficiary had positive months of managed care is equal to 3, divided by the sum of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% EDB Duals in PCCM only	Sum of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7 AND the variable that indicates whether the beneficiary had positive months of managed care is equal to 2, divided by the sum of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			Total Non-PCCM MC Enrollees	Sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3.
				Sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3 AND the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51, divided by the sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3.
			% Total Non-PCCM MC Enrollees - Aged	Sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3 AND the SMRF Uniform Eligibility Code is equal to 12, 22, 32, 42, or 52, divided by the sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3.
			% Total Non-PCCM MC Enrollees -Disabled	Sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3 AND the SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48, or 54, divided by the sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3.

% Total Non-PCCM MC Enrollees - Child

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Total Enrollees (Cont.)	Missing Medicaid eligibility information, enrollees with S-SCHIP only	Managed Care Plan Information (Enrollees in Capitated Plans - PCCM, HMO, HIO, & PHPs) (Cont.)		Sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3 AND the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or 55, divided by the sum of records where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3.
			% Total Non-PCCM MC Adult Total Non-PCCM MC PYE	Sum of the total person years of PPHP enrollment, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1 or 3.
			TOTAL ENROLLEES IN JUNE BY MC STATUS	Sum of all June MC enrollment.
			% HMO/HIO only (Code 1)	Sum of June HMO/HIO enrollment, divided by all MC enrollment in June.
			June % Dental Plan only (Code 2)	Sum of June Dental plan enrollment, divided by all MC enrollment in June.
			June % BHO only (Code 3)	Sum of June BHO enrollment, divided by all MC enrollment in June.
			June % PCCM only (Code 4)	Sum of June PCCM enrollment, divided by all MC enrollment in June.
			June % Other MC only (Code 5)	Sum of June Other MC enrollment, divided by all MC enrollment in June.
			June % HMO/HIO & Dental (Code 6)	Sum of June HMO/HIO and Dental enrollment, divided by all MC enrollment in June.
			June % HMO/HIO & BHO (Code 7)	Sum of June HMO/HIO and BHO enrollment, divided by all MC enrollment in June.
			June % HMO/HIO & Other MC (Code 8)	Sum of June HMO/HIO and other MC enrollment, divided by all MC enrollment in June.
			June % HMO/HIO & Dental & BHO (Code 9)	Sum of June HMO/HIO, Dental, and BHO enrollment, divided by all MC enrollment in June.
			June % Dental & PCCM (Code 10)	Sum of June Dental and PCCM enrollment, divided by all MC enrollment in June.
			June % BHO & PCCM (Code 11)	Sum of June BHO and PCCM enrollment, divided by all MC enrollment in June.
			June % Other MC & PCCM (Code 12)	Sum of June PCCM and other MC enrollment, divided by all MC enrollment in June.
			June % Dental & BHO & PCCM (Code 13)	Sum of June Dental, BHO, and PCCM enrollment, divided by all MC enrollment in June.
			June % Dental & BHO (Code 14)	Sum of June Dental and BHO enrollment, divided by all MC enrollment in June.
			June (Code 15)	Sum of June "Other combinations" enrollment, divided by all MC enrollment in June.
			June % Other Combinations % FFS Only (Code 16)	Sum of June FFS only enrollment, divided by all MC enrollment in June.
			June % MC Status Unknown (Code 99)	Sum of June enrollment in the MC status unknown bucket, divided by all MC enrollment in June.
Total Enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	MC Plan Info (Enrollees in Cap. Plans): *Capitation Claims*	June	The summation of the HMO, PHP, and PCCM cap amounts paid variables.
			Total Cap Payments	The summation of the HMO amount paid variable.
				The summation of the PHP amount paid variable.
			HMO/HIO	The summation of the PCCM amount paid variable.
			PHP Ratio of Cap Claims to PME (person mo. enroll.) in PCCM	The summation of HMO, PHP, and PCCM cap claims, divided by the summation of managed care months.
				The summation of HMO cap claims, divided by the summation of HMO months.
				The summation of PHP cap claims, divided by the summation of PHP months.
			HMO/HIO	The summation of the PCCM cap claims, divided by the summation of PCCM months.
			PHP PCCM	The summation of the HMO, PHP, and PCCM cap amounts paid, divided by the summation of managed care months.
			Average Cap Payment for PME in MC	The summation of HMO cap amount paid, divided by the summation of HMO months.
				The summation of PHP cap amount paid, divided by the summation of PHP months.
			HMO/HIO	The summation of PCCM cap amount paid, divided by the summation of PCCM months.

PHP
PCCM

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Total Enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	MC Plan Info (Enrollees in Cap. Plans): *Persons ever enrolled in HMO/HIOs during year*	Total Cap Payments	The summation of HMO, PHP, and PCCM amounts paid, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			Count of Enrollees	The summation of the count of enrollees (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
Total Enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	MC Plan Info (Enrollees in Cap. Plans): *Persons enrolled in PHP only or PHP/PCCM only*	Total Cap Payments	The summation of HMO, PHP, and PCCM amounts paid, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 3.
			Count of Enrollees	The summation of the count of enrollees (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 3.
Total Enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	MC Plan Info (Enrollees in Cap. Plans): *Persons enrolled in PCCM only*	Total Cap Payments	The summation of HMO, PHP, and PCCM amounts paid, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 2.
			Count of Enrollees	The summation of the count of enrollees (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 2.
Total Enrollees	Missing Medicaid eligibility information, enrollees with S-SCHIP only	FFS Expenditures (excluding cap payments) for ever in HMO/HIO enrollees during year (excluding enrollees in PHP only or PHP/PCCM only or PCCM only)	Total FFS Payments	The summation of the IP, LTC, DRUG, and other expenditures, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			IP	The summation of the IP Medicaid payment amount for inpatient hospital (TOS 01) expenditures, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			LTC	The summation of the LTC amount paid expenditures, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			Drug	The summation of the drug expenditures (the Medicaid payment amount for prescribed drug (TOS 16)), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			All Other (excluding cap payments)	The summation of "all other" expenditures (the "other FFS Medicaid amount paid," equal to total FFS paid less the sum of LTC Medicaid amount paid, inpatient hospital Medicaid amount paid, and prescribed drug Medicaid amount), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			Average FFS Payments per enrollee	The summation of the IP, LTC, DRUG, and other expenditures, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1, divided by the summation of total enrollment (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			IP	The summation of the IP Medicaid payment amount for inpatient hospital (TOS 01) expenditures, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1, divided by the summation of total enrollment (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.

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Total Enrollees (Cont.)	Missing Medicaid eligibility information, enrollees with S-SCHIP only	FFS Expenditures (excluding cap payments) for ever in HMO/HIO enrollees during year (excluding enrollees in PHP only or PHP/PCCM only or PCCM only) (Cont.)		The summation of the LTC amount paid expenditures, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1, divided by the summation of total enrollment (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			LTC	The summation of the drug (the Medicaid payment amount for prescribed drug (TOS 16)) expenditures, where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1, divided by the summation of total enrollment (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
			Drug	The summation of "all other" expenditures (the "other FFS Medicaid amount paid," equal to total FFS paid less the sum of LTC Medicaid amount paid, inpatient hospital Medicaid amount paid, and prescribed drug Medicaid amount), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1, divided by the summation of total enrollment (total number of records and missing records from a SAS proc summary), where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
FFS Non-Dual Enrollees	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	None	Total Non-Dual FFS Enrollees All Other (excluding cap payments)	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 0, 1, 2, 3, or 9.
			Total Non-Dual FFS Recipients	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3 and the FFS recipient indicator (where the recipient indicator variable is equal to 1, 4, 6, or 7) is equal to 1.
			Total Non-Dual FFS PYE	The summation of the PYE variable for all records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is not equal to 4, 5, 6, or 7.
			MAX Aged Total	The summation of records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
				The summation of records where the SMRF Uniform Eligibility Code is aged cash (value of 11).
			11: Aged, Cash	The summation of records where the SMRF Uniform Eligibility Code is aged MN (value of 21).
			21: Aged, MN	The summation of records where the SMRF Uniform Eligibility Code is aged poverty (value of 31).
			31: Aged, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other aged (value of 41).
			41: Other Aged	The summation of records where the SMRF Uniform Eligibility Code is 1115 aged (value of 51).
			51: 1115 Aged MAX Disabled Total	The summation of records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
				The summation of records where the SMRF Uniform Eligibility Code is disabled cash (value of 12).
			12: Disabled, Cash	The summation of records where the SMRF Uniform Eligibility Code is disabled MN (value of 22).

22: Disabled, MN

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Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	None (Cont.)		The summation of records where the SMRF Uniform Eligibility Code is disabled poverty (value of 32).
			32: Disabled, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other disabled (value of 42).
			42: Other Disabled	The summation of records where the SMRF Uniform Eligibility Code is 1115 disabled (value of 52).
			52: 1115 Disabled MAX Child Total	The summation of records where the SMRF Uniform Eligibility Code is child (values of 14, 16, 24, 34, 44, 48, or 54).
				The summation of records where the SMRF Uniform Eligibility Code is AFDC child cash (value of 14).
			14: AFDC Child, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC-U child cash (value of 16).
			16: AFDC-U Child, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC child MN (value of 24).
			24: AFDC Child, MN	The summation of records where the SMRF Uniform Eligibility Code is child poverty (value of 34).
			34: Child Poverty	The summation of records where the SMRF Uniform Eligibility Code is other child (value of 44).
			44: Other Child	The summation of records where the SMRF Uniform Eligibility Code is foster care child (value of 48).
			48: Foster Care Child	The summation of records where the SMRF Uniform Eligibility Code is 1115 child (value of 54).
			54: 1115 Child MAX Adult Total	The summation of records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
				The summation of records where the SMRF Uniform Eligibility Code is AFDC adult cash (value of 15).
			15: AFDC Adult, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC-U adult cash (value of 17).
			17: AFDC-U Adult, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC adult MN (value of 25).
			25: AFDC Adult, MN	The summation of records where the SMRF Uniform Eligibility Code is adult poverty (value of 35).
			35: Adult, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other adult (value of 45).
			45: Other Adult	The summation of records where the SMRF Uniform Eligibility Code is 1115 adult (value of 55).
			55: 1115 Adult # Non-Dual FFS Enrollees w/ MSIS Dual Code/No EDB Confirmation	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3.
			Total Medicaid Amt Paid	The summation of the FFS amount paid variable.
			Average Medicaid Amt Paid per Enrollee	The summation of the FFS amount paid variable, divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary).
			Avg Medicaid Amt Paid per Recipient (User of any service)	The summation of the FFS amount paid variable, divided by the summation of the count of FFS recipients (where the recipient indicator variable is equal to 1, 4, 6, or 7).

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FFS Non-Dual Enrollees	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Avg Medicaid amt pd/enrollee by MAX elig grp		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			All Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 11), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 11).
			11: Aged, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 21), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 21).
			21: Aged, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 31), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 31).
			31: Aged, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 41), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 41).
			41: Other Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 51), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 51).
			51: 1115 Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			All Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 12), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 12).
			12: Disabled, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 22), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 22).

22: Disabled, MN

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Avg Medicaid amt pd/enrollee by MAX elig grp (Cont.)		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 32), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 32).
			32: Disabled, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 42), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 42).
			42: Other Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 52), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 52).
			52: 1115 Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			All Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 14), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 14).
			14: AFDC Child, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 16), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 16).
			16: AFDC-U Child,Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 24), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 24).
			24: AFDC Child, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 34), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 34).

34: Child, Poverty

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Avg Medicaid amt pd/enrollee by MAX elig grp (Cont.)		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 44), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 44).
			44: Other Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 48), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 48).
			48: Foster Care Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 54), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 54).
			54: 1115 Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			All Adult	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 15), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 15).
			15: AFDC Adult, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 17), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 17).
			17: AFDC-U Adult, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 25), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 25).
			25: AFDC Adult, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 35), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 35).
			35: Adult, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 45), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 45).

45: Other Adult

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Avg Medicaid amt pd/enrollee by MAX elig grp (Cont.)		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 55), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 55).
FFS Non-Dual Enrollees	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Expenditures and Users by MAX TOS	55: 1115 Adult IP: Total Medicaid Paid (TOS 01)	The summation of total Medicaid paid for records where the type of service variable is equal to 01.
			IP: Number of Users	The count of the number of users where the type of service variable is equal to 01.
			IP: Average Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 01, divided by the count of the number of users where the type of service variable is equal to 01.
			IP: Average Medicaid Covered Days Per User	The count of the covered days for records where the type of service variable is equal to 01, divided by the count of the number of users where the type of service variable is equal to 01.
			MH Aged: Total Medicaid Paid (TOS 02)	The summation of total Medicaid paid for records where the type of service variable is equal to 02.
			MH Aged: Number of Users	The count of the number of users where the type of service variable is equal to 02.
			MH Aged: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 02, divided by the count of the number of users where the type of service variable is equal to 02.
			IP Psych < 21: Total Medicaid Paid (TOS 04)	The summation of total Medicaid paid for records where the type of service variable is equal to 04.
			IP Psych < 21: Number of Users	The count of the number of users where the type of service variable is equal to 04.
			IP Psych<21 :Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 04, divided by the count of the number of users where the type of service variable is equal to 04.
			ICF/MR: Total Medicaid Pd (TOS 05)	The summation of total Medicaid paid for records where the type of service variable is equal to 05.
			ICF/MR: Number of Users	The count of the number of users where the type of service variable is equal to 05.
			ICF/MR: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 05, divided by the count of the number of users where the type of service variable is equal to 05.
			NF: Total Medicaid Paid (TOS 07)	The summation of total Medicaid paid for records where the type of service variable is equal to 07.
			NF Number of Users	The count of the number of users where the type of service variable is equal to 07.
			NF:Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 07, divided by the count of the number of users where the type of service variable is equal to 07.
			Physician: Total Medicaid Paid (TOS 08)	The summation of total Medicaid paid for records where the type of service variable is equal to 08.
			Physician: Number of Users	The count of the number of users where the type of service variable is equal to 08.

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			Dental: Total Medicaid Paid (TOS 09)	The summation of the total Medicaid paid for records where the type of service variable is equal to 09.
			Dental: Number of Users	The count of the number of users where the type of service variable is equal to 09.
			Dental: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 09, divided by the count of the number of users where the type of service variable is equal to 09.
			Other Practitioner: Total Medicaid Pd (TOS 10)	The summation of the total Medicaid paid for records where the type of service variable is equal to 10.
			Other Practitioner: Number of Users	The count of the number of users where the type of service variable is equal to 10.
			Other Practitioner: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 10, divided by the count of the number of users where the type of service variable is equal to 10.
			OPD: Total Medicaid Paid (TOS 11)	The summation of the total Medicaid paid for records where the type of service variable is equal to 11.
			OPD Number of Users	The count of the number of users where the type of service variable is equal to 11.
			OPD: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 11, divided by the count of the number of users where the type of service variable is equal to 11.
			Clinic: Total Medicaid Paid (TOS 12)	The summation of the total Medicaid paid for records where the type of service variable is equal to 12.
			Clinic: Number of Users	The count of the number of users where the type of service variable is equal to 12.
			Clinic: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 12, divided by the count of the number of users where the type of service variable is equal to 12.
			HH: Total Medicaid Paid (TOS 13)	The summation of the total Medicaid paid for records where the type of service variable is equal to 13.
			HH: Number of Users	The count of the number of users where the type of service variable is equal to 13.
			HH: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 13, divided by the count of the number of users where the type of service variable is equal to 13.
			Lab/Xray: Total Medicaid Paid (TOS 15)	The summation of the total Medicaid paid for records where the type of service variable is equal to 15.
			Lab/Xray: Number of Users	The count of the number of users where the type of service variable is equal to 15.
			Lab/Xray:Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 15, divided by the count of the number of users where the type of service variable is equal to 15.
			Drugs: Total Medicaid Paid (TOS 16)	The summation of the total Medicaid paid for records where the type of service variable is equal to 16.
			Drugs: Number of Users	The count of the number of users where the type of service variable is equal to 16.
			Drugs: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 16, divided by the count of the number of users where the type of service variable is equal to 16.

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Expenditures and Users by MAX TOS (Cont.)	Other Services: Total Medicaid Paid (TOS 19)	The summation of the total Medicaid paid for records where the type of service variable is equal to 19.
			Other Services: Number of Users	The count of the number of users where the type of service variable is equal to 19.
			Other Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 19, divided by the count of the number of users where the type of service variable is equal to 19.
			Transportation: Total Medicaid Paid (TOS 26)	The summation of the total Medicaid paid for records where the type of service variable is equal to 26.
			Transportation: Number of Users	The count of the number of users where the type of service variable is equal to 26.
			Transportation: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 26, divided by the count of the number of users where the type of service variable is equal to 26.
			PCS: Total Medicaid Paid (TOS 30)	The summation of the total Medicaid paid for records where the type of service variable is equal to 30.
			PCS: Number of Users	The count of the number of users where the type of service variable is equal to 30.
			PCS: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 30, divided by the count of the number of users where the type of service variable is equal to 30.
			Target Case Management: Total Medicaid Pd (TOS 31)	The summation of the total Medicaid paid for records where the type of service variable is equal to 31.
			Target Case Management: Number of Users	The count of the number of users where the type of service variable is equal to 31.
			Target Case Management: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 31, divided by the count of the number of users where the type of service variable is equal to 31.
			Rehab Services: Total Medicaid Pd (TOS 33)	The summation of the total Medicaid paid for records where the type of service variable is equal to 33.
			Rehab Services: Number of Users	The count of the number of users where the type of service variable is equal to 33.
			Rehab Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 33, divided by the count of the number of users where the type of service variable is equal to 33.
			PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	The summation of the total Medicaid paid for records where the type of service variable is equal to 34.
			PT/OT/Speech/Hear: Number of Users	The count of the number of users where the type of service variable is equal to 34.
			PT/OT/Speech/Hear: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 34, divided by the count of the number of users where the type of service variable is equal to 34.
			Hospice: Total Medicaid Paid (TOS 35)	The summation of the total Medicaid paid for records where the type of service variable is equal to 35.
			Hospice: Number of Users	The count of the number of users where the type of service variable is equal to 35.
			Hospice: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 35, divided by the count of the number of users where the type of service variable is equal to 35.
			DME: Total Medicaid Paid (TOS 51)	The summation of the total Medicaid paid for records where the type of service variable is equal to 51.
			DME: Number of Users	The count of the number of users where the type of service variable is equal to 51.

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Expenditures and Users by MAX TOS (Cont.)	DME: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 51, divided by the count of the number of users where the type of service variable is equal to 51.
			Residential Care: Total Medicaid Paid (TOS 52)	The summation of the total Medicaid paid for records where the type of service variable is equal to 52.
			Residential Care: Number of Users	The count of the number of users where the type of service variable is equal to 52.
			Residential Care: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 52, divided by the count of the number of users where the type of service variable is equal to 52.
			Psych. Services: Total Medicaid Paid (TOS 53)	The summation of the total Medicaid paid for records where the type of service variable is equal to 53.
			Psych. Services: Number of Users	The count of the number of users where the type of service variable is equal to 53.
			Psych. Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 53, divided by the count of the number of users where the type of service variable is equal to 53.
			Adult Day Care: Total Medicaid Paid (TOS 54)	The summation of the total Medicaid paid for records where the type of service variable is equal to 54.
			Adult Day Care: Number of Users	The count of the number of users where the type of service variable is equal to 54.
			Adult Day Care: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 54, divided by the count of the number of users where the type of service variable is equal to 54.
FFS Non-Dual Enrollees	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Avg Medicaid amt pd/enrollee by MAX TOS		The summation of the total Medicaid paid for the records where the type of service variable is equal to 01, divided by the count of enrollees for records where the type of service variable is equal to 01.
			Inpatient Hospital (TOS 01)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).

Adult

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Avg Medicaid amt pd/enrollee by MAX TOS (Cont.)		The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07, divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07.
			LTC (TOS=02,04,05,07)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16, divided by the count of enrollees for records where the type of service variable is equal to 16.
			Drugs (TOS=16)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).

Child

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Avg Medicaid amt pd/enrollee by MAX TOS (Cont.)		The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16, divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16.
			All Other Services	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
FFS Non-Dual Enrollees	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	% of enrollees with claims by selected MAX TOS	Adult % Enrollees with IP Claims (TOS=01)	The summation of the total IP paid (the sum of the Medicaid payment amount for inpatient hospital (TOS 01), equal to the TOS 01 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).

Disabled

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	% of enrollees with claims by selected MAX TOS (Cont.)		The summation of total the IP paid for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of total the IP paid for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult % Enrollees with LTC Claims (TOS=02,04,05,07)	The summation of the total LTC amount paid (equal to the TOS 02, 04, 05 and 07 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult % with ratio of LT days/enroll days > 1	The summation of the records where the count of LTC days is greater than the count of enrollment days (the eligible months count variable), divided by the count of total LTC recipient enrollees.
			% Enrollees with Drug Claims (TOS=16)	The summation of the total amount paid for drug (the sum of the Medicaid payment amount for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).

Child

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	% of enrollees with claims by selected MAX TOS (Cont.)		The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult % Enrollees with All Other Claims	The summation of the total amount paid for drug (the sum of the Medicaid payment amount for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult Avg # IP Days per User	The summation of the total IP days (the sum of the recipient total inpatient covered day count (for stays) variable), divided by the total (missing and non-missing) records.
				The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult Avg # LT Days per User	The summation of the total LT days, divided by the total (missing and non-missing) records.
				The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).

Aged

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	% of enrollees with claims by selected MAX TOS (Cont.)		The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult % Enrollees with Delivery	The summation of the records where the recipient maternal delivery code is equal to 1, divided by the count of total enrollees.
FFS Non-Dual Enrollees	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Expenditures and users by MAX pgm type		The summation of the total Medicaid paid for the records using the family planning total payments.
			FP: Total Medicaid Paid (Program Type 2)	The summation of records where the beneficiary's family planning claim count (using the family planninf total records variable) is greater than zero.
			FP: Number of Users	The summation of records where the beneficiary's family planning claim count (using the family planninf total records variable) is greater than zero, divided by the summation of the total Medicaid paid for the records using the family planning total payments.
			FP: Average Medicaid Pd per User	The summation of the total Medicaid paid for the records using the RHC total payments.
			RHC: Total Medicaid Paid (Program Type 3)	The summation of records where the beneficiary's RHC claim count (using the family planninf total records variable) is greater than zero.
			RHC: Number of Users	The summation of records where the beneficiary's RHC claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the RHC total payments.
			RHC: Avg Medicaid Pd per User Total Medicaid Paid (Program Type 4)	The summation of the total Medicaid paid for the records using the FQHC total payments.
			FQHC: Number of Users	The summation of records where the beneficiary's FQHC claim count (using the family planninf total records variable) is greater than zero.
			FQHC: Avg Medicaid Pd per User	The summation of records where the beneficiary's FQHC claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the FQHC total payments.
			FQHC:	The summation of the total Medicaid paid for the records using the IHS total payments.
			IHS: Total Medicaid Pd (Program Type 5)	The summation of records where the beneficiary's IHS claim count (using the family planninf total records variable) is greater than zero.
			IHS: Number of Users	The summation of records where the beneficiary's IHS claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the IHS total payments.
			IHS: Avg Medicaid Pd per User Waiver: Total Medicaid Paid (Program Types 6 and 7)	The summation of the total Medicaid paid for the records using the waiver total payments.

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FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-SCHIP only, EDB duals.	Expenditures and users by MAX pgm type (Cont.)		The summation of records where the beneficiary's waiver claim count (using the family planninf total records variable) is greater than zero.
			Waiver: Number of Users	The summation of records where the beneficiary's waiver claim count (using the family planninf total records variable) is greater than zero, divided by the summation of the total Medicaid paid for the records using the waiver total payments.
FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	None	Waiver: Avg Medicaid Pd per User Total EDB Dual FFS Enrollees	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 0, 1, 2, 3, or 9.
			Number of EDB Dual FFS Recipients	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3 and the FFS recipient indicator (where the recipient indicator variable is equal to 1, 4, 6, or 7) is equal to 1.
			Total EDB Dual FFS PYE	The summation of the PYE variable for all records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is not equal to 4, 5, 6, or 7.
				Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 50 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, all divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% EDB Only Dual (code 50)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 51 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% QMB Only (Code 51)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 52 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% QMB Plus (Code 52)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 53 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% SLMB Only (Code 53)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 54 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.

% SLMB Plus (Code 54)

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			% QDWI (Code 55)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 56 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records with the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% QI 1 (Code 56)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 57 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% QI 2 (Code 57)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 58 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% Other Type Dual (Code 58)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable is equal to 59 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			% Dual Type Unknown (Code 59) / % EDB Duals with EDB HIC	The count of EDB Duals with an EDB HIC divided by the count of total EDB Duals.
			% EDB Duals with Spanish Language	The count of EDB Duals with Spanish Language divided by the count of total EDB Duals.
			% EDB Duals with EDB Date of Death During Year	The count of EDB Duals with an EDB Date of Death that falls within the relevant year, divided by the count of total EDB Duals.
			% EDB Duals with Medicaid Reported HIC	The count of EDB Duals with a Medicaid reported HIC, divided by the count of total EDB Duals.
			% EDB Duals with Medicaid reported HIC = Medicare HIC	The count of EDB Duals with a Medicaid reported HIC equal to the Medicare HIC, divided by the count of total EDB Duals.
			MAX Aged EDB Dual FFS Total	The summation of records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
				The summation of records where the SMRF Uniform Eligibility Code is aged cash (value of 11).

11: Aged, Cash

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FFS Information for Dual Medicaid Enrollees (Cont.)	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	None (Cont.)		The summation of records where the SMRF Uniform Eligibility Code is aged MN (value of 21).
			21: Aged, MN	The summation of records where the SMRF Uniform Eligibility Code is aged poverty (value of 31).
			31: Aged, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other aged (value of 41).
			41: Other Aged	The summation of records where the SMRF Uniform Eligibility Code is 1115 aged (value of 51).
			51: 1115 Aged MAX Disabled EDB Dual FFS Total	The summation of records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
				The summation of records where the SMRF Uniform Eligibility Code is disabled cash (value of 12).
			12: Disabled, Cash	The summation of records where the SMRF Uniform Eligibility Code is disabled MN (value of 22).
			22: Disabled, MN	The summation of records where the SMRF Uniform Eligibility Code is disabled poverty (value of 32).
			32: Disabled, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other disabled (value of 42).
			42: Other Disabled	The summation of records where the SMRF Uniform Eligibility Code is 1115 disabled (value of 52).
			52: 1115 Disabled TOTAL EDB DUAL FFS ENROLLEES IN JUNE	The total count of EDB Dual FFS enrollees in the month of June.
FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Type of Medicare	% with Part A Medicare	The count of EDB Dual FFS enrollees in June with Part A Medicare divided by the count of toal EDB Dual FFS enrollees in June.
			June % with Part B Medicare	The count of EDB Dual FFS enrollees in June with Part B Medicare, divided by the count of toal EDB Dual FFS enrollees in June.
			June % Part A/B Medicare	The count of EDB Dual FFS enrollees in June with both Part A and Part B Medicare, divided by the count of toal EDB Dual FFS enrollees in June.
FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Original Reason for Medicare Entitlement	June	The count of EDB Duals with an Original Reason for Medicare Entitlement of Aged, divided by the count of toal EDB Duals.
			% Aged (Code 0)	The count of EDB Duals with an Original Reason for Medicare Entitlement of Disabled, divided by the count of toal EDB Duals.
			% Disabled (Code 1)	The count of EDB Duals with an Original Reason for Medicare Entitlement of ESRD, divided by the count of toal EDB Duals.
			% ESRD (Code 2)	The count of EDB Duals with an Original Reason for Medicare Entitlement of Disabled with ESRD, divided by the count of toal EDB Duals.
			Total Medicaid Amt Paid	The summation of the amount paid.
			% Disabled with ESRD (Code 3) Average Medicaid Amt Paid per Enrollee	The summation of the amount paid, divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary).
			Average Medicaid Amt Paid per Recipient (User of any service)	The summation of the amount paid, divided by the summation of the count of recipients.

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FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Avg Medicaid amt pd/enrollee by MAX eligibility group		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			All Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 11), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 11).
			11: Aged, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 21), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 21).
			21: Aged, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 31), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 31).
			31: Aged, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 41), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 41).
			41: Other Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 51), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 51).
			51: 1115 Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			All Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 12), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 12).

12: Disabled, Cash

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FFS Information for Dual Medicaid Enrollees (Cont.)	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Avg Medicaid amt pd/enrollee by MAX eligibility group (Cont.)		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 22), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 22).
			22: Disabled, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 32), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 32).
			32: Disabled, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 42), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 42).
			42: Other Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 52), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 52).
FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Expenditures and users by MAX TOS	52: Total Disabled IP: Total Medicaid Paid (TOS 01)	The summation of total Medicaid paid for records where the type of service variable is equal to 01.
			IP: Number of Users	The count of the number of users where the type of service variable is equal to 01.
			IP: Average Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 01, divided by the count of the number of users where the type of service variable is equal to 01.
			IP: Average Medicaid Covered Days Per User	The count of the covered days for records where the type of service variable is equal to 01, divided by the count of the number of users where the type of service variable is equal to 01.
			MH Aged: Total Medicaid Paid (TOS 02)	The summation of total Medicaid paid for records where the type of service variable is equal to 02.
			MH Aged: Number of Users	The count of the number of users where the type of service variable is equal to 02.
			MH Aged: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 02, divided by the count of the number of users where the type of service variable is equal to 02.
			IP Psych < 21: Total Medicaid Paid (TOS 04)	The summation of total Medicaid paid for records where the type of service variable is equal to 04.
			IP Psych < 21: Number of Users	The count of the number of users where the type of service variable is equal to 04.
			IP Psych<21 :Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 04, divided by the count of the number of users where the type of service variable is equal to 04.
			ICF/MR: Total Medicaid Pd (TOS 05)	The summation of total Medicaid paid for records where the type of service variable is equal to 05.
			ICF/MR: Number of Users	The count of the number of users where the type of service variable is equal to 05.

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FFS Information for Dual Medicaid Enrollees (Cont.)	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Expenditures and users by MAX TOS (Cont.)	ICF/MR: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 05, divided by the count of the number of users where the type of service variable is equal to 05.
			NF: Total Medicaid Paid (TOS 07)	The summation of total Medicaid paid for records where the type of service variable is equal to 07.
			NF Number of Users	The count of the number of users where the type of service variable is equal to 07.
			NF:Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 07, divided by the count of the number of users where the type of service variable is equal to 07.
			Physician: Total Medicaid Paid (TOS 08)	The summation of total Medicaid paid for records where the type of service variable is equal to 08.
			Physician: Number of Users	The count of the number of users where the type of service variable is equal to 08.
			Physician: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 08, divided by the count of the number of users where the type of service variable is equal to 08.
			Dental: Total Medicaid Paid (TOS 09)	The summation of the total Medicaid paid for records where the type of service variable is equal to 09.
			Dental: Number of Users	The count of the number of users where the type of service variable is equal to 09.
			Dental: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 09, divided by the count of the number of users where the type of service variable is equal to 09.
			Other Practitioner: Total Medicaid Pd (TOS 10)	The summation of the total Medicaid paid for records where the type of service variable is equal to 10.
			Other Practitioner: Number of Users	The count of the number of users where the type of service variable is equal to 10.
			Other Practitioner: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 10, divided by the count of the number of users where the type of service variable is equal to 10.
			OPD: Total Medicaid Paid (TOS 11)	The summation of the total Medicaid paid for records where the type of service variable is equal to 11.
			OPD Number of Users	The count of the number of users where the type of service variable is equal to 11.
			OPD: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 11, divided by the count of the number of users where the type of service variable is equal to 11.
			Clinic: Total Medicaid Paid (TOS 12)	The summation of the total Medicaid paid for records where the type of service variable is equal to 12.
			Clinic: Number of Users	The count of the number of users where the type of service variable is equal to 12.
			Clinic: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 12, divided by the count of the number of users where the type of service variable is equal to 12.
			HH: Total Medicaid Paid (TOS 13)	The summation of the total Medicaid paid for records where the type of service variable is equal to 13.
			HH: Number of Users	The count of the number of users where the type of service variable is equal to 13.
			HH: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 13, divided by the count of the number of users where the type of service variable is equal to 13.

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			Lab/Xray: Number of Users	The count of the number of users where the type of service variable is equal to 15.
			Lab/Xray:Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 15, divided by the count of the number of users where the type of service variable is equal to 15.
			Drugs: Total Medicaid Paid (TOS 16)	The summation of the total Medicaid paid for records where the type of service variable is equal to 16.
			Drugs: Number of Users	The count of the number of users where the type of service variable is equal to 16.
			Drugs: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 16, divided by the count of the number of users where the type of service variable is equal to 16.
			Other Services: Total Medicaid Paid (TOS 19)	The summation of the total Medicaid paid for records where the type of service variable is equal to 19.
			Other Services: Number of Users	The count of the number of users where the type of service variable is equal to 19.
			Other Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 19, divided by the count of the number of users where the type of service variable is equal to 19.
			Transportation: Total Medicaid Paid (TOS 26)	The summation of the total Medicaid paid for records where the type of service variable is equal to 26.
			Transportation: Number of Users	The count of the number of users where the type of service variable is equal to 26.
			Transportation: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 26, divided by the count of the number of users where the type of service variable is equal to 26.
			PCS: Total Medicaid Paid (TOS 30)	The summation of the total Medicaid paid for records where the type of service variable is equal to 30.
			PCS: Number of Users	The count of the number of users where the type of service variable is equal to 30.
			PCS: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 30, divided by the count of the number of users where the type of service variable is equal to 30.
			Target Case Management: Total Medicaid Pd (TOS 31)	The summation of the total Medicaid paid for records where the type of service variable is equal to 31.
			Target Case Management: Number of Users	The count of the number of users where the type of service variable is equal to 31.
			Target Case Management: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 31, divided by the count of the number of users where the type of service variable is equal to 31.
			Rehab Services: Total Medicaid Pd (TOS 33)	The summation of the total Medicaid paid for records where the type of service variable is equal to 33.
			Rehab Services: Number of Users	The count of the number of users where the type of service variable is equal to 33.
			Rehab Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 33, divided by the count of the number of users where the type of service variable is equal to 33.
			PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	The summation of the total Medicaid paid for records where the type of service variable is equal to 34.
			PT/OT/Speech/Hear: Number of Users	The count of the number of users where the type of service variable is equal to 34.

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			Hospice: Total Medicaid Paid (TOS 35)	The summation of the total Medicaid paid for records where the type of service variable is equal to 35.
			Hospice: Number of Users	The count of the number of users where the type of service variable is equal to 35.
			Hospice: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 35, divided by the count of the number of users where the type of service variable is equal to 35.
			DME: Total Medicaid Paid (TOS 51)	The summation of the total Medicaid paid for records where the type of service variable is equal to 51.
			DME: Number of Users	The count of the number of users where the type of service variable is equal to 51.
			DME: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 51, divided by the count of the number of users where the type of service variable is equal to 51.
			Residential Care: Total Medicaid Paid (TOS 52)	The summation of the total Medicaid paid for records where the type of service variable is equal to 52.
			Residential Care: Number of Users	The count of the number of users where the type of service variable is equal to 52.
			Residential Care: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 52, divided by the count of the number of users where the type of service variable is equal to 52.
			Psych. Services: Total Medicaid Paid (TOS 53)	The summation of the total Medicaid paid for records where the type of service variable is equal to 53.
			Psych. Services: Number of Users	The count of the number of users where the type of service variable is equal to 53.
			Psych. Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 53, divided by the count of the number of users where the type of service variable is equal to 53.
			Adult Day Care: Total Medicaid Paid (TOS 54)	The summation of the total Medicaid paid for records where the type of service variable is equal to 54.
			Adult Day Care: Number of Users	The count of the number of users where the type of service variable is equal to 54.
			Adult Day Care: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 54, divided by the count of the number of users where the type of service variable is equal to 54.
FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Avg Medicaid amt pd/enrollee by selected type of service	Inpatient Hospital (TOS=01)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01, divided by the count of enrollees for records where the type of service variable is equal to 01.
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51).

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			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07, divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07.
			LTC (TOS=02,04,05,07)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16, divided by the count of enrollees for records where the type of service variable is equal to 16.
			Drugs (TOS=16)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16, divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16.
			All Other Services	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).

Disabled

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FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	% of enrollees with claims by selected type of service	% Enrollees with IP Claims (TOS=01)	The summation of the total IP paid (the sum of the Medicaid payment amount for inpatient hospital (TOS 01), equal to the TOS 01 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled % Enrollees with LTC Claims (TOS=02,04,05,07)	The summation of the total LTC amount paid (equal to the TOS 02, 04, 05 and 07 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled % Enrollees with Drug Claims (TOS=16)	The summation of the total amount paid for drug (the sum of the Medicaid payment amount for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled % Enrollees with All Other Claims	The summation of the total amount paid for drug (the sum of the Medicaid payment amount for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled Avg # IP Days per User (TOS 01)	The summation of the total IP days (the sum of the recipient total inpatient covered day count (for stays) variable), divided by the total (missing and non-missing) records.

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FFS Information for Dual Medicaid Enrollees (Cont.)	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	% of enrollees with claims by selected type of service (Cont.)		The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled Avg # LT Days per User (TOS 02, 04, 05, 07)	The summation of the total LT days, divided by the total (missing and non-missing) records.
				The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Expenditures and users by MAX program type	Disabled	The summation of the total Medicaid paid for the records using the family planning total payments.
			FP: Total Medicaid Paid (Program Type 2)	The summation of records where the beneficiary's family planning claim count (using the family planninf total records variable) is greater than zero.
			FP: Number of Users	The summation of records where the beneficiary's family planning claim count (using the family planninf total records variable) is greater than zero, divided by the summation of the total Medicaid paid for the records using the family planning total payments.
			FP: Average Medicaid Pd per User	The summation of the total Medicaid paid for the records using the RHC total payments.
			RHC: Total Medicaid Paid (Program Type 3)	The summation of records where the beneficiary's RHC claim count (using the family planninf total records variable) is greater than zero.
			RHC: Number of Users	The summation of records where the beneficiary's RHC claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the RHC total payments.
			RHC: Avg Medicaid Pd per User Total Medicaid Paid (Program Type 4)	The summation of the total Medicaid paid for the records using the FQHC total payments.
FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Expenditures and users by MAX program type	FQHC: Number of Users	The summation of records where the beneficiary's FQHC claim count (using the family planninf total records variable) is greater than zero.
			FQHC: Avg Medicaid Pd per User	The summation of records where the beneficiary's FQHC claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the FQHC total payments.
			FQHC:	The summation of the total Medicaid paid for the records using the IHS total payments.
			IHS: Total Medicaid Pd (Program Type 5)	The summation of records where the beneficiary's IHS claim count (using the family planninf total records variable) is greater than zero.
			IHS: Number of Users	The summation of records where the beneficiary's IHS claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the IHS total payments.
			IHS: Avg Medicaid Pd per User Waiver: Total Medicaid Paid (Program Types 6 and 7)	The summation of the total Medicaid paid for the records using the waiver total payments.

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FFS Information for Dual Medicaid Enrollees	Excludes non-EDB duals, duals ever enrolled in HMO/HIOs, duals with only restricted benefits, and duals with missing eligibiltiy information	Expenditures and users by MAX program type (Cont.)		The summation of records where the beneficiary's waiver claim count (using the family planninf total records variable) is greater than zero.
			Waiver: Number of Users	The summation of records where the beneficiary's waiver claim count (using the family planninf total records variable) is greater than zero, divided by the summation of the total Medicaid paid for the records using the waiver total payments.
FFS Information for Total Medicaid Enrollees	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	None	Waiver: Avg Medicaid Pd per User Total FFS Enrollees	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 0, 1, 2, 3, or 9.
			# FFS Recipients	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3 and the FFS recipient indicator (where the recipient indicator variable is equal to 1, 4, 6, or 7) is equal to 1.
			% Enrollees who are Recipients	The total number of enrollees who are recipients, divided by the total number of enrollees.
			% Aged who are Recipients	The total number of aged who are recipients, divided by the total number of enrollees.
			% Disabled who are Recipients	The total number of disabled who are recipients, divided by the total number of enrollees.
			% Child who are Recipients	The total number of child who are recipients, divided by the total number of enrollees.
			%Adults who are Recipients	The total number of adults who are recipients, divided by the total number of enrollees.
			Total FFS PYE	The summation of the PYE variable for all records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is not equal to 4, 5, 6, or 7.
			MAX Aged Total	The summation of records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
				The summation of records where the SMRF Uniform Eligibility Code is aged cash (value of 11).
			11: Aged, Cash	The summation of records where the SMRF Uniform Eligibility Code is aged MN (value of 21).
			21: Aged, MN	The summation of records where the SMRF Uniform Eligibility Code is aged poverty (value of 31).
			31: Aged, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other aged (value of 41).
			41: Other Aged	The summation of records where the SMRF Uniform Eligibility Code is 1115 aged (value of 51).
			51: 1115 Aged MAX Disabled Total	The summation of records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
				The summation of records where the SMRF Uniform Eligibility Code is disabled cash (value of 12).
			12: Disabled, Cash	The summation of records where the SMRF Uniform Eligibility Code is disabled MN (value of 22).
			22: Disabled, MN	The summation of records where the SMRF Uniform Eligibility Code is disabled poverty (value of 32).

32: Disabled, Poverty

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FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	None (Cont.)		The summation of records where the SMRF Uniform Eligibility Code is other disabled (value of 42).
			42: Other Disabled	The summation of records where the SMRF Uniform Eligibility Code is 1115 disabled (value of 52).
			52: 1115 Disabled MAX Child Total	The summation of records where the SMRF Uniform Eligibility Code is child (values of 14, 16, 24, 34, 44, 48, or 54).
				The summation of records where the SMRF Uniform Eligibility Code is AFDC child cash (value of 14).
			14: AFDC Child, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC-U child cash (value of 16).
			16: AFDC-U Child, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC child MN (value of 24).
			24: AFDC Child, MN	The summation of records where the SMRF Uniform Eligibility Code is child poverty (value of 34).
			34: Child Poverty	The summation of records where the SMRF Uniform Eligibility Code is other child (value of 44).
			44: Other Child	The summation of records where the SMRF Uniform Eligibility Code is foster care child (value of 48).
			48: Foster Care Child	The summation of records where the SMRF Uniform Eligibility Code is 1115 child (value of 54).
			54: 1115 Child MAX Adult Total	The summation of records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
				The summation of records where the SMRF Uniform Eligibility Code is AFDC adult cash (value of 15).
			15: AFDC Adult, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC-U adult cash (value of 17).
			17: AFDC-U Adult, Cash	The summation of records where the SMRF Uniform Eligibility Code is AFDC adult MN (value of 25).
			25: AFDC Adult, MN	The summation of records where the SMRF Uniform Eligibility Code is adult poverty (value of 35).
			35: Adult, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other adult (value of 45).
			45: Other Adult	The summation of records where the SMRF Uniform Eligibility Code is 1115 adult (value of 55).
			55: 1115 Adult Total Medicaid Amt Paid	The summation of the FFS amount paid variable.
			Average Medicaid Amt Paid per Enrollee	The summation of the FFS amount paid variable, divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary).
			Average Medicaid Amt Paid per Recipient (User of any svc)	The summation of the FFS amount paid variable, divided by the summation of the count of FFS recipients (where the recipient indicator variable is equal to 1, 4, 6, or 7).

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FFS Information for Total Medicaid Enrollees	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Avg Medicaid amt pd/enrollee by MAX eligibility group	All Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
				The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 11), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 11).
			11: Aged, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 21), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 21).
			21: Aged, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 31), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 31).
			31: Aged, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 41), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 41).
			41: Other Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is aged (value of 51), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is aged (value of 51).
			51: 1115 Aged	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			All Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 12), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 12).
			12: Disabled, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 22), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 22).

22: Disabled, MN

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FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Avg Medicaid amt pd/enrollee by MAX eligibility group (Cont.)		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 32), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 32).
			32: Disabled, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 42), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 42).
			42: Other Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is disabled (value of 52), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is disabled (value of 52).
			52: 1115 Disabled	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			All Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 14), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 14).
			14: AFDC Child, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 16), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 16).
			16: AFDC-U Child,Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 24), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 24).
			24: AFDC Child, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 34), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 34).

34: Child, Poverty

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Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Avg Medicaid amt pd/enrollee by MAX eligibility group (Cont.)		The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 44), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 44).
			44: Other Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 48), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 48).
			48: Foster Care Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is child (value of 54), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is child (value of 54).
			54: 1115 Child	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			All Adult	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 15), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 15).
			15: AFDC Adult, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 17), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 17).
			17: AFDC-U Adult, Cash	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 25), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 25).
			25: AFDC Adult, MN	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 35), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 35).
			35: Adult, Poverty	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 45), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 45).

45: Other Adult

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FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Avg Medicaid amt pd/enrollee by MAX eligibility group (Cont.)	55: Total Adult	The summation of the Medicaid amount paid (total number of records and missing records from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult (value of 55), divided by the summation of the count of enrollees (total number of records and missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult (value of 55).
FFS Information for Total Medicaid Enrollees	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Expenditures and users by MAX TOS	IP: Total Medicaid Paid (TOS 01)	The summation of total Medicaid paid for records where the type of service variable is equal to 01.
			IP: Number of Users	The count of the number of users where the type of service variable is equal to 01.
			IP: Average Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 01, divided by the count of the number of users where the type of service variable is equal to 01.
			IP: Average Medicaid Covered Days Per User	The count of the covered days for records where the type of service variable is equal to 01, divided by the count of the number of users where the type of service variable is equal to 01.
			MH Aged: Total Medicaid Paid (TOS 02)	The summation of total Medicaid paid for records where the type of service variable is equal to 02.
			MH Aged: Number of Users	The count of the number of users where the type of service variable is equal to 02.
			MH Aged: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 02, divided by the count of the number of users where the type of service variable is equal to 02.
			IP Psych < 21: Total Medicaid Paid (TOS 04)	The summation of total Medicaid paid for records where the type of service variable is equal to 04.
			IP Psych < 21: Number of Users	The count of the number of users where the type of service variable is equal to 04.
			IP Psych<21 :Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 04, divided by the count of the number of users where the type of service variable is equal to 04.
			ICF/MR: Total Medicaid Pd (TOS 05)	The summation of total Medicaid paid for records where the type of service variable is equal to 05.
			ICF/MR: Number of Users	The count of the number of users where the type of service variable is equal to 05.
			ICF/MR: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 05, divided by the count of the number of users where the type of service variable is equal to 05.
			NF: Total Medicaid Paid (TOS 07)	The summation of total Medicaid paid for records where the type of service variable is equal to 07.
			NF Number of Users	The count of the number of users where the type of service variable is equal to 07.
			NF:Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 07, divided by the count of the number of users where the type of service variable is equal to 07.

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FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Expenditures and users by MAX TOS (Cont.)	Physician: Total Medicaid Paid (TOS 08)	The summation of total Medicaid paid for records where the type of service variable is equal to 08.
			Physician: Number of Users	The count of the number of users where the type of service variable is equal to 08.
			Physician: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 08, divided by the count of the number of users where the type of service variable is equal to 08.
			Dental: Total Medicaid Paid (TOS 09)	The summation of the total Medicaid paid for records where the type of service variable is equal to 09.
			Dental: Number of Users	The count of the number of users where the type of service variable is equal to 09.
			Dental: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 09, divided by the count of the number of users where the type of service variable is equal to 09.
			Other Practitioner: Total Medicaid Pd (TOS 10)	The summation of the total Medicaid paid for records where the type of service variable is equal to 10.
			Other Practitioner: Number of Users	The count of the number of users where the type of service variable is equal to 10.
			Other Practitioner: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 10, divided by the count of the number of users where the type of service variable is equal to 10.
			OPD: Total Medicaid Paid (TOS 11)	The summation of the total Medicaid paid for records where the type of service variable is equal to 11.
			OPD Number of Users	The count of the number of users where the type of service variable is equal to 11.
			OPD: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 11, divided by the count of the number of users where the type of service variable is equal to 11.
			Clinic: Total Medicaid Paid (TOS 12)	The summation of the total Medicaid paid for records where the type of service variable is equal to 12.
			Clinic: Number of Users	The count of the number of users where the type of service variable is equal to 12.
			Clinic: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 12, divided by the count of the number of users where the type of service variable is equal to 12.
			HH: Total Medicaid Paid (TOS 13)	The summation of the total Medicaid paid for records where the type of service variable is equal to 13.
			HH: Number of Users	The count of the number of users where the type of service variable is equal to 13.
			HH: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 13, divided by the count of the number of users where the type of service variable is equal to 13.
			Lab/Xray: Total Medicaid Paid (TOS 15)	The summation of the total Medicaid paid for records where the type of service variable is equal to 15.
			Lab/Xray: Number of Users	The count of the number of users where the type of service variable is equal to 15.
			Lab/Xray:Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 15, divided by the count of the number of users where the type of service variable is equal to 15.
			Drugs: Total Medicaid Paid (TOS 16)	The summation of the total Medicaid paid for records where the type of service variable is equal to 16.
			Drugs: Number of Users	The count of the number of users where the type of service variable is equal to 16.

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FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Expenditures and users by MAX TOS (Cont.)	Drugs: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 16, divided by the count of the number of users where the type of service variable is equal to 16.
			Other Services: Total Medicaid Paid (TOS 19)	The summation of the total Medicaid paid for records where the type of service variable is equal to 19.
			Other Services: Number of Users	The count of the number of users where the type of service variable is equal to 19.
			Other Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 19, divided by the count of the number of users where the type of service variable is equal to 19.
			Transportation: Total Medicaid Paid (TOS 26)	The summation of the total Medicaid paid for records where the type of service variable is equal to 26.
			Transportation: Number of Users	The count of the number of users where the type of service variable is equal to 26.
			Transportation: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 26, divided by the count of the number of users where the type of service variable is equal to 26.
			PCS: Total Medicaid Paid (TOS 30)	The summation of the total Medicaid paid for records where the type of service variable is equal to 30.
			PCS: Number of Users	The count of the number of users where the type of service variable is equal to 30.
			PCS: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 30, divided by the count of the number of users where the type of service variable is equal to 30.
			Target Case Management: Total Medicaid Pd (TOS 31)	The summation of the total Medicaid paid for records where the type of service variable is equal to 31.
			Target Case Management: Number of Users	The count of the number of users where the type of service variable is equal to 31.
			Target Case Management: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 31, divided by the count of the number of users where the type of service variable is equal to 31.
			Rehab Services: Total Medicaid Pd (TOS 33)	The summation of the total Medicaid paid for records where the type of service variable is equal to 33.
			Rehab Services: Number of Users	The count of the number of users where the type of service variable is equal to 33.
			Rehab Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 33, divided by the count of the number of users where the type of service variable is equal to 33.
			PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	The summation of the total Medicaid paid for records where the type of service variable is equal to 34.
			PT/OT/Speech/Hear: Number of Users	The count of the number of users where the type of service variable is equal to 34.
			PT/OT/Speech/Hear: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 34, divided by the count of the number of users where the type of service variable is equal to 34.
			Hospice: Total Medicaid Paid (TOS 35)	The summation of the total Medicaid paid for records where the type of service variable is equal to 35.
			Hospice: Number of Users	The count of the number of users where the type of service variable is equal to 35.
			Hospice: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 35, divided by the count of the number of users where the type of service variable is equal to 35.

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FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Expenditures and users by MAX TOS (Cont.)	DME: Total Medicaid Paid (TOS 51)	The summation of the total Medicaid paid for records where the type of service variable is equal to 51.
			DME: Number of Users	The count of the number of users where the type of service variable is equal to 51.
			DME: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 51, divided by the count of the number of users where the type of service variable is equal to 51.
			Residential Care: Total Medicaid Paid (TOS 52)	The summation of the total Medicaid paid for records where the type of service variable is equal to 52.
			Residential Care: Number of Users	The count of the number of users where the type of service variable is equal to 52.
			Residential Care: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 52, divided by the count of the number of users where the type of service variable is equal to 52.
			Psych. Services: Total Medicaid Paid (TOS 53)	The summation of the total Medicaid paid for records where the type of service variable is equal to 53.
			Psych. Services: Number of Users	The count of the number of users where the type of service variable is equal to 53.
			Psych. Services: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 53, divided by the count of the number of users where the type of service variable is equal to 53.
			Adult Day Care: Total Medicaid Paid (TOS 54)	The summation of the total Medicaid paid for records where the type of service variable is equal to 54.
			Adult Day Care: Number of Users	The count of the number of users where the type of service variable is equal to 54.
			Adult Day Care: Avg Medicaid Pd per User	The summation of the total Medicaid paid for records where the type of service variable is equal to 54, divided by the count of the number of users where the type of service variable is equal to 54.
FFS Information for Total Medicaid Enrollees	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Avg Medicaid amt pd/enrollee by selected MAX TOS		The summation of the total Medicaid paid for the records where the type of service variable is equal to 01, divided by the count of enrollees for records where the type of service variable is equal to 01.
			Inpatient Hospital (TOS=01)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).

Child

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Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Avg Medicaid amt pd/enrollee by selected MAX TOS (Cont.)		The summation of the total Medicaid paid for the records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is equal to 01 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07, divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07.
			LTC (TOS=02,04,05,07)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total Medicaid paid for the records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16, divided by the count of enrollees for records where the type of service variable is equal to 16.
			Drugs (TOS=16)	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).

Disabled

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FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Avg Medicaid amt pd/enrollee by selected MAX TOS (Cont.)		The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total Medicaid paid for the records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is equal to 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16, divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16.
			All Other Services	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total Medicaid paid for the records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the type of service variable is not equal to 01, 02, 04, 05, 07, or 16 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
FFS Information for Total Medicaid Enrollees	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	% of enrollees with claims by selected MAX type of service	Adult % Enrollees with IP Claims (TOS=01)	The summation of the total IP paid (the sum of the Medicaid payment amount for inpatient hospital (TOS 01), equal to the TOS 01 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).

Disabled

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Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	% of enrollees with claims by selected MAX type of service (Cont.)		The summation of total the IP paid for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of total the IP paid for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult % Enrollees with LTC Claims (TOS=02,04,05,07)	The summation of the total LTC amount paid (equal to the TOS 02, 04, 05 and 07 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total LTC amount paid for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Adult % Enrollees with Drug Claims (TOS=16)	The summation of the total amount paid for drug (the sum of the Medicaid payment amount for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total (missing and non-missing) records.
				The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Aged	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).

Adult

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			Aged	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Disabled	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Child	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Adult	The summation of the total amount paid for drug for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Avg # IP Days per User	The summation of the total IP days (the sum of the recipient total inpatient covered day count (for stays) variable), divided by the total (missing and non-missing) records.
			Aged	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Disabled	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Child	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Adult	The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
			Avg # LT Days per User	The summation of the total LT days, divided by the total (missing and non-missing) records.
			Aged	The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).

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			Disabled	The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
			Child	The summation of the total LT days for the records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
FFS Information for Total Medicaid Enrollees	Excludes people ever enrolled in HMO/HIOs, with missing eligibility information, S-SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only	Expenditures and users by MAX pgm type	Adult	The summation of the total Medicaid paid for the records using the family planning total payments.
			FP: Total Medicaid Paid (Program Type 2)	The summation of records where the beneficiary's family planning claim count (using the family planninf total records variable) is greater than zero.
			FP: Number of Users	The summation of records where the beneficiary's family planning claim count (using the family planninf total records variable) is greater than zero, divided by the summation of the total Medicaid paid for the records using the family planning total payments.
			FP: Average Medicaid Pd per User	The summation of the total Medicaid paid for the records using the RHC total payments.
			RHC: Total Medicaid Paid (Program Type 3)	The summation of records where the beneficiary's RHC claim count (using the family planninf total records variable) is greater than zero.
			RHC: Number of Users	The summation of records where the beneficiary's RHC claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the RHC total payments.
			RHC: Avg Medicaid Pd per User Total Medicaid Paid (Program Type 4)	The summation of the total Medicaid paid for the records using the FQHC total payments.
			FQHC: Number of Users	The summation of records where the beneficiary's FQHC claim count (using the family planninf total records variable) is greater than zero.
			FQHC: Avg Medicaid Pd per User	The summation of records where the beneficiary's FQHC claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the FQHC total payments.
			FQHC:	The summation of the total Medicaid paid for the records using the IHS total payments.
			IHS: Total Medicaid Pd (Program Type 5)	The summation of records where the beneficiary's IHS claim count (using the family planninf total records variable) is greater than zero.
			IHS: Number of Users	The summation of records where the beneficiary's IHS claim count (using the family planninf total records variable) is greater than zero, divided by the summation of total Medicaid paid for the records using the IHS total payments.
			IHS: Avg Medicaid Pd per User Waiver: Total Medicaid Paid (Program Types 6 and 7)	The summation of the total Medicaid paid for the records using the waiver total payments.
				The summation of records where the beneficiary's waiver claim count (using the family planninf total records variable) is greater than zero.
			Waiver: Number of Users	The summation of records where the beneficiary's waiver claim count (using the family planninf total records variable) is greater than zero, divided by the summation of the total Medicaid paid for the records using the waiver total payments.

Waiver: Avg Medicaid Pd per User