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

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
All Records	None	Restricted		Records with at least 1 month with restricted benefits code equal to 3 and no months with
		Benefits	# Duals with ONLY restricted benefits enrollment	restricted benefits codes equal to 1, 2, 4, 5, or 6.
		Enrollment	# Duals with ANY restricted benefits enrollment	Records with at least 1 month with restricted benefits code equal to 3.
		Only: Duals		Sum of person years of enrollment for records with at least 1 month with restricted benefits
		Enrollees with	# PYE Duals with ANY restricted benefits	code equal to 3.
		restricted	Expenditures for Duals with only restricted benefits	Sum of Medicaid expenditures on records with at least 1 month with restricted benefits code
		benefits	enrollment (thsnd \$)	equal to 3 and no months with restricted benefits codes equal to 1, 2, 4, 5, or 6.
				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
			Avg Medicaid Paid for Duals with only restricted	number of records with at least 1 month with restricted benefits code equal to 3 and no
			benefit enrollment	months with restricted benefits codes equal to 1, 2, 4, 5, or 6.
Total enrollees	Missing Medicaid	None	Total Medicaid Enrollees	Count of unduplicated enrollees.
	eligibility			
	information,		Total Medicaid PYE (Person Years of Enrollment)	Sum of person years of enrollment for all records.
	enrollees with S-		· · · · · · · · · · · · · · · · · · ·	
	SCHIP only		# with any M-SCHIP enrollment (Medicaid enrollees)	Records with at least 1 month with SCHIP code equal to 2.
	<u>oorm only</u>			Sum of person years of enrollment on records with at least 1 month with SCHIP code equal to
			Total PYE any M-SCHIP	2.
Total enrollees	Missing Medicaid	Institutional		
	eligibility	Status	# enrollees with any LTC claims (includes NF, ICF/MR, Aged Mental Hospital, IP Psych. < 21	
	information,	Status	vears)	Sum of the number of LTC recipients (beneficiaries who had LTC claims).
	enrollees with S-			Sum of the count of LTC recipients (where a recipient is identified as a beneficiary with at
	SCHIP only			least one LTC claim) for all records divided by the sum of the number of records and the
	SCI IIF OILLY			number of missing records for all records.
			% 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
				,
			% AGED enrollees with any LTC claims	records.
				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
			% DISABLED enrollees with any LTC claims	records*100.
				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
			% CHILD enrollees with any LTC cliaims	records*100.
			70 OF MED CHIORCOS WITH drig ETO Chidii115	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.
		1	% ADULT enrollees with any LTC claims	·

	Section																	
Section	Exclusions	Sub-Section	Measure	Measure Description														
Total enrollees	Missing Medicaid																	
	eligibility	Demographics		Sum of records where the format of the SSN variable is equal to 1, divided by the total														
	information,		% Records with Valid SSN Format	number of records.														
	enrollees with S-		#SSNs with duplicate records	Count of records with a duplicate Social Security Number variable.														
	SCHIP only			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														
			% with County Code	value not equal to 000, 888, or 999.														
			2( solid Mali de Disi d'Exposida Exposid															
			% 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.														
				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														
			% Enrollees who Died During Year	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 eligible age group code variable is equal to 0, divided by the count														
			% Age 0	of all records.														
				Count of records where the eligible age group code variable is equal to 0, 1, 2, or 3, divided														
			% Age 0-20 Years	by the count of all records*100.														
				Count of records where the eligible age group code variable is equal to 6, 7, or 8, divided by														
			% Age > 64 Years	the count of all records*100.														
				Count of records where the eligible birth date variable is between 1800 and 2099, divided by														
			% with century of birth '18', '19', '20'	the count of all records*100.														
				Count of records where the eligible sex code variable is equal to M or F, divided by the count														
			% with Gender code 'M' or 'F'	of all records*100.														
				Count of records where the eligible months count is equal to 12, divided by the count of all														
			% Enrollees with 12 months enrollment	records.														

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
Total enrollees	Missing Medicaid	EDB Dual		Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable
	eligibility	Eligibles	Total EDB Duals (Duals confirmed by EDB)	is equal to 4, 5, 6, or 7.
	information,			Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable
	enrollees with S-			is equal to 4, 5, 6, or 7 AND the Eligible Age Group Code variable is equal to 6, 7, or 8, all
	SCHIP only			divided by the count of records where the "Eligible Medicare Crossover Code - Annual Old
			% Age > 64 Years who are EDB Duals	Values" variable is equal to 4, 5, 6, or 7.
				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,
			% MAX Aged Groups (11,21,31,41,51) who are	or 7, all divided by the count of records where the SMRF Uniform Eligibility Code is equal to
			EDB Duals	11, 21, 31, 41, or 51.
				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,
			% MAX Disabled Groups (12,22,32,42,52) who are	or 7, divided by the count of records where the SMRF Uniform Eligibility Code is equal to 12,
			EDB Duals	22, 32, 42, or 52*100.
				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
		-%EDB Only (50)	% EDB Only (50)	Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
			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
			%EDB QMB Only (51)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
				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
			%EDB QMB Plus (52)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			- 70EDB QIVIB FIUS (02)	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
			%EDB SLMB Only (53)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
				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
		%EDB SLMB Plus (54)		Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
				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
			K EDB QDWI (55)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
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Section	Exclusions	Sub-Section	Measure	Measure Description
Total enrollees (Cont.)	Missing Medicaid	EDB Dual		Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable
	eligibility	Eligibles (Cont.)		is equal to 56 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is
	information,			equal to 4, 5, 6, or 7, divided by the count of records with the "Eligible Medicare Crossover
	enrollees with S-		% EDB QI 1 (56)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
	SCHIP only			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
			% EDB QI 2 (57)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
				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
			% EDB Other (58)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
				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
			% EDB dual type upknown (50)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7*100.
			% EDB dual type unknown (59) Total Non-EDB Duals (Duals rptd in MSIS, not	Count of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable
			found in EDB)	is equal to 1, 2, or 3.
				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 -
			% Non EDB Duals MSIS Eligibility Only	Annual Old Values" variable is equal to 1, 2, or 3*100.
			THOM EDD Dutils More Englowing 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 -
			- % Non EDB Duals MSIS Claims Only	Annual Old Values" variable is equal to 1, 2, or 3*100.
				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 -
			% Non EDB Duals MSIS Elig/Claims Only	Annual Old Values" variable is equal to 1, 2, or 3*100.
			, , , , , , , , , , , , , , , , , , ,	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
			% Non EDB Duals Without Valid SSN	to 1, 2, or 3*100.
				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
			% Non-EDB Duals who are Children/Adults	Crossover Code - Annual Old Values" variable is equal to 1, 2, or 3*100.

• •	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
Total enrollees	Missing Medicaid			
	<u>eligibility</u>	Characteristics		Count of records where the eligible age group code variable is equal to 6, 7, or 8 AND the
	information,			SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51, divided by the count of
	enrollees with S-		% MAX Aged Groups (11,21,31,41,51) >64 yrs.	records where the SMRF Uniform Eligibility Code is equal to 11, 21, 31, 41, or 51*100.
	SCHIP only			
				Count of records where the eligible age group code variable is equal to 0, 1, 2, or 3 AND the
			% MAX Child Grps (14,16, 24, 34, 44, 48, 54) and	SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48, or 54, divided by the count of
			Age <21 Years	records where the SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48, or 54*100
				Count of records where the eligible age group code variable is equal to 4, 5, 6, 7, or 8 AND
			% MAX Adult Groups (15,17,25,35,45,55) >20	the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or 55, divided by the count of
			Years	records where the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or 55*100.
				Count of records where the CMDE Uniform Elizibility Code is sound to 44, 24, 24, 44, or 54
			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 11.
			21: Aged, MN	Count of records where the SMRF Uniform Eligibility Code is equal to 21.
			31: Aged, Poverty	Count of records where the SMRF Uniform Eligibility Code is equal to 31.
			41: Other Aged	Count of records where the SMRF Uniform Eligibility Code is equal to 41.
			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, 22, 32, 42, 01 32.
			12: Disabled, Cash	Count of records where the SMRF Uniform Eligibility Code is equal to 12.
			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	Count of records where the SMRF Uniform Eligibility Code is equal to 14, 16, 24, 34, 44, 48,
			MAX Child Total	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	Count of records where the SMRF Uniform Eligibility Code is equal to 15, 17, 25, 35, 45, or
			MAX Adult Total	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.

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

% Dental (Dups)

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
Total Enrollees (Cont.)	Missing Medicaid	•		
	eligibility	Plan		Sum of records where the variable that indicates positive months of behavioral health is equa
	information,	Information		to 1, divided by the sum of records, excluding records with zero managed care months.
	enrollees with S-	(Enrollees in	% BHO (Dups)	Sum of records where the variable that indicates positive months of prenatal is equal to 1,
	SCHIP only	Capitated Plans		divided by the sum of records, excluding records with zero managed care months.
		- PCCM, HMO,	% Prenatal (Dups)	Sum of records where the variable that indicates positive months of LTC is equal to 1, divided
		HIO, & PHPs)		by the sum of records, excluding records with zero managed care months.
		(Cont.)	% 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)	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"
			% EDB Duals ever enrolled in HMO/HIOs	variable is equal to 4, 5, 6, or 7.
			% EDB Duals in PHP only or PHP/PCCM only	
			10 EDB Duais III FTIF Only OF FTIF/FCOM Only	Sum of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable i
				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.
				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
			% EDB Duals in PCCM only	Medicare Crossover Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
				Sum of records where the variable that indicates whether the beneficiary had positive months
			Total Non-PCCM MC Enrollees	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
				24, 34, 44, 40, of 54, divided by the sum of records where the variable that indicates whether

% Total Non-PCCM MC Enrollees - Child

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
Section Total Enrollees (Cont.)		Managed Care Plan Information (Enrollees in Capitated Plans	% Total Non-PCCM MC Adult Total Non-PCCM MC PYE TOTAL ENROLLEES IN JUNE BY MC STATUS % HMO/HIO only (Code 1) June % Dental Plan only (Code 2) June % BHO only (Code 3) June % PCCM only (Code 3) June % Other MC only (Code 4) June % HMO/HIO & Dental (Code 6) June % HMO/HIO & Dental (Code 7) June % HMO/HIO & Dental & BHO (Code 8) June % HMO/HIO & Dental & BHO (Code 9) June % Dental & PCCM (Code 10) June % BHO & PCCM (Code 11) June % Other MC & PCCM (Code 12)	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. 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. 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. Sum of alune MC enrollment. Sum of June HMO/HIO enrollment, divided by all MC enrollment in June. Sum of June Dental plan enrollment, divided by all MC enrollment in June. Sum of June BHO enrollment, divided by all MC enrollment in June. Sum of June Dental plan enrollment, divided by all MC enrollment in June. Sum of June Other MC enrollment, divided by all MC enrollment in June. Sum of June Other MC enrollment, divided by all MC enrollment in June. Sum of June HMO/HIO and Dental enrollment, divided by all MC enrollment in June. Sum of June HMO/HIO and other MC enrollment, divided by all MC enrollment in June. Sum of June HMO/HIO and other MC enrollment, divided by all MC enrollment in June. Sum of June HMO/HIO, Dental, and BHO enrollment, divided by all MC enrollment in June. Sum of June Dental and PCCM enrollment, divided by all MC enrollment in June. Sum of June BHO and PCCM enrollment, divided by all MC enrollment in June. Sum of June Dental and PCCM enrollment, divided by all MC enrollment in June. Sum of June BHO and PCCM enrollment, divided by all MC enrollment in June.
			June % Dental & BHO & PCCM (Code 13) June % Dental & BHO (Code 14) June (Code 15) June % Other Er Schnbin Greds 16) June % MC Status Unknown (Code 99)	Sum of June Dental, BHO, and PCCM enrollment, divided by all MC enrollment in June. Sum of June Dental and BHO enrollment, divided by all MC enrollment in June. Sum of June "Other combinations" enrollment, divided by all MC enrollment in June. Sum of June FFS only enrollment, divided by all MC enrollment in June. 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): <i>Capitation</i> <i>Claims</i>	June Total Cap Payments HMO/HIO PHP i <b>Reticy</b> f Cap Claims to PME (person mo. enroll.)	The summation of the HMO, PHP, and PCCM cap amounts paid variables. The summation of the HMO amount paid variable. The summation of the PHP amount paid variable. The summation of the PCCM amount paid variable. The summation of HMO, PHP, and PCCM cap claims, divided by the summation of managed care months.
			HMO/HIO PHP PCCM Average Cap Payment for PME in MC HMO/HIO	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. The summation of the PCCM cap claims, divided by the summation of PCCM months. The summation of the HMO, PHP, and PCCM cap amounts paid, divided by the summation of managed care months. 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. The summation of PCCM cap amount paid, divided by the summation of PCCM months.

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
Total Enrollees	Missing Medicaid	MC Plan Info		
	eligibility information,	(Enrollees in Cap.		The summation of HMO, PHP, and PCCM amounts paid, where the variable that indicates whether the beneficiary
	enrollees with S-	Plans): Persons		had positive months of managed care is equal to 1.
	SCHIP only	ever enrolled in	Total Cap Payments	had positive months of managed date to equal to 1.
		HMO/HIOs during		
		year		The summation of the count of enrollees (total number of records and missing records from a SAS proc summary),
			Count of Enrollees	where the variable that indicates whether the beneficiary had positive months of managed care is equal to 1.
Total Enrollees	Missing Medicaid	MC Plan Info	Count of Enfonces	
	eligibility information,	(Enrollees in Cap.		
	enrollees with S-	Plans): Persons		The summation of HMO, PHP, and PCCM amounts paid, where the variable that indicates whether the beneficiary
	SCHIP only	enrolled in PHP	Tatal Can Davenanta	had positive months of managed care is equal to 3.
		only or PHP/PCCM	Total Cap Payments	
		only		
				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	MC Plan Info	Count of Enrollees	
	eligibility information,	(Enrollees in Cap.		
	enrollees with S-	Plans): Persons		
	SCHIP only	enrolled in PCCM		
		only		The summation of HMO, PHP, and PCCM amounts paid, where the variable that indicates whether the beneficiary
			Total Cap Payments	had positive months of managed care is equal to 2.
				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	FFS Expenditures	Count of Enrollees	The summation of the IP. LTC, DRUG, and other expenditures, where the variable that indicates whether the
Total Enionees	eligibility information,	(excluding cap		beneficiary had positive months of managed care is equal to 1.
	enrollees with S-	payments) for ever	Total FFS Payments	The summation of the IP Medicaid payment amount for inpatient hospital (TOS 01) expenditures, where the variable
	SCHIP only	in HMO/HIO	Total I To T dynonio	that indicates whether the beneficiary had positive months of managed care is equal to 1.
	<u>oorm only</u>	enrollees during		The summation of the LTC amount paid expenditures, where the variable that indicates whether the beneficiary had
		year (excluding	IP	
		enrollees in PHP		positive months of managed care is equal to 1.
		only or PHP/PCCM	LTC	
		only or PCCM only)	2.0	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.
			Drug	
			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.
				The summation of the IP, LTC, DRUG, and other expenditures, where the variable that indicates whether the
			All Other (excluding cap payments)	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.
			Average FFS Payments per enrollee	
				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.
	I	1		

	Section				
Section	Exclusions	Sub-Section	Measure	Measure Description	
Total Enrollees (Cont.)	eligibility information, enrollees with S-	Y.   Expenditures     tion.   (excluding cap)     as with S-   payments) for     only   ever in     HMO/HIO   enrollees during     year (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.	
			enrollees during year (excluding enrollees in PHP only or PHP/PCCM	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 None eligibility information, ever	ligibility nformation, ever n an HMO/HIO, amily Planning nly, Restricted lenefits only, S- SCHIP only, EDB luals.	፲ባተወነ ስዓባር ይህዳሀ ይገር ይደር ይገር ይገር ይገር ይገር ይገር ይገር ይገር ይገር ይገር ይገ	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values" variable is equal to 0, 1, 2, 3, or 9. 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	
	Family Planning only, Restricted			Total Non-Dual FFS Recipients	variable is equal to 1, 4, 6, or 7) is equal to 1. The summation of the PYE variable for all records where the "Eligible Medicare Crossover
	SCHIP only, EDB			Total Non-Dual FFS PYE	Code - Annual Old Values" variable is not equal to 4, 5, 6, or 7. The summation of records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 21, 21, 21, 21, 21, 21, 21, 21,
	<u>duals.</u>		MAX Aged Total	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).	
			10: Disabled Cash	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

	Section								
Section	Exclusions	Sub-Section	Measure	Measure Description					
FFS Non-Dual Enrollees	Missing Medicaid	None (Cont.)		The summation of records where the SMRF Uniform Eligibility Code is disabled poverty (value					
(Cont.)	eligibility			of 32).					
	information, ever in an HMO/HIO,		32: Disabled, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other disabled (value of 42).					
	Family Planning only, Restricted		42: Other Disabled	The summation of records where the SMRF Uniform Eligibility Code is 1115 disabled (value o 52).					
1	benefits only, S-		52: 1115 Disabled	The summation of records where the SMRF Uniform Eligibility Code is child (values of 14, 16,					
	SCHIP only, EDB		MAX Child Total	24, 34, 44, 48, or 54).					
1	duals.			The summation of records where the SMRF Uniform Eligibility Code is AFDC child cash					
1				(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).					
1			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					
1				34).					
			34: Child Poverty	The summation of records where the SMRF Uniform Eligibility Code is other child (value of					
1				44).					
1			44: Other Child	The summation of records where the SMRF Uniform Eligibility Code is foster care child (value					
1				of 48).					
1			48: Foster Care Child	The summation of records where the SMRF Uniform Eligibility Code is 1115 child (value of					
				54).					
1			54: 1115 Child	The summation of records where the SMRF Uniform Eligibility Code is adult (values 15, 17,					
1			MAX Adult Total	25, 35, 45, or 55).					
1				The summation of records where the SMRF Uniform Eligibility Code is AFDC adult cash					
1			15: AFDC Adult, Cash	(value of 15). 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).				
			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).
			#554oh105a30444S Enrollees w/ MSIS Dual Code/No	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values"					
			EDB Confirmation	variable is equal to 1, 2, or 3.					
1			Total Medicaid Amt Paid	The summation of the FFS amount paid variable.					
				The summation of the FFS amount paid variable, divided by the summation of the count of					
			Average Medicaid Amt Paid per Enrollee	enrollees (total number of records and missing records from a SAS proc summary).					
			Avg Medicaid Amt Paid per Recipient (User of any	The summation of the FFS amount paid variable, divided by the summation of the count of					
1			service)	FFS recipients (where the recipient indicator variable is equal to 1, 4, 6, or 7).					

	Section				
Section	Exclusions	Sub-Section	Measure	Measure Description	
FFS Non-Dual Enrollees	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning	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).	
	only, Restricted benefits only, S- SCHIP only, EDB duals.		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).	

Section	Section Exclusions	Sub-Section	Messure	Measure Description									
Section FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning	Avg Medicaid amt pd/enrollee by MAX elig grp (Cont.)		Measure Description 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).									
	only, Restricted benefits only, S- SCHIP only, EDB duals.		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

Section	Section Exclusions	Sub-Section	Measure	Measure Description			
FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO, Family Planning	Avg Medicaid amt pd/enrollee	incasure	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).			
	only, Restricted benefits only, S- SCHIP only, EDB duals.		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).			

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Non-Dual Enrollees	Missing Medicaid			
(Cont.)	eligibility	amt pd/enrollee		
		by MAX elig grp		
	<u>in an HMO/HIO,</u>	(Cont.)		
	Family Planning			The summation of the Medicaid amount paid (total number of records and missing records
	only, Restricted			from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult
	benefits only, S-			(value of 55), divided by the summation of the count of enrollees (total number of records and
	SCHIP only, EDB	-		missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult
	duals.			(value of 55).
FFS Non-Dual Enrollees				The summation of total Medicaid paid for records where the type of service variable is equal
	eligibility	and Users by	IB5:Total5Weeduitaid Paid (TOS 01)	to 01.
	information, ever	MAX TOS	IP: Number of Users	The count of the number of users where the type of service variable is equal to 01.
	in an HMO/HIO,			The summation of the total Medicaid paid for records where the type of service variable is
	Family Planning		ID: Average Madiasid Dd yer Llass	equal to 01, divided by the count of the number of users where the type of service variable is
	only, Restricted benefits only, S-		IP: Average Medicaid Pd per User	equal to 01.
	SCHIP only, EDB			The count of the covered days for records where the type of service variable is equal to 01,
	duals.	-	IP: Average Medicaid Covered Days Per User	divided by the count of the number of users where the type of service variable is equal to 01.
	uuais.		IF. Average Medicald Covered Days Fer Oser	The summation of total Medicaid paid for records where the type of service variable is equal to 01.
			MH Aged: Total Medicaid Paid (TOS 02)	to 02.
			MH Aged: Number of Users	The count of the number of users where the type of service variable is equal to 02.
				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
			MH Aged: Avg Medicaid Pd per User	equal to 02.
				The summation of total Medicaid paid for records where the type of service variable is equal
			IP Psych < 21: Total Medicaid Paid (TOS 04)	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.
				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
			IP Psych<21 :Avg Medicaid Pd per User	equal to 04.
				The summation of total Medicaid paid for records where the type of service variable is equal
			ICF/MR: Total Medicaid Pd (TOS 05)	to 05.
			ICF/MR: Number of Users	The count of the number of users where the type of service variable is equal to 05.
				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
			ICF/MR: Avg Medicaid Pd per User	equal to 05.
				The summation of total Medicaid paid for records where the type of service variable is equal
			NF: Total Medicaid Paid (TOS 07)	to 07.
			NF Number of Users	The count of the number of users where the type of service variable is equal to 07.
				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
			NF:Avg Medicaid Pd per User	equal to 07.
				The summation of total Medicaid paid for records where the type of service variable is equal
			Physician: Total Medicaid Paid (TOS 08)	to 08.
L		I	Physician: Number of Users	The count of the number of users where the type of service variable is equal to 08.

Continu	Section Exclusions	Sub-Section	Magaura	Macoura Deceription
Section FFS Non-Dual Enrollees	Missing Medicaid		Measure	Measure Description       The summation of the total Medicaid paid for records where the type of service variable is
		and Users by		equal to 08, divided by the count of the number of users where the type of service variable is
(Cont.)	eligibility		Dhusisian, Aug Madiasid Dd san Llass	
	information, ever	MAX TOS	Physician: Avg Medicaid Pd per User	equal to 08.
	in an HMO/HIO,	(Cont.)		The summation of the total Medicaid paid for records where the type of service variable is
	Family Planning		Dental: Total Medicaid Paid (TOS 09)	equal to 09.
	only, Restricted		Dental: Number of Users	The count of the number of users where the type of service variable is equal to 09.
	benefits only, S-			The summation of the total Medicaid paid for records where the type of service variable is
	SCHIP only, EDB			equal to 09, divided by the count of the number of users where the type of service variable is
	duals.		Dental: Avg Medicaid Pd per User	equal to 09.
				The summation of the total Medicaid paid for records where the type of service variable is
			Other Practitioner: Total Medicaid Pd (TOS 10)	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.
				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
			Other Practitioner: Avg Medicaid Pd per User	equal to 10,
			Other Fractitioner. Avg medicald Fu per Oser	The summation of the total Medicaid paid for records where the type of service variable is
			ODD: Tatal Madiacid Daid (TOC 44)	
			OPD: Total Medicaid Paid (TOS 11)	equal to 11.
			OPD Number of Users	The count of the number of users where the type of service variable is equal to 11.
				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
			OPD: Avg Medicaid Pd per User	equal to 11.
				The summation of the total Medicaid paid for records where the type of service variable is
			Clinic: Total Medicaid Paid (TOS 12)	equal to 12.
			Clinic: Number of Users	The count of the number of users where the type of service variable is equal to 12.
				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
			Clinic: Avg Medicaid Pd per User	equal to 12.
				The summation of the total Medicaid paid for records where the type of service variable is
			HH: Total Medicaid Paid (TOS 13)	equal to 13.
			HH: Number of Users	The count of the number of users where the type of service variable is equal to 13.
				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
			HH: Avg Medicaid Pd per User	equal to 13.
				The summation of the total Medicaid paid for records where the type of service variable is
			Lab/Xray: Total Medicaid Paid (TOS 15)	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.
				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
			Lab/Xray:Avg Medicaid Pd per User	equal to 15.
				The summation of the total Medicaid paid for records where the type of service variable is
			Drugs: Total Medicaid Paid (TOS 16)	equal to 16.
			Drugs: Number of Users	The count of the number of users where the type of service variable is equal to 16.
				The summation of the total Medicaid paid for records where the type of service variable is equal to 10.
				equal to 16, divided by the count of the number of users where the type of service variable is
			Drugs: Avg Medicaid Pd per User	equal to 16.

Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Non-Dual Enrollees	Missing Medicaid	Expenditures		The summation of the total Medicaid paid for records where the type of service variable is
(Cont.)	eligibility	and Users by	Other Services: Total Medicaid Paid (TOS 19)	equal to 19.
	information, ever	MAX TOS	Other Services: Number of Users	The count of the number of users where the type of service variable is equal to 19.
	in an HMO/HIO,	(Cont.)		The summation of the total Medicaid paid for records where the type of service variable is
	Family Planning			equal to 19, divided by the count of the number of users where the type of service variable is
	only, Restricted		Other Services: Avg Medicaid Pd per User	equal to 19.
	benefits only, S-			The summation of the total Medicaid paid for records where the type of service variable is
	SCHIP only, EDB		Transportation: Total Medicaid Paid (TOS 26)	equal to 26.
	duals.		Transportation: Number of Users	The count of the number of users where the type of service variable is equal to 26.
				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
			Transportation: Avg Medicaid Pd per User	equal to 26.
				The summation of the total Medicaid paid for records where the type of service variable is
			PCS: Total Medicaid Paid (TOS 30)	equal to 30.
			PCS: Number of Users	The count of the number of users where the type of service variable is equal to 30.
				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
			PCS: Avg Medicaid Pd per User	equal to 30.
				The summation of the total Medicaid paid for records where the type of service variable is
			31)	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.
				The summation of the total Medicaid paid for records where the type of service variable is
			Target Case Management: Avg Medicaid Pd per	equal to 31, divided by the count of the number of users where the type of service variable is
			User	equal to 31.
				The summation of the total Medicaid paid for records where the type of service variable is
			Rehab Services: Total Medicaid Pd (TOS 33)	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.
				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
			Rehab Services: Avg Medicaid Pd per User	equal to 33.
				The summation of the total Medicaid paid for records where the type of service variable is
			PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34) PT/OT/Speech/Hear: Number of Users	
			PT/OT/Speech/Hear: Number of Users	The count of the number of users where the type of service variable is equal to 34.
				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
			PT/OT/Speech/Hear: Avg Medicaid Pd per User	equal to 34.
			Linesian Total Madienid Daid (TOC 25)	The summation of the total Medicaid paid for records where the type of service variable is
			Hospice: Total Medicaid Paid (TOS 35)	equal to 35.
			Hospice: Number of Users	The count of the number of users where the type of service variable is equal to 35. 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
			Hospice: Avg Medicaid Pd per User	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.

Castion	Section	Sub Section	Manaura	Measure Description
Section FFS Non-Dual Enrollees	Exclusions Missing Medicaid	Sub-Section	Measure	Measure Description The summation of the total Medicaid paid for records where the type of service variable is
(Cont.)	eligibility	and Users by		equal to 51, divided by the count of the number of users where the type of service variable is
(Cont.)	information, ever	MAX TOS	DME: Avg Medicaid Pd per User	equal to 51, divided by the count of the number of users where the type of service variable is equal to 51.
	in an HMO/HIO,	(Cont.)		The summation of the total Medicaid paid for records where the type of service variable is
		(Cont.)	Residential Care: Total Medicaid Paid (TOS 52)	equal to 52.
	Family Planning		Residential Care: Number of Users	
	only, Restricted		Residential Care: Number of Users	The count of the number of users where the type of service variable is equal to 52. The summation of the total Medicaid paid for records where the type of service variable is
	benefits only, S-			
	SCHIP only, EDB			equal to 52, divided by the count of the number of users where the type of service variable is
	duals.		Residential Care: Avg Medicaid Pd per User	equal to 52.
				The summation of the total Medicaid paid for records where the type of service variable is
			Psych. Services: Total Medicaid Paid (TOS 53)	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.
				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
			Psych. Services: Avg Medicaid Pd per User	equal to 53.
				The summation of the total Medicaid paid for records where the type of service variable is
			Adult Day Care: Total Medicaid Paid (TOS 54)	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.
				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
			Adult Day Care: Avg Medicaid Pd per User	equal to 54.
FFS Non-Dual Enrollees	Missing Medicaid	Avg Medicaid		The summation of the total Medicaid paid for the records where the type of service variable is
	eligibility	amt pd/enrollee		equal to 01, divided by the count of enrollees for records where the type of service variable is
		by MAX TOS		equal to 01.
	in an HMO/HIO,	-,	Inpatient Hospital (TOS 01)	
	Family Planning			The summation of the total Medicaid paid for the records where the type of service variable is
	only, Restricted			equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or
	benefits only, S-			51), divided by the count of enrollees for records where the type of service variable is equal to
	SCHIP only, EDB			01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51).
	duals.			
	uuais.		Aged	The summation of the total Medicaid paid for the records where the type of service variable is
			Aged	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).

	Section												
Section	Exclusions	Sub-Section	Measure	Measure Description									
FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever	information, ever in an HMO/HIO, Family Planning only, Restricted benefits only, S-		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.									
	Family Planning only, Restricted		<u>ig</u> <u>d</u> <u>S-</u>	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).								
	duals.		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).									

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

Disabled

	Section																		
Section	Exclusions	Sub-Section	Measure	Measure Description															
FFS Non-Dual Enrollees (Cont.)	Missing Medicaid eligibility information, ever in an HMO/HIO,	% 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).															
	Family Planning only, Restricted benefits only, S- SCHIP only, EDB	,	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).															
	duals.	-	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.															
																	l		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

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

Aged

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

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Non-Dual Enrollees	Missing Medicaid			
(Cont.)		and users by		
	information, ever			The summation of records where the honefician is weiver aloin count (using the family
		(Cont.)		The summation of records where the beneficiary's waiver claim count (using the family planninf total records variable) is greater than zero.
	Family Planning		Malana Marahan af Haran	plannini total records variable) is greater than 2010.
	only, Restricted		Waiver: Number of Users	
	benefits only, S-			The summation of records where the beneficiary's waiver claim count (using the family
	SCHIP only, EDB			planninf total records variable) is greater than zero, divided by the summation of the total
	duals.			Medicaid paid for the records using the waiver total payments.
FFS Information for Dual	Excludes non-	None	Waiver: Avg Medicaid Pd per User	The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values"
Medicaid Enrollees	EDB duals, duals		Total EDB Dual FFS Enrollees	variable is equal to 0, 1, 2, 3, or 9.
	ever enrolled in			The summation of records where the "Eligible Medicare Crossover Code - Annual Old Values"
	HMO/HIOs, duals			variable is equal to 1, 2, or 3 and the FFS recipient indicator (where the recipient indicator
	with only		Number of EDB Dual FFS Recipients	variable is equal to 1, 4, 6, or 7) is equal to 1.
	restricted			The summation of the PYE variable for all records where the "Eligible Medicare Crossover
	benefits, and		Total EDB Dual FFS PYE	Code - Annual Old Values" variable is not equal to 4, 5, 6, or 7.
	duals with missing			Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable
	eligibiltiy			is equal to 50 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is
	information			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
			9/ SLMD Only (Code 52)	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
			0( CLMD Dive (Certe 54)	Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.

% SLMB Plus (Code 54)

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Dual	Excludes non-	None (Cont.)		Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable
Medicaid Enrollees (Cont.)	EDB duals, duals			is equal to 55 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is
	ever enrolled in			equal to 4, 5, 6, or 7, divided by the count of records where the "Eligible Medicare Crossover
	HMO/HIOs, duals			Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
	with only		% QDWI (Code 55)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable
	restricted		()	is equal to 56 AND the "Eligible Medicare Crossover Code - Annual Old Values" variable is
	benefits, and			equal to 4, 5, 6, or 7, divided by the count of records with the "Eligible Medicare Crossover
	duals with missing			Code - Annual Old Values" variable is equal to 4, 5, 6, or 7.
	eligibiltiy		% QI 1 (Code 56)	Count of records where the "Eligible Medicare Crossover Code - Annual New Values" variable
	information		,	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.
			% EDBIDivaks With BBD (400de 59)	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.
				The count of EDB Duals with an EDB Date of Death that falls within the relevant year, divided
			% EDB Duals with EDB Date of Death During Year	by the count of total EDB Duals.
			<u> </u>	The count of EDB Duals with a Medicaid reported HIC, divided by the count of total EDB
			% EDB Duals with Medicaid Reported HIC	Duals.
			% EDB Duals with Medicaid reported HIC =	The count of EDB Duals with a Medicaid reported HIC equal to the Medicare HIC, divided by
			Medicare HIC	the count of total EDB Duals.
			-	The summation of records where the SMRF Uniform Eligibility Code is aged (values 11, 21,
			MAX Aged EDB Dual FFS Total	31, 41, or 51).
				The summation of records where the SMRF Uniform Eligibility Code is aged cash (value of
				11).

11: Aged, Cash

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Dual	Excludes non-	None (Cont.)		
Medicaid Enrollees (Cont.)	EDB duals, duals			The summation of records where the SMRF Uniform Eligibility Code is aged MN (value of 21).
	ever enrolled in		21: Aged, MN	The summation of records where the SMRF Uniform Eligibility Code is aged poverty (value of
	HMO/HIOs, duals			31).
	with only		31: Aged, Poverty	The summation of records where the SMRF Uniform Eligibility Code is other aged (value of
	restricted			41). The summation of records where the SMRF Uniform Eligibility Code is 1115 aged (value of
	benefits, and duals with missing		41: Other Aged	51).
	eligibiltiy			The summation of records where the SMRF Uniform Eligibility Code is disabled (values 12,
	information		51: 1115 Aged MAX Disabled EDB Dual FFS Total	22, 32, 42, or 52).
	Information			The summation of records where the SMRF Uniform Eligibility Code is disabled cash (value of
			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).
			152TAL1EDBSDOUGL FFS ENROLLEES IN JUNE	The total count of EDB Dual FFS enrollees in the month of June.
FFS Information for Dual	Excludes non-	Type of		
Medicaid Enrollees	EDB duals, duals	Medicare		The count of EDB Dual FFS enrollees in June with Part A Medicare divided by the count of
	ever enrolled in		% with Part A Medicare	toal EDB Dual FFS enrollees in June.
	HMO/HIOs, duals with only			
	restricted		June	The count of EDB Dual FFS enrollees in June with Part B Medicare, divided by the count of
	benefits, and		% with Part B Medicare	toal EDB Dual FFS enrollees in June.
	duals with missing			
	eligibiltiy		June	The count of EDB Dual FFS enrollees in June with both Part A and Part B Medicare, divided
	information		% Part A/B Medicare	by the count of toal EDB Dual FFS enrollees in June.
FFS Information for Dual	Excludes non-	Original		The count of EDB Duals with an Original Reason for Medicare Entitlement of Aged, divided by
Medicaid Enrollees	EDB duals, duals		June	the count of toal EDB Duals.
	ever enrolled in	Medicare		The count of EDB Duals with an Original Reason for Medicare Entitlement of Disabled,
	HMO/HIOs, duals	Entitlement	% Aged (Code 0)	divided by the count of toal EDB Duals.
	with only			The count of EDB Duals with an Original Reason for Medicare Entitlement of ESRD, divided
	restricted		% Disabled (Code 1)	by the count of toal EDB Duals.
	benefits, and			The count of EDB Duals with an Original Reason for Medicare Entitlement of Disabled with
	duals with missing	-	% ESRD (Code 2)	ESRD, divided by the count of toal EDB Duals.
	eligibiltiy		Total Medicaid Amt Paid	The summation of the amount paid.
	information		% 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 Enrollee Average Medicaid Amt Paid per Recipient (User of	number of records and missing records from a SAS proc summary).
			any service)	The summation of the amount haid, divided by the summation of the count of regiments
	1	1	any service	The summation of the amount paid, divided by the summation of the count of recipients.

	Section							
Section	Exclusions	Sub-Section	Measure	Measure Description				
FFS Information for Dual Medicaid Enrollees	Medicaid Enrollees     EDB duals, duals       ever enrolled in	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).				
	restricted benefits, and duals with missing eligibiltiy information		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).
			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

	Section										
Section	Exclusions	Sub-Section	Measure	Measure Description							
FFS Information for Dual Medicaid Enrollees (Cont.) <u>EDB du</u> <u>ever en</u> <u>HMO/H</u>	Excludes non- EDB duals, duals ever enrolled in HMO/HIOs, duals with only	Avg Medicaid amt pd/enrollee by MAX		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).							
	restricted benefits, and duals with missing eligibiltiy information		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	Expenditures and users by	1572:Tottal5MonidiatatedPaid (TOS 01)	The summation of total Medicaid paid for records where the type of service variable is equal to 01.							
	ever enrolled in	MAX TOS	IP: Number of Users	The count of the number of users where the type of service variable is equal to 01.							
	HMO/HIOs, duals with only restricted	and		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.						
	benefits, and duals with missing eligibility information										l
			MH Aged: Total Medicaid Paid (TOS 02) MH Aged: Number of Users	to 02. 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. 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.							

Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Dual	Excludes non-	Expenditures		The summation of the total Medicaid paid for records where the type of service variable is
	EDB duals, duals			equal to 05, divided by the count of the number of users where the type of service variable is
	ever enrolled in	MAX TOS	ICF/MR: Avg Medicaid Pd per User	equal to 05.
	HMO/HIOs, duals			The summation of total Medicaid paid for records where the type of service variable is equal
	with only	(00111.)	NF: Total Medicaid Paid (TOS 07)	to 07.
	restricted		NF Number of Users	The count of the number of users where the type of service variable is equal to 07.
	benefits, and			The summation of the total Medicaid paid for records where the type of service variable is equal to 0.
	duals with missing			equal to 07, divided by the count of the number of users where the type of service variable is
		1	NE Ava Mediacid Dd per Lleer	equal to 07, divided by the count of the number of users where the type of service variable is
	<u>eligibiltiy</u>		NF:Avg Medicaid Pd per User	
	information			The summation of total Medicaid paid for records where the type of service variable is equal
			Physician: Total Medicaid Paid (TOS 08)	to 08.
			Physician: Number of Users	The count of the number of users where the type of service variable is equal to 08.
				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
			Physician: Avg Medicaid Pd per User	equal to 08.
				The summation of the total Medicaid paid for records where the type of service variable is
			Dental: Total Medicaid Paid (TOS 09)	equal to 09.
			Dental: Number of Users	The count of the number of users where the type of service variable is equal to 09.
				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
			Dental: Avg Medicaid Pd per User	equal to 09.
				The summation of the total Medicaid paid for records where the type of service variable is
			Other Practitioner: Total Medicaid Pd (TOS 10)	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.
				The summation of the total Medicaid paid for records where the type of service variable is equal to 10.
				equal to 10, divided by the count of the number of users where the type of service variable is
			Other Drastitioners Aven Madiesid Dd ann Llass	equal to 10, divided by 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
			OPD: Total Medicaid Paid (TOS 11)	equal to 11.
			OPD Number of Users	The count of the number of users where the type of service variable is equal to 11.
				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
			OPD: Avg Medicaid Pd per User	equal to 11.
				The summation of the total Medicaid paid for records where the type of service variable is
			Clinic: Total Medicaid Paid (TOS 12)	equal to 12.
			Clinic: Number of Users	The count of the number of users where the type of service variable is equal to 12.
				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
			Clinic: Avg Medicaid Pd per User	equal to 12.
				The summation of the total Medicaid paid for records where the type of service variable is
			HH: Total Medicaid Paid (TOS 13)	equal to 13.
			HH: Number of Users	The count of the number of users where the type of service variable is equal to 13.
				The summation of the total Medicaid paid for records where the type of service variable is equal to 13.
				equal to 13, divided by the count of the number of users where the type of service variable is
			HH: Avg Medicaid Pd per User	equal to 13.

	Section	Cub Castion		Necessary Description
Section	Exclusions	Sub-Section	Measure	Measure Description The summation of the total Medicaid paid for records where the type of service variable is
	Excludes non- EDB duals, duals	Expenditures and users by	Lab/Xray: Total Medicaid Paid (TOS 15)	equal to 15.
	ever enrolled in	MAX TOS	Lab/Xray: Number of Users	The count of the number of users where the type of service variable is equal to 15.
	HMO/HIOs, duals	(Cont.)		The summation of the total Medicaid paid for records where the type of service variable is
	with only restricted		Lab/Xray:Avg Medicaid Pd per User	equal to 15, divided by the count of the number of users where the type of service variable is equal to 15.
	benefits, and duals with missing		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.
	eligibiltiy		Drugs: Number of Users	The count of the number of users where the type of service variable is equal to 16.
	information		Drugs. Number of Osers	The summation of the total Medicaid paid for records where the type of service variable is
	momation		Drugs: Avg Medicaid Pd per User	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.
				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
			Rehab Services: Avg Medicaid Pd per User	equal to 33. The summation of the total Medicaid paid for records where the type of service variable is
			PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	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.

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
		Expenditures		The summation of the total Medicaid paid for records where the type of service variable is
Medicaid Enrollees (Cont.)	EDB duals, duals			equal to 34, divided by the count of the number of users where the type of service variable is
			PT/OT/Speech/Hear: Avg Medicaid Pd per User	equal to 34.
	HMO/HIOs, duals	(Cont.)		The summation of the total Medicaid paid for records where the type of service variable is
	with only		Hospice: Total Medicaid Paid (TOS 35)	equal to 35.
	restricted		Hospice: Number of Users	The count of the number of users where the type of service variable is equal to 35.
	benefits, and			The summation of the total Medicaid paid for records where the type of service variable is
	duals with missing			equal to 35, divided by the count of the number of users where the type of service variable is
	eligibiltiy		Hospice: Avg Medicaid Pd per User	equal to 35.
	information			The summation of the total Medicaid paid for records where the type of service variable is
			DME: Total Medicaid Paid (TOS 51)	equal to 51.
			DME: Number of Users	The count of the number of users where the type of service variable is equal to 51.
				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
			DME: Avg Medicaid Pd per User	equal to 51.
				The summation of the total Medicaid paid for records where the type of service variable is
			Residential Care: Total Medicaid Paid (TOS 52)	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.
				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
			Residential Care: Avg Medicaid Pd per User	equal to 52.
				The summation of the total Medicaid paid for records where the type of service variable is
			Psych. Services: Total Medicaid Paid (TOS 53)	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.
				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
			Psych. Services: Avg Medicaid Pd per User	equal to 53.
				The summation of the total Medicaid paid for records where the type of service variable is
			Adult Day Care: Total Medicaid Paid (TOS 54)	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.
				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
			Adult Day Care: Avg Medicaid Pd per User	equal to 54.
FFS Information for Dual	Excludes non-	Avg Medicaid		
Medicaid Enrollees	EDB duals, duals			
		by selected		The summation of the total Medicaid paid for the records where the type of service variable is
	HMO/HIOs, duals			equal to 01, divided by the count of enrollees for records where the type of service variable is
	with only	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		equal to 01.
	restricted		Inpatient Hospital (TOS=01)	
	benefits, and			The summation of the total Medicaid paid for the records where the type of service variable is
	duals with missing			equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or
	eligibiltiy			51), divided by the count of enrollees for records where the type of service variable is equal to
	information			01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51).

	Section			
Section		Sub-Section	Measure	Measure Description
FFS Information for Dual		Avg Medicaid		
Medicaid Enrollees (Cont.)	EDB duals, duals	amt pd/enrollee		The summation of the total Medicaid paid for the records where the type of service variable is
	ever enrolled in	by selected		equal to 01 and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52),
	HMO/HIOs, duals	type of service		divided by the count of enrollees for records where the type of service variable is equal to 01
		(Cont.)		and the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
	restricted	· · ·		The summation of the total Medicaid paid for the records where the type of service variable is
	benefits, and		Disabled	equal to 02, 04, 05, or 07, divided by the count of enrollees for records where the type of
	duals with missing			service variable is equal to 02, 04, 05, or 07.
	eligibiltiy		LTC (TOS=02,04,05,07)	The summation of the total Medicaid paid for the records where the type of service variable is
	information			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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Aged	equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is disabled (values 12, 22,
			Ageu	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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Disabled	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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Disabled	not equal to 01, 02, 04, 05, 07, or 16, divided by the count of enrollees for records where the
			All Other Services	type of service variable is not equal to 01, 02, 04, 05, 07, or 16.
				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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Aged	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

Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Dual	Excludes non-	% of enrollees	inicaoui c	The summation of the total IP paid (the sum of the Medicaid payment amount for inpatient
Medicaid Enrollees	EDB duals, duals			hospital (TOS 01), equal to the TOS 01 total dollars paid), divided by the total (missing and
Medicald Enrollees			% Encollege with ID Claims (TOS, 01)	
	ever enrolled in		% Enrollees with IP Claims (TOS=01)	non-missing) records.
	HMO/HIOs, duals	service		The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is
	with only			aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the
	restricted			SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
	benefits, and		Aged	
	duals with missing			The summation of the total IP paid for the records where the SMRF Uniform Eligibility Code is
	eligibiltiy			disabled (values 12, 22, 32, 42, or 52), divided by the count of enrollees for records where the
	information			SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
			Disabled	The summation of the total LTC amount paid (equal to the TOS 02, 04, 05 and 07 total dollars
			% Enrollees with LTC Claims (TOS=02,04,05,07)	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	Tecords where the Siviki Official Eligibility Code is aged (values 11, 21, 31, 41, 01 31).
			Ageu	The comparison of the total LTO encount and distribution and where the CMDE Uniform
				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
			<b>D</b> : 11 1	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 (the sum of the Medicaid payment amount
				for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total
			% Enrollees with Drug Claims (TOS=16)	(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 (the sum of the Medicaid payment amount
				for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total
			% Enrollees with All Other Claims	(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
			Disabled	records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
				The summation of the total IP days (the sum of the recipient total inpatient covered day count
	1		Avg # IP Days per User (TOS 01)	(for stays) variable), divided by the total (missing and non-missing) records.

a //	Section			
Section		Sub-Section	Measure	Measure Description The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is
FFS Information for Dual Medicaid Enrollees (Cont.)	Excludes non- EDB duals, duals	% of enrollees		aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the
Medicaid Enrollees (Cont.)	ever enrolled in	selected type of		SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
	HMO/HIOs, duals			The summation of the total IP days for the records where the SMRF Uniform Eligibility Code is
		service (Cont.)	Aged	disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the
	with only			SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
	restricted benefits, and			
	duals with missing		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.
	eligibiltiy		Avg # LT Days per Oser (103 02, 04, 05, 07)	The summation of the total LT days for the records where the SMRF Uniform Eligibility Code
	information			is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for records where the
	Information			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
FFC Information for Dual	Evelvelee eee	Europea diturne e	<b>-</b>	the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52). The summation of the total Medicaid paid for the records using the family planning total
FFS Information for Dual	Excludes non-	Expenditures	Disabled	
Medicaid Enrollees	EDB duals, duals	,		payments. The summation of records where the beneficiary's family planning claim count (using the
		MAX program	FP: Total Medicaid Paid (Program Type 2)	
	HMO/HIOs, duals	туре		family planninf total records variable) is greater than zero. The summation of records where the beneficiary's family planning claim count (using the
	with only	ted ts, and with missing tiy	FP: Number of Users	family planning total records variable) is greater than zero, divided by the summation of the
	restricted			total Medicaid paid for the records using the family planning total payments.
				The summation of the total Medicaid paid for the records using the RHC total payments.
			FP: Average Medicaid Pd per User	The summation of records where the beneficiary's RHC claim count (using the family planninf
	eligibiltiy information		RHC: Total Medicaid Paid (Program Type 3)	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	Excludes non-	Expenditures	FQHC:	The summation of records where the beneficiary's FQHC claim count (using the family
Medicaid Enrollees	EDB duals, duals		Number of Users	planninf total records variable) is greater than zero.
		MAX program	FQHC:	The summation of records where the beneficiary's FQHC claim count (using the family
	HMO/HIOs, duals with only restricted	type		planninf total records variable) is greater than zero, divided by the summation of total
			Avg Medicaid Pd per User	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.
	benefits, and		IHS: Total Medicaid Pd (Program Type 5)	The summation of records where the beneficiary's IHS claim count (using the family planninf
	duals with missing		/	total records variable) is greater than zero.
	<u>eligibiltiy</u>		IHS: Number of Users	The summation of records where the beneficiary's IHS claim count (using the family planninf
	information			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 AMaiyer: Total Medicaid Paid (Program Types 6	The summation of the total Medicaid paid for the records using the waiver total payments.

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

32: Disabled, Poverty

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 only     None (Cont.)     Image: Cont.     The summation of records where the SMRF Uniform Eligibility Code is other dis of 42).       14: AFDC Child, Cash     The summation of records where the SMRF Uniform Eligibility Code is AFDC-U (value of 14).       14: AFDC Child, Cash     The summation of records where the SMRF Uniform Eligibility Code is AFDC-U (value of 16).       16: AFDC-U Child, Cash     The summation of records where the SMRF Uniform Eligibility Code is AFDC control of 24).       24: AFDC Child, MN     The summation of records where the SMRF Uniform Eligibility Code is AFDC control of 24).	abled (value of lues of 14, 16, hild cash I child cash hild MN (value
Medicaid Enrollees (Cont.)   ever enrolled in HMO/HIOs, with missing eligibility information, S- SCHIP only, FP Only, Aliens with only restricted benefits only   42: Other Disabled   The summation of records where the SMRF Uniform Eligibility Code is 1115 dis 52).     14: AFDC Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC cl (value of 14).     14: AFDC Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC cl (value of 16).     16: AFDC-U Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC cl (value of 16).     16: AFDC-U Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC cl (value of 16).     24: AFDC Child, MN   The summation of records where the SMRF Uniform Eligibility Code is child point	abled (value of lues of 14, 16, hild cash I child cash hild MN (value
HMO/HIOs, with missing eligibility information, S- SCHIP only, FP Only, Aliens with only restricted benefits only   42: Other Disabled   The summation of records where the SMRF Uniform Eligibility Code is 1115 dis 52).     14: AFDC Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC cl (value of 14).     16: AFDC-U Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC cl (value of 16).     24: AFDC Child, MN   The summation of records where the SMRF Uniform Eligibility Code is AFDC cl (value of 16).	lues of 14, 16, hild cash I child cash hild MN (value
missing eligibility information, S- SCHIP only, FP Only, Aliens with only restricted benefits only   52: 1115 Disabled   The summation of records where the SMRF Uniform Eligibility Code is child (va 24, 34, 44, 48, or 54).     MAX Child Total   24, 34, 44, 48, or 54).     Image: Comparison of the summation of the sum	lues of 14, 16, hild cash I child cash hild MN (value
information, S- SCHIP only, FP   52: 1115 Disabled   The summation of records where the SMRF Uniform Eligibility Code is child (value (value of 14).     benefits, duals with restricted benefits only   14: AFDC Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC click     16: AFDC-U Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC click     24: AFDC Child, MN   The summation of records where the SMRF Uniform Eligibility Code is child point	hild cash I child cash hild MN (value
SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only   MAX Child Total   24, 34, 44, 48, or 54).     14: AFDC Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC-U (value of 14).     16: AFDC-U Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC clipibility Code is a AFDC clipibility Code is AFDC clipibility Code i	hild cash I child cash hild MN (value
Only, Aliens with only restricted benefits, duals with restricted benefits only   The summation of records where the SMRF Uniform Eligibility Code is AFDC of (value of 14).     14: AFDC Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC-U (value of 16).     16: AFDC-U Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC of (value of 16).     24: AFDC Child, MN   The summation of records where the SMRF Uniform Eligibility Code is child power	I child cash hild MN (value
only restricted   (value of 14).     benefits, duals   14: AFDC Child, Cash     with restricted   (value of 16).     benefits only   16: AFDC-U Child, Cash     The summation of records where the SMRF Uniform Eligibility Code is AFDC-U (value of 16).     16: AFDC-U Child, Cash     The summation of records where the SMRF Uniform Eligibility Code is AFDC clip     24: AFDC Child, MN	I child cash hild MN (value
benefits. duals   14: AFDC Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC-U (value of 16).     benefits only   16: AFDC-U Child, Cash   The summation of records where the SMRF Uniform Eligibility Code is AFDC cliptical of 24).     24: AFDC Child, MN   The summation of records where the SMRF Uniform Eligibility Code is child power	hild MN (value
with restricted   (value of 16).     benefits only   16: AFDC-U Child, Cash     Z4: AFDC Child, MN   The summation of records where the SMRF Uniform Eligibility Code is child point	hild MN (value
benefits only     16: AFDC-U Child, Cash     The summation of records where the SMRF Uniform Eligibility Code is AFDC of 24).       24: AFDC Child, MN     The summation of records where the SMRF Uniform Eligibility Code is child point.	
of 24). 24: AFDC Child, MN The summation of records where the SMRF Uniform Eligibility Code is child por	
24: AFDC Child, MN The summation of records where the SMRF Uniform Eligibility Code is child por	
· · · · · · · · · · · · · · · · · · ·	
(34).	/erty (value of
34: Child Poverty The summation of records where the SMRF Uniform Eligibility Code is other ch	ld (value of
44).	
44: Other Child The summation of records where the SMRF Uniform Eligibility Code is foster ca	re child (value
of 48). 48: Foster Care Child The summation of records where the SMRE Uniform Eligibility Code is 1115 ch	
	ld (value of
54). 54: 1115 Child The summation of records where the SMRE Uniform Eligibility Code is adult (va	45 47
	lues 15, 17,
MAX Adult Total 25, 35, 45, or 55).   The summation of records where the SMRF Uniform Eligibility Code is AFDC a	duit eeeb
(value of 15).	Juit cash
15: AFDC Adult, Cash The summation of records where the SMRF Uniform Eligibility Code is AFDC-U	
(value of 17).	auult cash
17: AFDC-U Adult, Cash The summation of records where the SMRF Uniform Eligibility Code is AFDC a	dult MNI (valuo
of 25).	
25: AFDC Adult, MN The summation of records where the SMRF Uniform Eligibility Code is adult po	verty (value of
35).	Verty (Value Of
35: Adult, Poverty The summation of records where the SMRF Uniform Eligibility Code is other ad	ult (value of
45: Other Adult The summation of records where the SMRF Uniform Eligibility Code is 1115 ad	ult (value of
55a1 M55iAddut Amt Paid The summation of the FFS amount paid variable.	
The summation of the FFS amount paid variable, divided by the summation of the	he count of
Average Medicaid Amt Paid per Enrollee enrollees enrollees of records and missing records from a SAS proc summi	
Average Medicaid Amt Paid per Recipient (User of The summation of the FFS amount paid variable, divided by the summation of the	
any svc) FFS recipients (where the recipient indicator variable is equal to 1, 4, 6, or 7).	

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

Continu	Section Exclusions	Sub Section	Maaaura	Measure Description											
Section FFS Information for Total Medicaid Enrollees (Cont.)	FS Information for Total <u>Excludes people</u> Medicaid Enrollees (Cont.) <u>ever enrolled in</u>	<u>udes people</u> <u>enrolled in</u> <u>VHIOs, with</u> ing eligibility	Measure	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).											
	SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted		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).											
	<u>benefits only</u>		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).
			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

	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-	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).										
	SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted		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).										
	<u>benefits only</u>		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
			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).										

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total	Excludes people	Avg Medicaid		
Medicaid Enrollees (Cont.)	ever enrolled in	amt pd/enrollee		
		by MAX		
		eligibility group		
	information, S-	(Cont.)		
	SCHIP only, FP			
	Only, Aliens with			The summation of the Medicaid amount paid (total number of records and missing records
	only restricted			from a SAS proc summary) for records where the SMRF Uniform Eligibility Code is adult
	benefits, duals			(value of 55), divided by the summation of the count of enrollees (total number of records and
	with restricted			missing records from a SAS proc summary) where the SMRF Uniform Eligibility Code is adult
	benefits only			(value of 55).
FFS Information for Total	Excludes people	Expenditures		The summation of total Medicaid paid for records where the type of service variable is equal
Medicaid Enrollees	ever enrolled in	and users by	IB5:Total5VAedutaid Paid (TOS 01)	to 01.
	HMO/HIOs, with	MAX TOS	IP: Number of Users	The count of the number of users where the type of service variable is equal to 01.
	missing eligibility			The summation of the total Medicaid paid for records where the type of service variable is
	information, S-			equal to 01, divided by the count of the number of users where the type of service variable is
	SCHIP only, FP		IP: Average Medicaid Pd per User	equal to 01.
	Only, Aliens with			
	only restricted			The count of the covered days for records where the type of service variable is equal to 01,
	benefits, duals		IP: Average Medicaid Covered Days Per User	divided by the count of the number of users where the type of service variable is equal to 01. The summation of total Medicaid paid for records where the type of service variable is equal
	with restricted		MULA ready Tatal Madiasid Daid (TOC 00)	
	benefits only		MH Aged: Total Medicaid Paid (TOS 02) MH Aged: Number of Users	to 02. The count of the number of users where the type of service variable is equal to 02.
			MH Aged. Number of Osers	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
			MH Aged: Avg Medicaid Pd per User	equal to 02.
				The summation of total Medicaid paid for records where the type of service variable is equal
			IP Psych < 21: Total Medicaid Paid (TOS 04)	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.
				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
			IP Psych<21 :Avg Medicaid Pd per User	equal to 04.
				The summation of total Medicaid paid for records where the type of service variable is equal
			ICF/MR: Total Medicaid Pd (TOS 05)	to 05.
			ICF/MR: Number of Users	The count of the number of users where the type of service variable is equal to 05.
				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
			ICF/MR: Avg Medicaid Pd per User	equal to 05.
				The summation of total Medicaid paid for records where the type of service variable is equal
			NF: Total Medicaid Paid (TOS 07)	to 07.
			NF Number of Users	The count of the number of users where the type of service variable is equal to 07.
				The summation of the total Medicaid paid for records where the type of service variable is
			NE Ava Madiasid Dd par Llaar	equal to 07, divided by the count of the number of users where the type of service variable is
		Ļ	NF:Avg Medicaid Pd per User	equal to 07.

<b>a</b>	Section												
Section	Exclusions	Sub-Section	Measure	Measure Description									
FFS Information for Total Medicaid Enrollees (Cont.)	Excludes people ever enrolled in	Expenditures and users by	Physician: Total Medicaid Paid (TOS 08)	The summation of total Medicaid paid for records where the type of service variable is equal to 08.									
	HMO/HIOs, with	MAX TOS	Physician: Number of Users	The count of the number of users where the type of service variable is equal to 08.									
	missing eligibility	(Cont.)		The summation of the total Medicaid paid for records where the type of service variable is									
	information, S- SCHIP only, FP	(00111.)	Physician: Avg Medicaid Pd per User	equal to 08, divided by the count of the number of users where the type of service variable is equal to 08.									
	Only, Aliens with only restricted		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.									
	benefits, duals		Dental: Number of Users	The count of the number of users where the type of service variable is equal to 09.									
	with restricted benefits only		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: 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.									

Section	Section Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total	Excludes people	Expenditures	measure	The summation of the total Medicaid paid for records where the type of service variable is
Medicaid Enrollees (Cont.)	ever enrolled in	and users by		equal to 16, divided by the count of the number of users where the type of service variable is
	HMO/HIOs, with	MAX TOS	Drugs: Avg Medicaid Pd per User	equal to 16.
1	missing eligibility	(Cont.)	Didgs. Avg medicald i d per Oser	The summation of the total Medicaid paid for records where the type of service variable is
1	information, S-	(Cont.)	Other Services: Total Medicaid Paid (TOS 19)	equal to 19.
1			Other Services: Number of Users	The count of the number of users where the type of service variable is equal to 19.
1	SCHIP only, FP		Other Services. Number of Users	
1	Only, Aliens with			The summation of the total Medicaid paid for records where the type of service variable is
1	only restricted			equal to 19, divided by the count of the number of users where the type of service variable is
1	benefits, duals		Other Services: Avg Medicaid Pd per User	equal to 19.
1	with restricted			The summation of the total Medicaid paid for records where the type of service variable is
1	benefits only		Transportation: Total Medicaid Paid (TOS 26)	equal to 26.
1			Transportation: Number of Users	The count of the number of users where the type of service variable is equal to 26.
1				The summation of the total Medicaid paid for records where the type of service variable is
1				equal to 26, divided by the count of the number of users where the type of service variable is
1			Transportation: Avg Medicaid Pd per User	equal to 26.
1				The summation of the total Medicaid paid for records where the type of service variable is
1			PCS: Total Medicaid Paid (TOS 30)	equal to 30.
1			PCS: Number of Users	The count of the number of users where the type of service variable is equal to 30.
1				The summation of the total Medicaid paid for records where the type of service variable is
1				equal to 30, divided by the count of the number of users where the type of service variable is
1			PCS: Avg Medicaid Pd per User	equal to 30.
1			Target Case Management: Total Medicaid Pd (TOS	The summation of the total Medicaid paid for records where the type of service variable is
1			31)	equal to 31.
1			Target Case Management: Number of Users	The count of the number of users where the type of service variable is equal to 31.
1			Target base management. Number of basis	The summation of the total Medicaid paid for records where the type of service variable is
1			Target Case Management: Avg Medicaid Pd per	equal to 31, divided by the count of the number of users where the type of service variable is
1			User	equal to 31.
1			USEI	The summation of the total Medicaid paid for records where the type of service variable is
1			Dahah Candaaa, Tatal Madiasid Dd (TOC 22)	
1			Rehab Services: Total Medicaid Pd (TOS 33)	equal to 33.
1			Rehab Services: Number of Users	The count of the number of users where the type of service variable is equal to 33.
1				The summation of the total Medicaid paid for records where the type of service variable is
1				equal to 33, divided by the count of the number of users where the type of service variable is
1			Rehab Services: Avg Medicaid Pd per User	equal to 33.
1				The summation of the total Medicaid paid for records where the type of service variable is
1			PT/OT/Speech/Hear: Total Medicaid Paid (TOS 34)	
1			PT/OT/Speech/Hear: Number of Users	The count of the number of users where the type of service variable is equal to 34.
1				The summation of the total Medicaid paid for records where the type of service variable is
1				equal to 34, divided by the count of the number of users where the type of service variable is
1			PT/OT/Speech/Hear: Avg Medicaid Pd per User	equal to 34.
1				The summation of the total Medicaid paid for records where the type of service variable is
1			Hospice: Total Medicaid Paid (TOS 35)	equal to 35.
1			Hospice: Number of Users	The count of the number of users where the type of service variable is equal to 35.
1				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
1				

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total	Excludes people	Expenditures		The summation of the total Medicaid paid for records where the type of service variable is
Medicaid Enrollees (Cont.)	ever enrolled in	and users by	DME: Total Medicaid Paid (TOS 51)	equal to 51.
	HMO/HIOs, with		DME: Number of Users	The count of the number of users where the type of service variable is equal to 51.
	missing eligibility	(Cont.)		The summation of the total Medicaid paid for records where the type of service variable is
	information, S-			equal to 51, divided by the count of the number of users where the type of service variable is
	SCHIP only, FP		DME: Avg Medicaid Pd per User	equal to 51.
	Only, Aliens with			The summation of the total Medicaid paid for records where the type of service variable is
	only restricted		Residential Care: Total Medicaid Paid (TOS 52)	equal to 52.
	benefits, duals		Residential Care: Number of Users	The count of the number of users where the type of service variable is equal to 52.
	with restricted			The summation of the total Medicaid paid for records where the type of service variable is
	benefits only			equal to 52, divided by the count of the number of users where the type of service variable is
			Residential Care: Avg Medicaid Pd per User	equal to 52.
				The summation of the total Medicaid paid for records where the type of service variable is
			Psych. Services: Total Medicaid Paid (TOS 53)	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.
				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
			Psych. Services: Avg Medicaid Pd per User	equal to 53.
				The summation of the total Medicaid paid for records where the type of service variable is
			Adult Day Care: Total Medicaid Paid (TOS 54)	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.
				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
			Adult Day Care: Avg Medicaid Pd per User	equal to 54.
FFS Information for Total	Excludes people	Avg Medicaid		The summation of the total Medicaid paid for the records where the type of service variable is
Medicaid Enrollees	ever enrolled in	amt pd/enrollee		equal to 01, divided by the count of enrollees for records where the type of service variable is
	HMO/HIOs, with	by selected		equal to 01.
	missing eligibility	MAX TOS	Inpatient Hospital (TOS=01)	
	information, S-			The summation of the total Medicaid paid for the records where the type of service variable is
	SCHIP only, FP			equal to 01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or
	Only, Aliens with			51), divided by the count of enrollees for records where the type of service variable is equal to
	only restricted			01 and the SMRF Uniform Eligibility Code is equal to aged (values 11, 21, 31, 41, or 51).
	benefits, duals			
	with restricted		Aged	The summation of the total Medicaid paid for the records where the type of service variable is
	benefits only			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
1				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).

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total	Excludes people	Avg Medicaid		
Medicaid Enrollees (Cont.)	ever enrolled in	amt pd/enrollee		The summation of the total Medicaid paid for the records where the type of service variable is
	HMO/HIOs, with	by selected		equal to 01 and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55),
	missing eligibility	MAX TOS		divided by the count of enrollees for records where the type of service variable is equal to 01
	information, S-	(Cont.)		and the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
	SCHIP only, FP	. ,		The summation of the total Medicaid paid for the records where the type of service variable is
	Only, Aliens with		Adult	equal to 02, 04, 05, or 07, divided by the count of enrollees for records where the type of
	only restricted			service variable is equal to 02, 04, 05, or 07.
	benefits, duals		LTC (TOS=02,04,05,07)	The summation of the total Medicaid paid for the records where the type of service variable is
	with restricted			equal to 02, 04, 05, or 07 and the SMRF Uniform Eligibility Code is aged (values 11, 21, 31,
	benefits only			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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Aged	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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Disabled	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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Child	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).
				The summation of the total Medicaid paid for the records where the type of service variable is
			Adult	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 comparison of the total Marilanial model for the presente others the form of the second black in
				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).
			Ared	The summation of the total Medicaid paid for the records where the type of service variable is
			Aged	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).
				and the Swirk Uniform Eligibility Code is disabled (values 12, 22, 32, 42, 0f 52).

Disabled

	Section							
Section	Exclusions	Sub-Section	Measure	Measure Description				
FFS Information for Total Medicaid Enrollees (Cont.)	FFS Information for Total <u>Excludes people</u> Medicaid Enrollees (Cont.) <u>ever enrolled in</u> <u>HMO/HIOs, with</u>	Cludes people     Avg Medicaid       arr enrolled in     amt pd/enrollee       IO/HIOs, with     by selected       ssing eligibility     MAX TOS		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).				
	SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted		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).				
	benefits only		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).			
			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	% 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.				
	information, S- SCHIP only, FP Only, Aliens with only restricted			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).				
	benefits, duals with restricted benefits only		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

Continu	Section	Sub Section	Manaura	Macoura Decaription
Section FFS Information for Total	Exclusions Excludes people	Sub-Section % of enrollees	Measure	Measure Description
Medicaid Enrollees (Cont.)	ever enrolled in	with claims by		The summation of total the IP paid for the records where the SMRF Uniform Eligibility Code is
medicaid Enrollees (Cont.)	HMO/HIOs, with	selected MAX		child (values 14, 16, 24, 34, 44, 48, or 54), divided by the count of enrollees for records where
	missing eligibility	type of service		the SMRF Uniform Eligibility Code is child (values 14, 16, 24, 34, 44, 48, or 54).
	information, S-	(Cont.)	Child	
	SCHIP only, FP	(Cont.)	Child	The summation of total the IP paid for the records where the SMRF Uniform Eligibility Code is
	Only, Aliens with			adult (values 15, 17, 25, 35, 45, or 55), divided by the count of enrollees for records where the
	only restricted			SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).
	benefits, duals		Adult	The summation of the total LTC amount paid (equal to the TOS 02, 04, 05 and 07 total dollars
	with restricted		% Enrollees with LTC Claims (TOS=02,04,05,07)	paid), divided by the total (missing and non-missing) records.
	benefits only		% Enionees with LTC Claims (105=02,04,05,07)	paid), divided by the total (missing and non-missing) records.
	benefits only			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	Tecolds where the Swike Onlight Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			Ageu	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
			Disabled	records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52). The summation of the total LTC amount paid for the records where the SMRF Uniform
			Disabled	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
			Adult	records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55). The summation of the total amount paid for drug (the sum of the Medicaid payment amount
			Addit	for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total
			% Encollege with Drug Claims (TOS, 16)	
			% Enrollees with Drug Claims (TOS=16)	(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	Tecolds where the Swike Onlight Eligibility Code is aged (values 11, 21, 31, 41, or 51).
			1.900	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
			Disabled	records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
				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).
				ə4).
			Child	The summation of the total amount poid for drug for the records where the CMDE Unite-
				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
			Adult	records where the SMRF Uniform Eligibility Code is adult (values 15, 17, 25, 35, 45, or 55).

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total	Excludes people	% of enrollees		The summation of the total amount paid for drug (the sum of the Medicaid payment amount
Medicaid Enrollees (Cont.)	ever enrolled in	with claims by		for prescribed drug (TOS 16), equal to the TOS 16 total dollars paid), divided by the total
· · · · · · · · · · · · · · · · · · ·	HMO/HIOs, with	selected MAX	% Enrollees with All Other Claims	(missing and non-missing) records.
	missing eligibility	type of service		
	information, S-	(Cont.)		The summation of the total amount paid for drug for the records where the SMRF Uniform
	SCHIP only, FP	()		Eligibility Code is aged (values 11, 21, 31, 41, or 51), divided by the count of enrollees for
	Only, Aliens with			records where the SMRF Uniform Eligibility Code is aged (values 11, 21, 31, 41, or 51).
	only restricted		Aged	
	benefits, duals		5	The summation of the total amount paid for drug for the records where the SMRF Uniform
	with restricted			Eligibility Code is disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for
	benefits only			records where the SMRF Uniform Eligibility Code is disabled (values 12, 22, 32, 42, or 52).
	benents only		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
			Child	от).
			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	The summation of the total IP days (the sum of the recipient total inpatient covered day count
			Avg # IP Days per User	(for stays) variable), divided by the total (missing and non-missing) records.
			Avg # IP Days per Oser	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
			Aged	
				disabled (values 12, 22, 32, 42, 52), divided by the count of enrollees for records where the
			Disabled	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

	Section			
Section	Exclusions	Sub-Section	Measure	Measure Description
FFS Information for Total Medicaid Enrollees (Cont.)	missing eligibility information, S- SCHIP only, FP Only, Aliens with only restricted benefits, duals with restricted benefits only			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).
FFS Information for Total Medicaid Enrollees	ever enrolled in	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.
			THS: 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	
			aWai79er: Total Medicaid Paid (Program Types 6	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