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CODEBOOK:
**T-MSIS Analytic Files (TAF) Demographic and
Eligibility Research Identifiable Files (RIFs)**

OCTOBER 2022 | VERSION 1.5

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Revision Log

| Date | Changed by | Revisions | Version |
|----------------|----------------------------|--|---------|
| October 2022 | K. Schneider | Added new variables to the DE base file: ELGBL_AFTR_EOY_IND and ELGBLTY_CHG_RSN_CD_01- ELGBLTY_CHG_RSN_CD_12. Added valid new value for RACE_ETHNCTY_CD and RACE_ETHNCTY_EXP_CD. | 1.5 |
| November 2021 | K. Schneider | Adjusted the descriptions for those variables populated using the "latest" methodology which also look back to prior service years to populate their values: Replaced "all prior years" with "the two prior years" | 1.4 |
| September 2021 | K. Schneider A. Meyer | Updated description and values for SUBMTG_STATE_CD. Updated values for CTZNSHP_IND, CTZNSHP_VRFCTN_PENDG_IND, and IMGRTN_VRFCTN_PENDG_IND. Added values to DE base file related to COVID-19 to the monthly ELGBLTY_GRP_CD_01-12 and ELGBLTY_GRP_CD_LTST, RSTRCTD_BNFTS_CD_01-12 and RSTRCTD_BNFTS_CD_LTST; added managed care plan type code values to MC_PLAN_TYPE_CD_01 — MC_PLAN_TYPE_CD_12 and the series: MC_PLAN_TYPE_CD_01_01 — MC_PLAN_TYPE_CD_16_12. Added two new summary variables to the Managed Care file: LTSS_PIHP_MOS and OTH_PLAN_MOS | 1.3 |
| October 2020 | K. Schneider | Updated value description for DE_VRSN, added value for RSTRCTD_BNFTS_CD_MM, RSTRCTD_BNFTS_CD_LTST, and clarified definition for VET_IND | 1.2 |
| August 2020 | K. Schneider | Updated to for the 2017–2018 data release; adjusted field width for AGE_GRP_CD | 1.1 |
| November 2019 | K. Schneider K. Russell | Initial release of Codebook TAF Demographic and Eligibility files | 1.0 |

Tips on Navigating the Codebook

The annual demographic and eligibility (DE) T-MSIS Analytic File (TAF) research file is an annual file that CMS creates from the monthly state enrollment data. Each annual DE file includes all Medicaid and CHIP enrollees documented as being enrolled in a Medicaid or CHIP program for at least one day of the year. The DE RIF contains several files — the “Base” or core enrollment/demographic file, and six supplemental files: 1) Eligibility Dates, 2) Managed Care, 3) Waiver, 4) Money Follows the Person (MFP), 5) health home and state plan option (SPO), and 6) Disability and Need.

This document is a detailed codebook that describes each variable in the TAF annual demographic and eligibility research files). Because the files have such a large number of variables, we have included several ways for users to quickly find the information they need:

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable that contain a short description of the variable, the possible values for the variable, and, in many cases, notes that discuss how the variable was constructed and should be used.

We have included hyperlinks throughout the codebook to make it easier for analysts to navigate between the table of contents and the detailed entries for the individual variables:

- Clicking on any variable name in the Table of Contents will take you to the detailed description for that variable.
- From the detailed description for any individual variable, clicking on the [^Back to TOC^](#) link after each variable description will take you back to the Table of Contents.

Table of Contents

This section of the codebook contains a list of all variables in alphabetical order based on the SAS variable name.

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| WVR_TYPE_CD_07_08 | 318 |
| WVR_TYPE_CD_07_09 | 318 |
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| WVR_TYPE_CD_07_11 | 318 |
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Variable Details

This section of the codebook contains one entry for each variable in the annual demographic and eligibility (DE) file. Each entry contains variable details to facilitate understanding and use of the variables.

ABP_SPO_1937_IND_01

ABP_SPO_1937_IND_02

ABP_SPO_1937_IND_03

ABP_SPO_1937_IND_04

ABP_SPO_1937_IND_05

ABP_SPO_1937_IND_06

ABP_SPO_1937_IND_07

ABP_SPO_1937_IND_08

ABP_SPO_1937_IND_09

ABP_SPO_1937_IND_10

ABP_SPO_1937_IND_11

ABP_SPO_1937_IND_12

LABEL: 1937 Alternative Benefit Plan State Plan Option Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary received coverage through the 1937 Alternative Benefit Plan (ABP) state plan option (SPO). There are separate variables for each of the 12 months during the year.

SHORT NAME:

ABP_SPO_1937_IND_01
ABP_SPO_1937_IND_02
ABP_SPO_1937_IND_03
ABP_SPO_1937_IND_04
ABP_SPO_1937_IND_05
ABP_SPO_1937_IND_06

ABP_SPO_1937_IND_07
ABP_SPO_1937_IND_08
ABP_SPO_1937_IND_09
ABP_SPO_1937_IND_10
ABP_SPO_1937_IND_11
ABP_SPO_1937_IND_12

LONG NAME:

ABP_SPO_1937_IND_01
ABP_SPO_1937_IND_02
ABP_SPO_1937_IND_03
ABP_SPO_1937_IND_04
ABP_SPO_1937_IND_05
ABP_SPO_1937_IND_06

ABP_SPO_1937_IND_07
ABP_SPO_1937_IND_08
ABP_SPO_1937_IND_09
ABP_SPO_1937_IND_10
ABP_SPO_1937_IND_11
ABP_SPO_1937_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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ACO_MOS

| | |
|---------------------|--|
| LABEL: | Accountable Care Organization (ACO) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in an accountable care organization (ACO) in the calendar year. |
| SHORT NAME: | ACO_MOS |
| LONG NAME: | ACO_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 60 (accountable care organization [ACO]). |

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AGE

LABEL: Age (in years)

DESCRIPTION: Beneficiary age in years during the last month of enrollment in the calendar year.

SHORT NAME: AGE

LONG NAME: AGE

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: -1 through 125

Null/missing = source value is missing or unknown

COMMENT: In the monthly TAF, if AGE_NUM is greater than 125, then AGE_NUM is set equal to 125. An age less than zero is possible when the state covers the health of a fetus or the child during the gestational period.

This age value is calculated using the date of birth in the eligibility file (or, if not populated, then most recent date of birth value from the two-prior year[s] is used).

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AGE_GRP_CD

LABEL: Age Group

DESCRIPTION: A beneficiary's age group (in years) during the last month of enrollment in the calendar year, grouped into categories.

SHORT NAME: AGE_GRP_CD

LONG NAME: AGE_GRP_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 1 = Age <1
- 2 = Age 1-5
- 3 = Age 6-14
- 4 = Age 15-18
- 5 = Age 19-20
- 6 = Age 21-44
- 7 = Age 45-64
- 8 = Age 65-74
- 9 = Age 75-84
- 10 = Age 85-125

Null/missing = source value is missing or unknown

COMMENT: This variable is derived from the TAF variable AGE_NUM, for which ages > 125 are set to 125. Age can be less than zero (AGE_GRP_CD = 1) in cases where a fetus is covered.

This age group value is the most recent in the calendar year (or, if not populated, then most recent value from the two-prior year[s] is used).

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BENE_CNTY_CD

LABEL: County Code for Beneficiary Home or Mailing Address — Latest in Year

DESCRIPTION: ANSI county numeric FIPS code indicating the county for the selected type of address

SHORT NAME: BENE_CNTY_CD

LONG NAME: BENE_CNTY_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: <https://www.nber.org/data/ssa-fips-state-county-crosswalk.html>

COMMENT: The county code corresponding to the home address is used. When home address is unavailable, the county code corresponding to the mailing address is used instead.

This county code value is the most recent in the calendar year (or, if not populated, then most recent value from the two-prior year[s] is used).

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BENE_ID

LABEL: Encrypted CCW Beneficiary Identifier

DESCRIPTION: Encrypted CCW Beneficiary Identifier

The Chronic Conditions Data Warehouse (CCW) assigns a unique beneficiary identification number to each individual who receives Medicare and/or Medicaid, and uses that number to identify an individual's records in all CCW data files (e.g., Medicare claims, Medicare encounter, MAX claims, T-MSIS claims, and MDS assessment data).

This number does not change during a beneficiary's lifetime and each number is used only once.

The BENE_ID is specific to the CCW and is not applicable to any other identification system or data source.

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

FILE(S): All demographic and eligibility

SOURCE: CCW (derived)

VALUES: 15-character alphanumeric string (Ex. 22222222GDDGjJs)
NULL = not enough identifying information to assign a BENE_ID

COMMENT: If the BENE_ID is null/missing, then use the combination of MSIS_ID and STATE_CD to identify distinct enrollees. Note that if using multiple years of data, MSIS_ID and STATE_CD may not represent the same person over time. Additional details regarding how to uniquely identify individuals within the researcher files is found in the User Guide <https://www2.ccwdata.org/web/guest/user-documentation>

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BENE_STATE_CD

LABEL: State FIPS Code for Beneficiary Home or Mailing Address — Latest in Year

DESCRIPTION: The ANSI state numeric for the U.S. state, territory, or the District of Columbia code for where the beneficiary eligible to receive healthcare services resides; most recent in the calendar and the two prior years.

SHORT NAME: BENE_STATE_CD

LONG NAME: BENE_STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

| | |
|---------------------------|---|
| 01 = Alabama | 33 = New Hampshire |
| 02 = Alaska | 34 = New Jersey |
| 04 = Arizona | 35 = New Mexico |
| 05 = Arkansas | 36 = New York |
| 06 = California | 37 = North Carolina |
| 08 = Colorado | 38 = North Dakota |
| 09 = Connecticut | 39 = Ohio |
| 10 = Delaware | 40 = Oklahoma |
| 11 = District of Columbia | 41 = Oregon |
| 12 = Florida | 42 = Pennsylvania |
| 13 = Georgia | 44 = Rhode Island |
| 15 = Hawaii | 45 = South Carolina |
| 16 = Idaho | 46 = South Dakota |
| 17 = Illinois | 47 = Tennessee |
| 18 = Indiana | 48 = Texas |
| 19 = Iowa | 49 = Utah |
| 20 = Kansas | 50 = Vermont |
| 21 = Kentucky | 51 = Virginia |
| 22 = Louisiana | 53 = Washington |
| 23 = Maine | 54 = West Virginia |
| 24 = Maryland | 55 = Wisconsin |
| 25 = Massachusetts | 56 = Wyoming |
| 26 = Michigan | 60 = American Samoa |
| 27 = Minnesota | 66 = Guam |
| 28 = Mississippi | 69 = Commonwealth of the Northern Mariana Islands |
| 29 = Missouri | 72 = Puerto Rico |
| 30 = Montana | 78 = U.S. Virgin Islands |
| 31 = Nebraska | 79 = Wake Island |
| 32 = Nevada | |

81 = Baker Island

84 = Howland Island

86 = Jarvis Island

Null/missing = source value is missing or unknown

89 = Kingman Reef

95 = Palmyra Atoll

COMMENT: The state corresponding to the home address is used. When home address is unavailable, the state corresponding to the mailing address is used instead.

Values obtained from <https://www.census.gov/library/reference/code-lists/ansi/ansi-codes-for-states.html>

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BENE_ZIP_CD

| | |
|---------------------|--|
| LABEL: | ZIP Code for Beneficiary Home or Mailing Address — Latest in Year |
| DESCRIPTION: | The zip code for the beneficiary home address; most recent in the calendar and the two prior years. |
| SHORT NAME: | BENE_ZIP_CD |
| LONG NAME: | BENE_ZIP_CD |
| TYPE: | CHAR |
| LENGTH: | 9 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | The value must consist of digits, where each value is 0 through 9 No special characters such as hyphens or parentheses. |
| COMMENT: | The zip code corresponding to the home address is used. When home address is unavailable, the zip code corresponding to the mailing address is used instead. |

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BIRTH_CNCPTN_IND

LABEL: Birth to Conception Indicator — Latest in Year

DESCRIPTION: A flag to identify children eligible through the conception to birth option, which is available only through a separate CHIP Program; most recent in the calendar year.

SHORT NAME: BIRTH_CNCPTN_IND

LONG NAME: BIRTH_CNCPTN_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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BIRTH_CNCPTN_IND_01
BIRTH_CNCPTN_IND_02
BIRTH_CNCPTN_IND_03
BIRTH_CNCPTN_IND_04
BIRTH_CNCPTN_IND_05
BIRTH_CNCPTN_IND_06
BIRTH_CNCPTN_IND_07
BIRTH_CNCPTN_IND_08
BIRTH_CNCPTN_IND_09
BIRTH_CNCPTN_IND_10
BIRTH_CNCPTN_IND_11
BIRTH_CNCPTN_IND_12

LABEL: Birth to Conception Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to identify children eligible through the conception to birth option, which is available only through a separate CHIP Program. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|---------------------|---------------------|
| BIRTH_CNCPTN_IND_01 | BIRTH_CNCPTN_IND_07 |
| BIRTH_CNCPTN_IND_02 | BIRTH_CNCPTN_IND_08 |
| BIRTH_CNCPTN_IND_03 | BIRTH_CNCPTN_IND_09 |
| BIRTH_CNCPTN_IND_04 | BIRTH_CNCPTN_IND_10 |
| BIRTH_CNCPTN_IND_05 | BIRTH_CNCPTN_IND_11 |
| BIRTH_CNCPTN_IND_06 | BIRTH_CNCPTN_IND_12 |

LONG NAME:

| | |
|---------------------|---------------------|
| BIRTH_CNCPTN_IND_01 | BIRTH_CNCPTN_IND_07 |
| BIRTH_CNCPTN_IND_02 | BIRTH_CNCPTN_IND_08 |
| BIRTH_CNCPTN_IND_03 | BIRTH_CNCPTN_IND_09 |
| BIRTH_CNCPTN_IND_04 | BIRTH_CNCPTN_IND_10 |
| BIRTH_CNCPTN_IND_05 | BIRTH_CNCPTN_IND_11 |
| BIRTH_CNCPTN_IND_06 | BIRTH_CNCPTN_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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BIRTH_DT

LABEL: Date of Birth

DESCRIPTION: Beneficiary's date of birth; most recent in the calendar and the two prior years

SHORT NAME: BIRTH_DT

LONG NAME: BIRTH_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

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CARE_LVL_STUS_CD

LABEL: Level of Care Status Code for LTSS — Latest in Year

DESCRIPTION: The level of care required to meet a beneficiary's needs and to determine LTSS program eligibility; most recent in the calendar year.

SHORT NAME: CARE_LVL_STUS_CD

LONG NAME: CARE_LVL_STUS_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 001 = Hospital as defined in 42 Code of Federal Regulations (CFR) §440.10
002 = Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160
003 = Nursing Facility
004 = Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
005 = Other Type of Facility
Null/missing = source value is missing or unknown

COMMENT: —

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CARE_LVL_STUS_CD_01
CARE_LVL_STUS_CD_02
CARE_LVL_STUS_CD_03
CARE_LVL_STUS_CD_04
CARE_LVL_STUS_CD_05
CARE_LVL_STUS_CD_06
CARE_LVL_STUS_CD_07
CARE_LVL_STUS_CD_08
CARE_LVL_STUS_CD_09
CARE_LVL_STUS_CD_10
CARE_LVL_STUS_CD_11
CARE_LVL_STUS_CD_12

LABEL: Level of Care Status Code for LTSS — January–December (01–12)

DESCRIPTION: The monthly status code indicating the level of care required to meet a beneficiary's needs and to determine Long-Term Services and Supports (LTSS) program eligibility. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|---------------------|---------------------|
| CARE_LVL_STUS_CD_01 | CARE_LVL_STUS_CD_07 |
| CARE_LVL_STUS_CD_02 | CARE_LVL_STUS_CD_08 |
| CARE_LVL_STUS_CD_03 | CARE_LVL_STUS_CD_09 |
| CARE_LVL_STUS_CD_04 | CARE_LVL_STUS_CD_10 |
| CARE_LVL_STUS_CD_05 | CARE_LVL_STUS_CD_11 |
| CARE_LVL_STUS_CD_06 | CARE_LVL_STUS_CD_12 |

LONG NAME:

| | |
|---------------------|---------------------|
| CARE_LVL_STUS_CD_01 | CARE_LVL_STUS_CD_07 |
| CARE_LVL_STUS_CD_02 | CARE_LVL_STUS_CD_08 |
| CARE_LVL_STUS_CD_03 | CARE_LVL_STUS_CD_09 |
| CARE_LVL_STUS_CD_04 | CARE_LVL_STUS_CD_10 |
| CARE_LVL_STUS_CD_05 | CARE_LVL_STUS_CD_11 |
| CARE_LVL_STUS_CD_06 | CARE_LVL_STUS_CD_12 |

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
001 = Hospital as defined in 42 Code of Federal Regulations (CFR) §440.10
002 = Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160
003 = Nursing Facility
004 = Intermediate care facility for individuals with intellectual disabilities (ICF/IID)
005 = Other Type of Facility
Null/missing = source value is missing or unknown

COMMENT: —

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CCW_LD_DT

| | |
|---------------------|--|
| LABEL: | CCW Load Date |
| DESCRIPTION: | The Date Source File was Loaded to the CCW |
| SHORT NAME: | CCW_LD_DT |
| LONG NAME: | CCW_LD_DT |
| TYPE: | DATE |
| LENGTH: | 8 |
| FILE(S): | Annual DE base |
| SOURCE: | CCW (derived) |
| VALUES: | Date (numeric, system dependent) |
| COMMENT: | States may resubmit T-MSIS claims data to CMS. This date indicates when the claims were obtained by CCW. As a result, CCW load dates may not be the same across states for a given TAF RIF service year. |

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CFC_SPO_IND_01
CFC_SPO_IND_02
CFC_SPO_IND_03
CFC_SPO_IND_04
CFC_SPO_IND_05
CFC_SPO_IND_06
CFC_SPO_IND_07
CFC_SPO_IND_08
CFC_SPO_IND_09
CFC_SPO_IND_10
CFC_SPO_IND_11
CFC_SPO_IND_12

LABEL: Community First Choice State Plan Option Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary received coverage through the Community First Choice (CFC) state plan option (SPO). There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|----------------|----------------|
| CFC_SPO_IND_01 | CFC_SPO_IND_07 |
| CFC_SPO_IND_02 | CFC_SPO_IND_08 |
| CFC_SPO_IND_03 | CFC_SPO_IND_09 |
| CFC_SPO_IND_04 | CFC_SPO_IND_10 |
| CFC_SPO_IND_05 | CFC_SPO_IND_11 |
| CFC_SPO_IND_06 | CFC_SPO_IND_12 |

LONG NAME:

| | |
|----------------|----------------|
| CFC_SPO_IND_01 | CFC_SPO_IND_07 |
| CFC_SPO_IND_02 | CFC_SPO_IND_08 |
| CFC_SPO_IND_03 | CFC_SPO_IND_09 |
| CFC_SPO_IND_04 | CFC_SPO_IND_10 |
| CFC_SPO_IND_05 | CFC_SPO_IND_11 |
| CFC_SPO_IND_06 | CFC_SPO_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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CHIP_CD_01
 CHIP_CD_02
 CHIP_CD_03
 CHIP_CD_04
 CHIP_CD_05
 CHIP_CD_06
 CHIP_CD_07
 CHIP_CD_08
 CHIP_CD_09
 CHIP_CD_10
 CHIP_CD_11
 CHIP_CD_12

LABEL: Medicaid, Medicaid Expansion CHIP, or Separate CHIP Code — January–December (01 – 12)

DESCRIPTION: A code used to distinguish among Medicaid, Medicaid Expansion, and Separate CHIP populations, in a month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------|------------|
| CHIP_CD_01 | CHIP_CD_07 |
| CHIP_CD_02 | CHIP_CD_08 |
| CHIP_CD_03 | CHIP_CD_09 |
| CHIP_CD_04 | CHIP_CD_10 |
| CHIP_CD_05 | CHIP_CD_11 |
| CHIP_CD_06 | CHIP_CD_12 |

LONG NAME:

| | |
|------------|------------|
| CHIP_CD_01 | CHIP_CD_07 |
| CHIP_CD_02 | CHIP_CD_08 |
| CHIP_CD_03 | CHIP_CD_09 |
| CHIP_CD_04 | CHIP_CD_10 |
| CHIP_CD_05 | CHIP_CD_11 |
| CHIP_CD_06 | CHIP_CD_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Individual was not Medicaid-eligible and not eligible for separate CHIP for the month

1 = Individual was Medicaid-eligible but was not included in either Medicaid Expansion CHIP or a separate Title XXI CHIP for the month. These include blind and disabled people and low-income families with dependent children.

2 = Individual was included in Medicaid Expansion CHIP and subject to enhanced federal matching for the month. States with Medicaid-Expansion programs have built upon existing Medicaid programs to include low-income children whose family incomes are above Medicaid income eligibility thresholds.

3 = Individual was not Medicaid Expansion CHIP-eligible but was included in a separate Title XXI CHIP for the month. States using Separate CHIP have used CHIP funds to create separate programs outside of their Medicaid programs.

4 = Individual was both Medicaid-eligible and Separate CHIP eligible during the same month

Null/missing = source value is missing or unknown

COMMENT: This is a key variable in identifying commonly analyzed Medicaid and CHIP populations.

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CHIP_CD_LTST

| | |
|---------------------|--|
| LABEL: | Medicaid, Medicaid Expansion CHIP, or Separate CHIP Code — Latest in Year |
| DESCRIPTION: | A code used to distinguish among Medicaid, Medicaid Expansion, and Separate CHIP populations; most recent in the calendar year. |
| SHORT NAME: | CHIP_CD_LTST |
| LONG NAME: | CHIP_CD_LTST |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | <p>0 = Individual was not Medicaid-eligible and not eligible for separate CHIP for the month</p> <p>1 = Individual was Medicaid-eligible, but was not included in either Medicaid Expansion CHIP or a separate Title XXI CHIP for the month. These include blind and disabled people and low-income families with dependent children.</p> <p>2 = Individual was included in Medicaid Expansion CHIP and subject to enhanced federal matching for the month. States with Medicaid-Expansion programs have built upon existing Medicaid programs to include low-income children whose family incomes are above Medicaid income eligibility thresholds.</p> <p>3 = Individual was not Medicaid Expansion CHIP-eligible, but was included in a separate Title XXI CHIP for the month. States using Separate CHIP have used CHIP funds to create separate programs outside of their Medicaid programs.</p> <p>4 = Individual was both Medicaid-eligible and Separate CHIP eligible during the same month</p> <p>Null/missing = source value is missing or unknown</p> |
| COMMENT: | — |

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CHIP_ENRLMT_DAYS_01
 CHIP_ENRLMT_DAYS_02
 CHIP_ENRLMT_DAYS_03
 CHIP_ENRLMT_DAYS_04
 CHIP_ENRLMT_DAYS_05
 CHIP_ENRLMT_DAYS_06
 CHIP_ENRLMT_DAYS_07
 CHIP_ENRLMT_DAYS_08
 CHIP_ENRLMT_DAYS_09
 CHIP_ENRLMT_DAYS_10
 CHIP_ENRLMT_DAYS_11
 CHIP_ENRLMT_DAYS_12

LABEL: CHIP Enrollment Days — January–December (01–12)

DESCRIPTION: Number of days of CHIP enrollment in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|---------------------|---------------------|
| CHIP_ENRLMT_DAYS_01 | CHIP_ENRLMT_DAYS_07 |
| CHIP_ENRLMT_DAYS_02 | CHIP_ENRLMT_DAYS_08 |
| CHIP_ENRLMT_DAYS_03 | CHIP_ENRLMT_DAYS_09 |
| CHIP_ENRLMT_DAYS_04 | CHIP_ENRLMT_DAYS_10 |
| CHIP_ENRLMT_DAYS_05 | CHIP_ENRLMT_DAYS_11 |
| CHIP_ENRLMT_DAYS_06 | CHIP_ENRLMT_DAYS_12 |

LONG NAME:

| | |
|---------------------|---------------------|
| CHIP_ENRLMT_DAYS_01 | CHIP_ENRLMT_DAYS_07 |
| CHIP_ENRLMT_DAYS_02 | CHIP_ENRLMT_DAYS_08 |
| CHIP_ENRLMT_DAYS_03 | CHIP_ENRLMT_DAYS_09 |
| CHIP_ENRLMT_DAYS_04 | CHIP_ENRLMT_DAYS_10 |
| CHIP_ENRLMT_DAYS_05 | CHIP_ENRLMT_DAYS_11 |
| CHIP_ENRLMT_DAYS_06 | CHIP_ENRLMT_DAYS_12 |

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–31 (varies by month)
Null/missing = source value is missing or unknown

COMMENT: —

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CHIP_ENRLMT_DAYS_YR

LABEL: CHIP Enrollment Days — Total in Year

DESCRIPTION: Number of days of CHIP enrollment in the calendar year.

SHORT NAME: CHIP_ENRLMT_DAYS_YR

LONG NAME: CHIP_ENRLMT_DAYS_YR

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–366
Null/missing = source value is missing or unknown

COMMENT: This variable is derived in the TAF using the sum of values (days) from the monthly CHIP enrollment days variables (CHIP_ENRLMT_DAYS_01–12).

It is possible for the value of both this variable and MDCD_ENRLMT_DAYS_YR to be zero. This occurs in cases where the enrollee has a valid enrollment period but the enrollment type = NULL in T-MSIS.

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[CMMI_SECT_1115A_DEMO_IND_01](#)
[CMMI_SECT_1115A_DEMO_IND_02](#)
[CMMI_SECT_1115A_DEMO_IND_03](#)
[CMMI_SECT_1115A_DEMO_IND_04](#)
[CMMI_SECT_1115A_DEMO_IND_05](#)
[CMMI_SECT_1115A_DEMO_IND_06](#)
[CMMI_SECT_1115A_DEMO_IND_07](#)
[CMMI_SECT_1115A_DEMO_IND_08](#)
[CMMI_SECT_1115A_DEMO_IND_09](#)
[CMMI_SECT_1115A_DEMO_IND_10](#)
[CMMI_SECT_1115A_DEMO_IND_11](#)
[CMMI_SECT_1115A_DEMO_IND_12](#)

LABEL: Indicator of Enrollment in CMMI Section 1115A Demonstration — January–December (01–12)

DESCRIPTION: A flag to indicate whether the beneficiary was ever enrolled in a Section 1115A demonstration during the month. There are separate variables for each of the 12 months. 1115A is a CMS Center for Medicare & Medicaid Innovation (CMMI) demonstration.

SHORT NAME:

| | |
|-----------------------------|-----------------------------|
| CMMI_SECT_1115A_DEMO_IND_01 | CMMI_SECT_1115A_DEMO_IND_07 |
| CMMI_SECT_1115A_DEMO_IND_02 | CMMI_SECT_1115A_DEMO_IND_08 |
| CMMI_SECT_1115A_DEMO_IND_03 | CMMI_SECT_1115A_DEMO_IND_09 |
| CMMI_SECT_1115A_DEMO_IND_04 | CMMI_SECT_1115A_DEMO_IND_10 |
| CMMI_SECT_1115A_DEMO_IND_05 | CMMI_SECT_1115A_DEMO_IND_11 |
| CMMI_SECT_1115A_DEMO_IND_06 | CMMI_SECT_1115A_DEMO_IND_12 |

LONG NAME:

| | |
|-----------------------------|-----------------------------|
| CMMI_SECT_1115A_DEMO_IND_01 | CMMI_SECT_1115A_DEMO_IND_12 |
| CMMI_SECT_1115A_DEMO_IND_02 | |
| CMMI_SECT_1115A_DEMO_IND_03 | |
| CMMI_SECT_1115A_DEMO_IND_04 | |
| CMMI_SECT_1115A_DEMO_IND_05 | |
| CMMI_SECT_1115A_DEMO_IND_06 | |
| CMMI_SECT_1115A_DEMO_IND_07 | |
| CMMI_SECT_1115A_DEMO_IND_08 | |
| CMMI_SECT_1115A_DEMO_IND_09 | |
| CMMI_SECT_1115A_DEMO_IND_10 | |
| CMMI_SECT_1115A_DEMO_IND_11 | |

TYPE: CHAR
LENGTH: 1
FILE(S): Waiver
SOURCE: T-MSIS annual demographic and eligibility TAF
VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown
COMMENT: —

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CMPRHNSV_MCO_MOS

| | |
|---------------------|--|
| LABEL: | Comprehensive Managed Care Organization (MCO) Plan Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Comprehensive Managed Care Organization (MCO) Managed Care Plan in the calendar year. |
| SHORT NAME: | CMPRHNSV_MCO_MOS |
| LONG NAME: | CMPRHNSV_MCO_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 01 (Comprehensive Managed Care Organization [MCO]). |

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CRTFD_AMRCN_INDN_ALSKN_NTV_CD

LABEL: Certified American Indian or Alaska Native Code — Latest in Year

DESCRIPTION: “American Indian or Alaska Native” means any beneficiary defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, pursuant to 42 CFR § 136.12; i.e., a Certificate of Degree of Indian or Alaska Native Blood (CDIB). Please refer to the COMMENT for a complete definition of CBID.

SHORT NAME: CRTFD_AMRCN_INDN_ALSKN_NTV_CD

LONG NAME: CRTFD_AMRCN_INDN_ALSKN_NTV_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Individual does not meet the definition of an American Indian/Alaskan Native
1 = Individual meets the definition of an American Indian/Alaskan Native
2 = Yes, Individual does have Certificate of Degree of Indian or Alaska Native Blood (CDIB)
Null/missing = source value is missing or unknown

COMMENT: Certificate of Degree of Indian or Alaska Native Blood (CDIB) means the beneficiary:

a. Is a member of a Federally recognized Indian tribe;

b. Resides in an urban center and meets one or more of the following four criteria:

i. Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree of any such member;

ii. Is an Eskimo or Aleut or other Alaska Native;

iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or

iv. Is determined to be an Indian under regulations promulgated by the Secretary of Health and Human Services;

c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or

d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native; most recent in the calendar and the two prior years [^ Back to TOC ^](#)

CTZNSHP_IND

| | |
|---------------------|---|
| LABEL: | U.S. Citizenship Indicator — Latest in Year |
| DESCRIPTION: | Indicates if the beneficiary is identified as a U.S. Citizen; most recent in the calendar and the two prior years. |
| SHORT NAME: | CTZNSHP_IND |
| LONG NAME: | CTZNSHP_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = Non-citizen 1 = U.S. citizen (effective August 2021; previously was “Yes”). If the state’s eligibility determination system does not distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then this value is used for all U.S. citizens and U.S. nationals 2 = U.S. National (effective August 2021). If the state’s eligibility determination system does distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then this value is used for U.S. nationals who are not U.S. citizens Null/missing = source value is missing or unknown |
| COMMENT: | — |

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CTZNSHP_VRFCTN_PENDG_IND

| | |
|---------------------|---|
| LABEL: | Beneficiary is Enrolled Pending Citizenship Verification — Latest in Year |
| DESCRIPTION: | Indicates the beneficiary is enrolled in Medicaid pending citizenship verification; most recent in the calendar year. |
| SHORT NAME: | CTZNSHP_VRFCTN_PENDG_IND |
| LONG NAME: | CTZNSHP_VRFCTN_PENDG_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = Citizenship verified (effective August 2021; previously was “No”) 1 = Enrolled in Medicaid pending citizenship verification (effective August 2021; previously was “Yes”) Null/missing = source value is missing or unknown |
| COMMENT: | — |

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DA_RUN_ID

LABEL: TAF Production Run Identifier (unique for each TAF run)

DESCRIPTION: A unique identifier that identifies the TAF production run that produced the TAF file.

SHORT NAME: DA_RUN_ID

LONG NAME: DA_RUN_ID

TYPE: NUM

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: XXXX

COMMENT: Higher numbers indicate later run dates.

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DE_VRSN

| | |
|---------------------|--|
| LABEL: | DE Version Representing the Iteration of the File |
| DESCRIPTION: | Indicator representing the iteration of the file. |
| SHORT NAME: | DE_VRSN |
| LONG NAME: | DE_VRSN |
| TYPE: | CHAR |
| LENGTH: | 2 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | Two-digit values from 01–XX |
| COMMENT: | A version number where the value 01 is assigned to the original annual file, and the version number is increased by one for each subsequent replacement file. The higher the number, the more time has elapsed following the enrollment dates in the file. |

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DEATH_DT

LABEL: Date of Death

DESCRIPTION: Beneficiary's date of death, if applicable. If the beneficiary is deceased, then this variable is populated with the death date, which may be in the calendar year of the data file or the two prior years.

SHORT NAME: DEATH_DT

LONG NAME: DEATH_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent); null = not deceased

COMMENT: The value of DEATH_IND may not align with the value of DEATH_DT in cases where the beneficiary died after the month/year of the current file. In other words, DEATH_IND could show as zero but DEATH_DT could be populated with a valid date since it occurred after the report period.

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DEATH_IND

| | |
|---------------------|---|
| LABEL: | Indicator that Beneficiary Died During the Calendar Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary was deceased in the calendar year of the data file, or in a prior year. |
| SHORT NAME: | DEATH_IND |
| LONG NAME: | DEATH_IND |
| TYPE: | NUM |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = Not deceased during calendar year 1 = Deceased during calendar year Null/missing = source value is missing or unknown |
| COMMENT: | This value is the most recent in the calendar year (or, if not populated, then most recent value from the two-prior year[s] is used). |

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DISEASE_MGMT_PAHP_MOS

| | |
|---------------------|--|
| LABEL: | Disease Management Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Disease Management Prepaid Ambulatory Health Plan (PAHP) in the calendar year. |
| SHORT NAME: | DISEASE_MGMT_PAHP_MOS |
| LONG NAME: | DISEASE_MGMT_PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 16 (Disease Management PAHP). |

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DNTL_PAHP_MOS

| | |
|---------------------|--|
| LABEL: | Dental Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Dental Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | DNTL_PAHP_MOS |
| LONG NAME: | DNTL_PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 14 (Dental PAHP). |

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DSBLTY_BLND_IND

LABEL: Disability Indicator — Blind — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary is blind or has serious difficulty seeing, even when wearing glasses; ever in the calendar year.

SHORT NAME: DSBLTY_BLND_IND

LONG NAME: DSBLTY_BLND_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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DSBLTY_DEAF_IND

| | |
|---------------------|--|
| LABEL: | Disability Indicator — Deaf — Ever in Calendar Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary is deaf or has serious difficulty hearing; ever in the calendar year. |
| SHORT NAME: | DSBLTY_DEAF_IND |
| LONG NAME: | DSBLTY_DEAF_IND |
| TYPE: | NUM |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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DSBLTY_DFCLTY_CNCNTRTNG_IND

LABEL: Disability Indicator — Difficulty Concentrating — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary is 5 years old or older and has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition; ever in the calendar year.

SHORT NAME: DSBLTY_DFCLTY_CNCNTRTNG_IND

LONG NAME: DSBLTY_DFCLTY_CNCNTRTNG_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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DSBLTY_DFCLTY_CNCNTRTNG_IND_01
DSBLTY_DFCLTY_CNCNTRTNG_IND_02
DSBLTY_DFCLTY_CNCNTRTNG_IND_03
DSBLTY_DFCLTY_CNCNTRTNG_IND_04
DSBLTY_DFCLTY_CNCNTRTNG_IND_05
DSBLTY_DFCLTY_CNCNTRTNG_IND_06
DSBLTY_DFCLTY_CNCNTRTNG_IND_07
DSBLTY_DFCLTY_CNCNTRTNG_IND_08
DSBLTY_DFCLTY_CNCNTRTNG_IND_09
DSBLTY_DFCLTY_CNCNTRTNG_IND_10
DSBLTY_DFCLTY_CNCNTRTNG_IND_11
DSBLTY_DFCLTY_CNCNTRTNG_IND_12

LABEL: Disability Indicator — Difficulty Concentrating — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary is 5 years old or older and has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|--------------------------------|--------------------------------|
| DSBLTY_DFCLTY_CNCNTRTNG_IND_01 | DSBLTY_DFCLTY_CNCNTRTNG_IND_07 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_02 | DSBLTY_DFCLTY_CNCNTRTNG_IND_08 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_03 | DSBLTY_DFCLTY_CNCNTRTNG_IND_09 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_04 | DSBLTY_DFCLTY_CNCNTRTNG_IND_10 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_05 | DSBLTY_DFCLTY_CNCNTRTNG_IND_11 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_06 | DSBLTY_DFCLTY_CNCNTRTNG_IND_12 |

LONG NAME:

| | |
|--------------------------------|--------------------------------|
| DSBLTY_DFCLTY_CNCNTRTNG_IND_01 | DSBLTY_DFCLTY_CNCNTRTNG_IND_07 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_02 | DSBLTY_DFCLTY_CNCNTRTNG_IND_08 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_03 | DSBLTY_DFCLTY_CNCNTRTNG_IND_09 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_04 | DSBLTY_DFCLTY_CNCNTRTNG_IND_10 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_05 | DSBLTY_DFCLTY_CNCNTRTNG_IND_11 |
| DSBLTY_DFCLTY_CNCNTRTNG_IND_06 | DSBLTY_DFCLTY_CNCNTRTNG_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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DSBLTY_DFCLTY_DRSNG_BATHNG_IND

| | |
|---------------------|---|
| LABEL: | Disability Indicator — Difficulty Dressing or Bathing — Ever in Calendar Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary is 5 years old or older and has difficulty dressing or bathing; ever in the calendar year. |
| SHORT NAME: | DSBLTY_DFCLTY_DRSNG_BATHNG_IND |
| LONG NAME: | DSBLTY_DFCLTY_DRSNG_BATHNG_IND |
| TYPE: | NUM |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_01](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_02](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_03](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_04](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_05](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_06](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_07](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_08](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_09](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_10](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_11](#)
[DSBLTY_DFCLTY_DRSNG_BTHNG_IND_12](#)

LABEL: Disability Indicator — Difficulty Dressing or Bathing — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary is 5 years old or older and has difficulty dressing or bathing. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|----------------------------------|----------------------------------|
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_01 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_07 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_02 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_08 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_03 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_09 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_04 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_10 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_05 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_11 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_06 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_12 |

LONG NAME:

| | |
|----------------------------------|----------------------------------|
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_01 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_07 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_02 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_08 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_03 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_09 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_04 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_10 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_05 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_11 |
| DSBLTY_DFCLTY_DRSNG_BTHNG_IND_06 | DSBLTY_DFCLTY_DRSNG_BTHNG_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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DSBLTY_DFCLTY_ERNDS_IND

| | |
|---------------------|---|
| LABEL: | Disability Indicator — Difficulty Running Errands Alone — Ever in Calendar Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary is 15 years old or older and has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition; ever in the calendar year. |
| SHORT NAME: | DSBLTY_DFCLTY_ERNDS_IND |
| LONG NAME: | DSBLTY_DFCLTY_ERNDS_IND |
| TYPE: | NUM |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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DSBLTY_DFCLTY_ERNDS_IND_01
DSBLTY_DFCLTY_ERNDS_IND_02
DSBLTY_DFCLTY_ERNDS_IND_03
DSBLTY_DFCLTY_ERNDS_IND_04
DSBLTY_DFCLTY_ERNDS_IND_05
DSBLTY_DFCLTY_ERNDS_IND_06
DSBLTY_DFCLTY_ERNDS_IND_07
DSBLTY_DFCLTY_ERNDS_IND_08
DSBLTY_DFCLTY_ERNDS_IND_09
DSBLTY_DFCLTY_ERNDS_IND_10
DSBLTY_DFCLTY_ERNDS_IND_11
DSBLTY_DFCLTY_ERNDS_IND_12

LABEL: Disability Indicator — Difficulty Running Errands Alone — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary is 15 years old or older and has difficulty doing errands alone such as visiting a doctor’s office or shopping because of a physical, mental, or emotional condition in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|----------------------------|----------------------------|
| DSBLTY_DFCLTY_ERNDS_IND_01 | DSBLTY_DFCLTY_ERNDS_IND_07 |
| DSBLTY_DFCLTY_ERNDS_IND_02 | DSBLTY_DFCLTY_ERNDS_IND_08 |
| DSBLTY_DFCLTY_ERNDS_IND_03 | DSBLTY_DFCLTY_ERNDS_IND_09 |
| DSBLTY_DFCLTY_ERNDS_IND_04 | DSBLTY_DFCLTY_ERNDS_IND_10 |
| DSBLTY_DFCLTY_ERNDS_IND_05 | DSBLTY_DFCLTY_ERNDS_IND_11 |
| DSBLTY_DFCLTY_ERNDS_IND_06 | DSBLTY_DFCLTY_ERNDS_IND_12 |

LONG NAME:

| | |
|----------------------------|----------------------------|
| DSBLTY_DFCLTY_ERNDS_IND_01 | DSBLTY_DFCLTY_ERNDS_IND_07 |
| DSBLTY_DFCLTY_ERNDS_IND_02 | DSBLTY_DFCLTY_ERNDS_IND_08 |
| DSBLTY_DFCLTY_ERNDS_IND_03 | DSBLTY_DFCLTY_ERNDS_IND_09 |
| DSBLTY_DFCLTY_ERNDS_IND_04 | DSBLTY_DFCLTY_ERNDS_IND_10 |
| DSBLTY_DFCLTY_ERNDS_IND_05 | DSBLTY_DFCLTY_ERNDS_IND_11 |
| DSBLTY_DFCLTY_ERNDS_IND_06 | DSBLTY_DFCLTY_ERNDS_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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DSBLTY_DFCLTY_WLKG_IND

| | |
|---------------------|--|
| LABEL: | Disability Indicator — Difficulty Walking — Ever in Calendar Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary is 5 years old or older and has serious difficulty walking or climbing stairs; ever in the calendar year. |
| SHORT NAME: | DSBLTY_DFCLTY_WLKG_IND |
| LONG NAME: | DSBLTY_DFCLTY_WLKG_IND |
| TYPE: | NUM |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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DSBLTY_DFCLTY_WLKG_IND_01
 DSBLTY_DFCLTY_WLKG_IND_02
 DSBLTY_DFCLTY_WLKG_IND_03
 DSBLTY_DFCLTY_WLKG_IND_04
 DSBLTY_DFCLTY_WLKG_IND_05
 DSBLTY_DFCLTY_WLKG_IND_06
 DSBLTY_DFCLTY_WLKG_IND_07
 DSBLTY_DFCLTY_WLKG_IND_08
 DSBLTY_DFCLTY_WLKG_IND_09
 DSBLTY_DFCLTY_WLKG_IND_10
 DSBLTY_DFCLTY_WLKG_IND_11
 DSBLTY_DFCLTY_WLKG_IND_12

LABEL: Disability Indicator — Difficulty Walking — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary is 5 years old or older and has serious difficulty walking or climbing stairs in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|---------------------------|---------------------------|
| DSBLTY_DFCLTY_WLKG_IND_01 | DSBLTY_DFCLTY_WLKG_IND_07 |
| DSBLTY_DFCLTY_WLKG_IND_02 | DSBLTY_DFCLTY_WLKG_IND_08 |
| DSBLTY_DFCLTY_WLKG_IND_03 | DSBLTY_DFCLTY_WLKG_IND_09 |
| DSBLTY_DFCLTY_WLKG_IND_04 | DSBLTY_DFCLTY_WLKG_IND_10 |
| DSBLTY_DFCLTY_WLKG_IND_05 | DSBLTY_DFCLTY_WLKG_IND_11 |
| DSBLTY_DFCLTY_WLKG_IND_06 | DSBLTY_DFCLTY_WLKG_IND_12 |

LONG NAME:

| | |
|---------------------------|---------------------------|
| DSBLTY_DFCLTY_WLKG_IND_01 | DSBLTY_DFCLTY_WLKG_IND_07 |
| DSBLTY_DFCLTY_WLKG_IND_02 | DSBLTY_DFCLTY_WLKG_IND_08 |
| DSBLTY_DFCLTY_WLKG_IND_03 | DSBLTY_DFCLTY_WLKG_IND_09 |
| DSBLTY_DFCLTY_WLKG_IND_04 | DSBLTY_DFCLTY_WLKG_IND_10 |
| DSBLTY_DFCLTY_WLKG_IND_05 | DSBLTY_DFCLTY_WLKG_IND_11 |
| DSBLTY_DFCLTY_WLKG_IND_06 | DSBLTY_DFCLTY_WLKG_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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DSBLTY_OTHR_IND

LABEL: Disability Indicator — Other Disability Not Listed — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary has another disability that is not included here; ever in the calendar year.

SHORT NAME: DSBLTY_OTHR_IND

LONG NAME: DSBLTY_OTHR_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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DSTR_RLTD_WVR_1115_MOS

| | |
|---------------------|---|
| LABEL: | 1115 Disaster-Related Waiver Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Section 1115 waiver for Hurricane evacuees (Disaster-Related demonstration) in the calendar year. |
| SHORT NAME: | DSTR_RLTD_WVR_1115_MOS |
| LONG NAME: | DSTR_RLTD_WVR_1115_MOS |
| TYPE: | NUM |
| LENGTH: | 2 |
| FILE(S): | Waiver |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 23 (1115 Disaster-related demonstration). |

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DUAL_ELGBL_CD_01
DUAL_ELGBL_CD_02
DUAL_ELGBL_CD_03
DUAL_ELGBL_CD_04
DUAL_ELGBL_CD_05
DUAL_ELGBL_CD_06
DUAL_ELGBL_CD_07
DUAL_ELGBL_CD_08
DUAL_ELGBL_CD_09
DUAL_ELGBL_CD_10
DUAL_ELGBL_CD_11
DUAL_ELGBL_CD_12

LABEL: Medicare-Medicaid Dual Eligibility Code — January–December (01–12)

DESCRIPTION: Indicates coverage for beneficiaries entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits in the month (i.e., dually eligible). There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------------|------------------|
| DUAL_ELGBL_CD_01 | DUAL_ELGBL_CD_07 |
| DUAL_ELGBL_CD_02 | DUAL_ELGBL_CD_08 |
| DUAL_ELGBL_CD_03 | DUAL_ELGBL_CD_09 |
| DUAL_ELGBL_CD_04 | DUAL_ELGBL_CD_10 |
| DUAL_ELGBL_CD_05 | DUAL_ELGBL_CD_11 |
| DUAL_ELGBL_CD_06 | DUAL_ELGBL_CD_12 |

LONG NAME:

| | |
|------------------|------------------|
| DUAL_ELGBL_CD_01 | DUAL_ELGBL_CD_07 |
| DUAL_ELGBL_CD_02 | DUAL_ELGBL_CD_08 |
| DUAL_ELGBL_CD_03 | DUAL_ELGBL_CD_09 |
| DUAL_ELGBL_CD_04 | DUAL_ELGBL_CD_10 |
| DUAL_ELGBL_CD_05 | DUAL_ELGBL_CD_11 |
| DUAL_ELGBL_CD_06 | DUAL_ELGBL_CD_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 00 = Eligible is not a Medicare beneficiary
- 01 = Eligible is entitled to Medicare- Qualified Medicare Beneficiary (QMB) only
- 02 = Eligible is entitled to Medicare-QMB and Medicaid coverage including prescription drugs
- 03 = Eligible is entitled to Medicare- Specified Low-Income Medicare Beneficiary (SLMB) only
- 04 = Eligible is entitled to Medicare-SLMB and Medicaid coverage including prescription drugs
- 05 = Eligible is entitled to Medicare- Qualified Disabled Working Individual (QDWI)
- 06 = Eligible is entitled to Medicare-Qualifying Individuals (QI)
- 08 = Eligible is entitled to Medicare-Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) including prescription drugs
- 09 = Eligible is entitled to Medicare — but without Medicaid coverage (This code is to be used only with specific CMS approval).
- 10 = Separate CHIP Eligible is entitled to Medicare
- Null/missing = source value is missing or unknown

COMMENT: Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals are sometimes divided into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries.

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DUAL_ELGBL_CD_LTST

| | |
|---------------------|---|
| LABEL: | Medicare-Medicaid Dual Eligibility Code — Latest in Year |
| DESCRIPTION: | Indicates coverage for beneficiaries entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits; most recent in the calendar year. |
| SHORT NAME: | DUAL_ELGBL_CD_LTST |
| LONG NAME: | DUAL_ELGBL_CD_LTST |
| TYPE: | CHAR |
| LENGTH: | 2 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | <p>00 = Eligible is not a Medicare beneficiary</p> <p>01 = Eligible is entitled to Medicare-Qualified Medicare Beneficiary (QMB) only</p> <p>02 = Eligible is entitled to Medicare-QMB and Medicaid coverage including prescription drugs</p> <p>03 = Eligible is entitled to Medicare-Specified Low-Income Medicare Beneficiary (SLMB) only</p> <p>04 = Eligible is entitled to Medicare-SLMB and Medicaid coverage including prescription drugs</p> <p>05 = Eligible is entitled to Medicare-Qualified Disabled Working Individual (QDWI)</p> <p>06 = Eligible is entitled to Medicare-Qualifying Individuals (QI)</p> <p>08 = Eligible is entitled to Medicare-Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) including prescription drugs</p> <p>09 = Eligible is entitled to Medicare — but without Medicaid coverage (This code is to be used only with specific CMS approval).</p> <p>10 = Separate CHIP Eligible is entitled to Medicare</p> <p>Null/missing = source value is missing or unknown</p> |
| COMMENT: | Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits received. CMS generally considers beneficiaries as full duals if they have values of 02, 04, or 08, and partial duals if they have values of 01, 03, 05, or 06. Partial duals are sometimes divided into QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries. |

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ELGBL_AFTR_EOY_IND

LABEL: Eligible After End of Year — Indicator

DESCRIPTION: Indicates if the beneficiary's T-MSIS eligibility end date was recoded to the last day of the calendar year because the original eligibility end date was either NULL or after the last day of the calendar year, either of which indicates the beneficiary was eligible beyond the calendar year.

SHORT NAME: ELGBL_AFTR_EOY_IND

LONG NAME: ELGBL_AFTR_EOY_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes

COMMENT: This field is populated starting with the 2020 Release 1 RIF.

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ELGBLTY_CHG_RSN_CD_01

ELGBLTY_CHG_RSN_CD_02

ELGBLTY_CHG_RSN_CD_03

ELGBLTY_CHG_RSN_CD_04

ELGBLTY_CHG_RSN_CD_05

ELGBLTY_CHG_RSN_CD_06

ELGBLTY_CHG_RSN_CD_07

ELGBLTY_CHG_RSN_CD_08

ELGBLTY_CHG_RSN_CD_09

ELGBLTY_CHG_RSN_CD_10

ELGBLTY_CHG_RSN_CD_11

ELGBLTY_CHG_RSN_CD_12

LABEL: Reason for Change in Eligibility Status — January–December (01–12)

DESCRIPTION: The reason for a change in an individual’s eligibility status; most recent in the calendar year. This variable is reported when there is a change in the individual’s eligibility status. There are separate variables for each of the 12 months during the year.

SHORT NAME:

ELGBLTY_CHG_RSN_CD_01
ELGBLTY_CHG_RSN_CD_02
ELGBLTY_CHG_RSN_CD_03
ELGBLTY_CHG_RSN_CD_04
ELGBLTY_CHG_RSN_CD_05
ELGBLTY_CHG_RSN_CD_06

ELGBLTY_CHG_RSN_CD_07
ELGBLTY_CHG_RSN_CD_08
ELGBLTY_CHG_RSN_CD_09
ELGBLTY_CHG_RSN_CD_10
ELGBLTY_CHG_RSN_CD_11
ELGBLTY_CHG_RSN_CD_12

LONG NAME:

ELGBLTY_CHG_RSN_CD_01
ELGBLTY_CHG_RSN_CD_02
ELGBLTY_CHG_RSN_CD_03
ELGBLTY_CHG_RSN_CD_04
ELGBLTY_CHG_RSN_CD_05
ELGBLTY_CHG_RSN_CD_06

ELGBLTY_CHG_RSN_CD_07
ELGBLTY_CHG_RSN_CD_08
ELGBLTY_CHG_RSN_CD_09
ELGBLTY_CHG_RSN_CD_10
ELGBLTY_CHG_RSN_CD_11
ELGBLTY_CHG_RSN_CD_12

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Excess income
- 02 = Excess assets
- 03 = Income reduced
- 04 = Aged out of program
- 05 = No longer in the foster care system
- 06 = Death
- 07 = No longer disabled
- 08 = No longer institutionalized
- 09 = No longer in need of long-term care services
- 10 = Obtained employer sponsored insurance (ESI)
- 11 = Gained access to public employee's health plan
- 12 = Obtained other coverage (not ESI or public employees health plan)
- 13 = Failure to respond
- 14 = Failure to pay premium or enrollment fees
- 15 = Moved to a different state
- 16 = Voluntary request for termination
- 17 = Lack of verifications
- 18 = Fraud
- 19 = Suspension due to incarceration
- 20 = Residence in an institution for mental disease (IMD)
- 21 = Suspension/Termination with reason unknown
- 22 = Other
- Null/missing = source value is missing or unknown

COMMENT: This field is populated starting with the 2020 Release 1.

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ELGLTY_GRP_CD_01
ELGLTY_GRP_CD_02
ELGLTY_GRP_CD_03
ELGLTY_GRP_CD_04
ELGLTY_GRP_CD_05
ELGLTY_GRP_CD_06
ELGLTY_GRP_CD_07
ELGLTY_GRP_CD_08
ELGLTY_GRP_CD_09
ELGLTY_GRP_CD_10
ELGLTY_GRP_CD_11
ELGLTY_GRP_CD_12

LABEL: Eligibility Group Code — January–December (01–12)

DESCRIPTION: The eligibility group applicable to the beneficiary based on the eligibility determination process, in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------------|------------------|
| ELGLTY_GRP_CD_01 | ELGLTY_GRP_CD_07 |
| ELGLTY_GRP_CD_02 | ELGLTY_GRP_CD_08 |
| ELGLTY_GRP_CD_03 | ELGLTY_GRP_CD_09 |
| ELGLTY_GRP_CD_04 | ELGLTY_GRP_CD_10 |
| ELGLTY_GRP_CD_05 | ELGLTY_GRP_CD_11 |
| ELGLTY_GRP_CD_06 | ELGLTY_GRP_CD_12 |

LONG NAME:

| | |
|------------------|------------------|
| ELGLTY_GRP_CD_01 | ELGLTY_GRP_CD_07 |
| ELGLTY_GRP_CD_02 | ELGLTY_GRP_CD_08 |
| ELGLTY_GRP_CD_03 | ELGLTY_GRP_CD_09 |
| ELGLTY_GRP_CD_04 | ELGLTY_GRP_CD_10 |
| ELGLTY_GRP_CD_05 | ELGLTY_GRP_CD_11 |
| ELGLTY_GRP_CD_06 | ELGLTY_GRP_CD_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Parents and Other Caretaker Relatives
- 02 = Transitional Medical Assistance
- 03 = Extended Medicaid due to Earnings
- 04 = Extended Medicaid due to Spousal Support Collections
- 05 = Pregnant Women
- 06 = Deemed Newborns
- 07 = Infants and Children under Age 19
- 08 = Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care
- 09 = Former Foster Care Children
- 11 = Individuals Receiving SSI
- 12 = Aged, Blind and Disabled Individuals in 209(b) States
- 13 = Individuals Receiving Mandatory State Supplements
- 14 = Individuals Who Are Essential Spouses
- 15 = Institutionalized Individuals Continuously Eligible Since 1973
- 16 = Blind or Disabled Individuals Eligible in 1973
- 17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972
- 18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977
- 19 = Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI
- 20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security
- 21 = Working Disabled under 1619(b)
- 22 = Disabled Adult Children
- 23 = Qualified Medicare Beneficiaries
- 24 = Qualified Disabled and Working Individuals
- 25 = Specified Low Income Medicare Beneficiaries
- 26 = Qualifying Individuals
- 27 = Optional Coverage of Parents and Other Caretaker Relatives
- 28 = Reasonable Classifications of Individuals under Age 21
- 29 = Children with Non-IV-E Adoption Assistance
- 30 = Independent Foster Care Adolescents
- 31 = Optional Targeted Low-Income Children
- 32 = Individuals Electing COBRA Continuation Coverage
- 33 = Individuals above 133% FPL under Age 65
- 34 = Certain Individuals Needing Treatment for Breast or Cervical Cancer
- 35 = Individuals Eligible for Family Planning Services
- 36 = Individuals with Tuberculosis
- 37 = Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance
- 38 = Individuals Eligible for Cash Assistance except for Institutionalization
- 39 = Individuals Receiving Home and Community Based Services under Institutional Rules
- 40 = Optional State Supplement Recipients — 1634 States, and SSI Criteria States with 1616 Agreements
- 41 = Optional State Supplement Recipients — 209(b) States, and SSI Criteria States without 1616 Agreements
- 42 = Institutionalized Individuals Eligible under a Special Income Level

43 = Individuals participating in a PACE Program under Institutional Rules
 44 = Individuals Receiving Hospice Care
 45 = Qualified Disabled Children under Age 19
 46 = Poverty Level Aged or Disabled
 47 = Work Incentives Eligibility Group
 48 = Ticket to Work Basic Group
 49 = Ticket to Work Medical Improvements Group
 50 = Family Opportunity Act Children with Disabilities
 51 = Individuals Eligible for Home and Community-Based Services
 52 = Individuals Eligible for Home and Community-Based Services — Special Income Level
 53 = Medically Needy Pregnant Women
 54 = Medically Needy Children under Age 18
 55 = Medically Needy Children Aged 18 through 20
 56 = Medically Needy Parents and Other Caretakers
 59 = Medically Needy Aged, Blind or Disabled
 60 = Medically Needy Blind or Disabled Individuals Eligible in 1973
 61 = Targeted Low-Income Children
 62 = Deemed Newborn
 63 = Children Ineligible for Medicaid Due to Loss of Income Disregards
 64 = Coverage from Conception to Birth
 65 = Children with Access to Public Employee Coverage
 66 = Children Eligible for Dental Only Supplemental Coverage
 67 = Targeted Low-Income
 68 = Pregnant Women with Access to Public Employee Coverage
 69 = Individuals with mental health Conditions (expansion group)
 70 = Family Planning Participants (expansion group)
 71 = Other expansion group
 72 = Adult Group — Individuals at or below 133% FPL,19-64, newly eligible for all states
 73 = Adult Group — Individuals at or below 133% FPL,19-64, not newly eligible for non 1905z(3) states
 74 = Adult Group — Individuals at or below 133% FPL,19-64, not newly eligible parent/caretaker-
 relative(s) in 1905z(3) states
 75 = Adult Group — Individuals at or below 133% FPL,19-64, not newly eligible non-parent/caretaker-
 relative(s) in 1905z(3) states
 76 = Uninsured Individual eligible for COVID-19 testing
 Null/missing = source value is missing or unknown

COMMENT: The valid value list of eligibility groups aligns with those being used in the Medicaid and CHIP Program Data System (MACPro).

ACA Medicaid expansion for childless adults, represented by valid values “72” through “75” are still technically characterized as mandatory eligibility groups by Subsection 1902(a)(10)(A)(i) of the Social Security Act (SSA) despite the U.S. Supreme Court ruling (National Federation of Independent Business v. Sebelius, 567 U.S. 519 [2012]) which ruled that states could not be required to offer such coverage. Therefore, some states may not report any of the Medicaid expansion groups to T-MSIS if these groups are not applicable to a particular state.

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ELGLTY_GRP_CD_LTST

| | |
|---------------------|--|
| LABEL: | Eligibility Group Code — Latest in Year |
| DESCRIPTION: | The eligibility group applicable to the beneficiary based on the eligibility determination process for the calendar year; most recent in the calendar year. |
| SHORT NAME: | ELGLTY_GRP_CD_LTST |
| LONG NAME: | ELGLTY_GRP_CD_LTST |
| TYPE: | CHAR |
| LENGTH: | 2 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | <ul style="list-style-type: none">01 = Parents and Other Caretaker Relatives02 = Transitional Medical Assistance03 = Extended Medicaid due to Earnings04 = Extended Medicaid due to Spousal Support Collections05 = Pregnant Women06 = Deemed Newborns07 = Infants and Children under Age 1908 = Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care09 = Former Foster Care Children11 = Individuals Receiving SSI12 = Aged, Blind and Disabled Individuals in 209(b) States13 = Individuals Receiving Mandatory State Supplements14 = Individuals Who Are Essential Spouses15 = Institutionalized Individuals Continuously Eligible Since 197316 = Blind or Disabled Individuals Eligible in 197317 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 197218 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 197719 = Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security21 = Working Disabled under 1619(b)22 = Disabled Adult Children23 = Qualified Medicare Beneficiaries24 = Qualified Disabled and Working Individuals25 = Specified Low Income Medicare Beneficiaries26 = Qualifying Individuals27 = Optional Coverage of Parents and Other Caretaker Relatives28 = Reasonable Classifications of Individuals under Age 2129 = Children with Non-IV-E Adoption Assistance30 = Independent Foster Care Adolescents31 = Optional Targeted Low-Income Children32 = Individuals Electing COBRA Continuation Coverage |

- 33 = Individuals above 133% FPL under Age 65
- 34 = Certain Individuals Needing Treatment for Breast or Cervical Cancer
- 35 = Individuals Eligible for Family Planning Services
- 36 = Individuals with Tuberculosis
- 37 = Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance
- 38 = Individuals Eligible for Cash Assistance except for Institutionalization
- 39 = Individuals Receiving Home and Community Based Services under Institutional Rules
- 40 = Optional State Supplement Recipients — 1634 States, and SSI Criteria States with 1616 Agreements
- 41 = Optional State Supplement Recipients — 209(b) States, and SSI Criteria States without 1616 Agreements
- 42 = Institutionalized Individuals Eligible under a Special Income Level
- 43 = Individuals participating in a PACE Program under Institutional Rules
- 44 = Individuals Receiving Hospice Care
- 45 = Qualified Disabled Children under Age 19
- 46 = Poverty Level Aged or Disabled
- 47 = Work Incentives Eligibility Group
- 48 = Ticket to Work Basic Group
- 49 = Ticket to Work Medical Improvements Group
- 50 = Family Opportunity Act Children with Disabilities
- 51 = Individuals Eligible for Home and Community-Based Services
- 52 = Individuals Eligible for Home and Community-Based Services — Special Income Level
- 53 = Medically Needy Pregnant Women
- 54 = Medically Needy Children under Age 18
- 55 = Medically Needy Children Aged 18 through 20
- 56 = Medically Needy Parents and Other Caretakers
- 59 = Medically Needy Aged, Blind or Disabled
- 60 = Medically Needy Blind or Disabled Individuals Eligible in 1973
- 61 = Targeted Low-Income Children
- 62 = Deemed Newborn
- 63 = Children Ineligible for Medicaid Due to Loss of Income Disregards
- 64 = Coverage from Conception to Birth
- 65 = Children with Access to Public Employee Coverage
- 66 = Children Eligible for Dental Only Supplemental Coverage
- 67 = Targeted Low-Income Pregnant Women
- 68 = Pregnant Women with Access to Public Employee Coverage
- 69 = Individuals with mental health Conditions (expansion group)
- 70 = Family Planning Participants (expansion group)
- 71 = other expansion group
- 72 = Adult Group — Individuals at or below 133% FPL, 19-64, newly eligible for all states
- 73 = Adult Group — Individuals at or below 133% FPL, 19-64, not newly eligible for non 1905z (3) states
- 74 = Adult Group — Individuals at or below 133% FPL, 19-64, not newly eligible parent/caretaker-relative(s) in 1905z (3) states
- 75 = Adult Group — Individuals at or below 133% FPL, 19-64, not newly eligible non-parent/caretaker-relative(s) in 1905z (3) states
- 76 = Uninsured Individual eligible for COVID-19 testing
- Null/missing = source value is missing or unknown

COMMENT: The valid value list of eligibility groups aligns with those being used in the Medicaid and CHIP Program Data System (MACPro).

ACA Medicaid expansion for childless adults, represented by valid values “72” through “75” are still technically characterized as mandatory eligibility groups by Subsection 1902(a)(10)(A)(i) of the Social Security Act (SSA) despite the U.S. Supreme Court ruling (National Federation of Independent Business v. Sebelius, 567 U.S. 519 [2012]) which ruled that states could not be required to offer such coverage. Therefore, some states may not report any of the Medicaid expansion groups to T-MSIS if these groups are not applicable to a particular state.

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ENGLISH_LANG_PFCNCY_CD

LABEL: English Language Proficiency Code — Latest in Year

DESCRIPTION: A code indicating the level of spoken English proficiency by the beneficiary; most recent in the calendar and the two prior years.

SHORT NAME: ENGLISH_LANG_PFCNCY_CD

LONG NAME: ENGLISH_LANG_PFCNCY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Very well
1 = Well
2 = Not well
3 = No spoken proficiency
Null/missing = source value is missing or unknown

COMMENT: —

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ENHNCD_PCCM_MOS

| | |
|---------------------|---|
| LABEL: | Enhanced Primary Care Case Management (PCCM) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in an Enhanced Primary Care Case Management (PCCM) Managed Care Plan in the calendar year. |
| SHORT NAME: | ENHNCD_PCCM_MOS |
| LONG NAME: | ENHNCD_PCCM_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 03 (Enhanced PCCM Provider arrangement). |

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ENRLMT_END_DT

LABEL: Enrollment End Date (Within Calendar Year)

DESCRIPTION: Indicates the date at which a beneficiary's enrollment in Medicaid or CHIP is terminated. If the enrollment episode is terminated after December 31 of the calendar year, this date is edited to December 31 of the calendar year.

SHORT NAME: ENRLMT_END_DT

LONG NAME: ENRLMT_END_DT

TYPE: DATE

LENGTH: 8

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

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ENRLMT_START_DT

LABEL: Enrollment Start Date (Within Calendar Year)

DESCRIPTION: Indicates the date at which a beneficiary's enrollment in Medicaid or CHIP became effective. If the enrollment episode begins before January 1 of the calendar year, this date is edited to January 1 of the calendar year.

SHORT NAME: ENRLMT_START_DT

LONG NAME: ENRLMT_START_DT

TYPE: DATE

LENGTH: 8

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

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ENRLMT_TYPE_CD

LABEL: Enrollment Type Code — Medicaid or CHIP

DESCRIPTION: Indicates whether the enrollment is in Medicaid or CHIP for the given enrollment episode

SHORT NAME: ENRLMT_TYPE_CD

LONG NAME: ENRLMT_TYPE_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 1 = Medicaid or Medicaid Expansion CHIP
2 = Separate Title XXI CHIP

COMMENT: —

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ETHNCTY_CD

LABEL: Ethnicity Code — Latest in Year

DESCRIPTION: A code indicating that the beneficiary’s ethnicity is Hispanic, Latino/a, or Spanish; most recent in the calendar and the two prior years.

SHORT NAME: ETHNCTY_CD

LONG NAME: ETHNCTY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Not of Hispanic, or Latino/a, or Spanish origin
1 = Mexican, Mexican American, Chicano/a
2 = Puerto Rican
3 = Cuban
4 = Another Hispanic, Latino, or Spanish origin
5 = Hispanic or Latino, Subcategory Unknown
Null/missing = source value is missing or unknown

COMMENT: If state had beneficiaries coded in their database as “Hispanic” or “Latino,” then it was coded in T-MSIS as “Hispanic or Latino, Subcategory Unknown” (value= 5).

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FMLY_PLNG_ONLY_WVR_1115_MOS

| | |
|---------------------|--|
| LABEL: | 1115 Family Planning Only Waiver Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Section 1115 waiver that restricts benefits to Family Planning services in the calendar year. |
| SHORT NAME: | FMLY_PLNG_ONLY_WVR_1115_MOS |
| LONG NAME: | FMLY_PLNG_ONLY_WVR_1115_MOS |
| TYPE: | NUM |
| LENGTH: | 2 |
| FILE(S): | Waiver |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 24 (1115 Family planning demonstration). |

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HCBS_AGED_CC_IND

| | |
|---------------------|---|
| LABEL: | HCBS Aged State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and community-based services (HCBS) Non-health home Chronic Condition “Aged”; most recent in the calendar year. |
| SHORT NAME: | HCBS_AGED_CC_IND |
| LONG NAME: | HCBS_AGED_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_AUTSM_CC_IND

| | |
|---------------------|---|
| LABEL: | HCBS Autism State-Reported Chronic Condition Indicator— Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Autism Spectrum Disorder”; most recent in the calendar year. |
| SHORT NAME: | HCBS_AUTSM_CC_IND |
| LONG NAME: | HCBS_AUTSM_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_BRN_INJURY_CC_IND

| | |
|---------------------|---|
| LABEL: | HCBS Brain Injury State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Brain Injury”; most recent in the calendar year. |
| SHORT NAME: | HCBS_BRN_INJURY_CC_IND |
| LONG NAME: | HCBS_BRN_INJURY_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_DEVDIS_CC_IND

LABEL: HCBS Developmental Disabilities State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Developmental Disabilities”; most recent in the calendar year.

SHORT NAME: HCBS_DEVDIS_CC_IND

LONG NAME: HCBS_DEVDIS_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This flag is state reported; it is eligibility-based and not claims-based.

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HCBS_DSBLD_OTH_CC_IND

| | |
|---------------------|---|
| LABEL: | HCBS Disabled Other State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Disabled Other”; most recent in the calendar year. |
| SHORT NAME: | HCBS_DSBLD_OTH_CC_IND |
| LONG NAME: | HCBS_DSBLD_OTH_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_HIV_AIDS_CC_IND

| | |
|---------------------|---|
| LABEL: | HCBS HIV or AIDS State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “HIV/AIDS”; most recent in the calendar year. |
| SHORT NAME: | HCBS_HIV_AIDS_CC_IND |
| LONG NAME: | HCBS_HIV_AIDS_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_INTLCTL_DSBLTS_CC_IND

| | |
|---------------------|--|
| LABEL: | HCBS Intellectual Disabilities State-Reported Chronic condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Intellectual Disabilities”; most recent in the calendar year. |
| SHORT NAME: | HCBS_INTLCTL_DSBLTS_CC_IND |
| LONG NAME: | HCBS_INTLCTL_DSBLTS_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_MENTL_ILL_CC_IND

| | |
|---------------------|--|
| LABEL: | HCBS Mental Illness State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition Mental Illness and/or Serious Emotional Disturbance; most recent in the calendar year. |
| SHORT NAME: | HCBS_MENTL_ILL_CC_IND |
| LONG NAME: | HCBS_MENTL_ILL_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_PHYS_DSBLTS_CC_IND

| | |
|---------------------|--|
| LABEL: | HCBS Physical Disabilities State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Physical Disabilities”; most recent in the calendar year. |
| SHORT NAME: | HCBS_PHYS_DSBLTS_CC_IND |
| LONG NAME: | HCBS_PHYS_DSBLTS_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HCBS_TECH_DPNDNT_MF_CC_IND

| | |
|---------------------|---|
| LABEL: | HCBS Tech Dep Medically Fragile State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Technology Dependent/Medically Fragile”; most recent in the calendar year. |
| SHORT NAME: | HCBS_TECH_DPNDNT_MF_CC_IND |
| LONG NAME: | HCBS_TECH_DPNDNT_MF_CC_IND |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HIFA_WVR_1115_MOS

LABEL: 1115 Health Insurance Flexibility and Accountability Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1115 (Health Insurance Flexibility and Accountability [HIFA] Demonstration Initiative) waiver in the calendar year.

SHORT NAME: HIFA_WVR_1115_MOS

LONG NAME: HIFA_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 21 (1115 HIFA Waiver).

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HIO_MOS

| | |
|---------------------|---|
| LABEL: | Health Insuring Organization (HIO) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Health Insuring Organization (HIO) Managed Care Plan in the calendar year. |
| SHORT NAME: | HIO_MOS |
| LONG NAME: | HIO_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 04 (Health Insuring Organization [HIO]). |

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HLTH_HOME_ASTHMA_CC_IND

| | |
|---------------------|--|
| LABEL: | health home Asthma State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “Asthma”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_ASTHMA_CC_IND |
| LONG NAME: | HLTH_HOME_ASTHMA_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_HOME_DBTS_CC_IND

| | |
|---------------------|--|
| LABEL: | Health Home Diabetes State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “Diabetes”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_DBTS_CC_IND |
| LONG NAME: | HLTH_HOME_DBTS_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_HOME_ENT_NAME

| | |
|---------------------|---|
| LABEL: | Health Home Entity Name — Latest in Year |
| DESCRIPTION: | A field to identify the health home state plan amendments (SPA) in which a beneficiary is enrolled in the calendar year; most recent in the calendar year. Because an identification numbering schema has not been established, the entities' names are being used instead. |
| SHORT NAME: | HLTH_HOME_ENT_NAME |
| LONG NAME: | HLTH_HOME_ENT_NAME |
| TYPE: | CHAR |
| LENGTH: | 100 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | The field can contain any alphanumeric characters, digits or symbols. Null/missing = source value is missing or unknown |
| COMMENT: | — |

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HLTH_HOME_HIV_AIDS_CC_IND

| | |
|---------------------|--|
| LABEL: | Health Home HIV or AIDS State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “HIV/AIDS”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_HIV_AIDS_CC_IND |
| LONG NAME: | HLTH_HOME_HIV_AIDS_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_HOME_HRT_DISEASE_CC_IND

| | |
|---------------------|---|
| LABEL: | Health Home Heart Disease State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “Heart Disease”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_HRT_DISEASE_CC_IND |
| LONG NAME: | HLTH_HOME_HRT_DISEASE_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_HOME_MH_CC_IND

| | |
|---------------------|---|
| LABEL: | Health Home Mental Health State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “mental health”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_MH_CC_IND |
| LONG NAME: | HLTH_HOME_MH_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_HOME_OTH_CC_IND

| | |
|---------------------|---|
| LABEL: | Health Home Other Condition State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “Other”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_OTH_CC_IND |
| LONG NAME: | HLTH_HOME_OTH_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_HOME_OVRWT_CC_IND

| | |
|---------------------|--|
| LABEL: | Health Home Overweight State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “Overweight”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_OVRWT_CC_IND |
| LONG NAME: | HLTH_HOME_OVRWT_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_HOME_PGM_IND_01
 HLTH_HOME_PGM_IND_02
 HLTH_HOME_PGM_IND_03
 HLTH_HOME_PGM_IND_04
 HLTH_HOME_PGM_IND_05
 HLTH_HOME_PGM_IND_06
 HLTH_HOME_PGM_IND_07
 HLTH_HOME_PGM_IND_08
 HLTH_HOME_PGM_IND_09
 HLTH_HOME_PGM_IND_10
 HLTH_HOME_PGM_IND_11
 HLTH_HOME_PGM_IND_12

LABEL: Health Home Program Participation Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary participated in the health home program. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|----------------------|----------------------|
| HLTH_HOME_PGM_IND_01 | HLTH_HOME_PGM_IND_07 |
| HLTH_HOME_PGM_IND_02 | HLTH_HOME_PGM_IND_08 |
| HLTH_HOME_PGM_IND_03 | HLTH_HOME_PGM_IND_09 |
| HLTH_HOME_PGM_IND_04 | HLTH_HOME_PGM_IND_10 |
| HLTH_HOME_PGM_IND_05 | HLTH_HOME_PGM_IND_11 |
| HLTH_HOME_PGM_IND_06 | HLTH_HOME_PGM_IND_12 |

LONG NAME:

| | |
|----------------------|----------------------|
| HLTH_HOME_PGM_IND_01 | HLTH_HOME_PGM_IND_07 |
| HLTH_HOME_PGM_IND_02 | HLTH_HOME_PGM_IND_08 |
| HLTH_HOME_PGM_IND_03 | HLTH_HOME_PGM_IND_09 |
| HLTH_HOME_PGM_IND_04 | HLTH_HOME_PGM_IND_10 |
| HLTH_HOME_PGM_IND_05 | HLTH_HOME_PGM_IND_11 |
| HLTH_HOME_PGM_IND_06 | HLTH_HOME_PGM_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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HLTH_HOME_PRVDR_ID

| | |
|---------------------|--|
| LABEL: | Health Home Provider Identification Number — Latest in Year |
| DESCRIPTION: | A unique identification number assigned by the state to the beneficiary's primary care manager for the health home in which the beneficiary is enrolled in the calendar year; most recent in the calendar year |
| SHORT NAME: | HLTH_HOME_PRVDR_ID |
| LONG NAME: | HLTH_HOME_PRVDR_ID |
| TYPE: | CHAR |
| LENGTH: | 30 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | Identification number, maximum 30 letters and numbers Null/missing = source value is missing or unknown |
| COMMENT: | — |

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HLTH_HOME_SUD_CC_IND

| | |
|---------------------|---|
| LABEL: | Health Home Substance Abuse Disorders State-Reported Chronic Condition Indicator — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had the health home Chronic Condition “Substance Abuse”; most recent in the calendar year. |
| SHORT NAME: | HLTH_HOME_SUD_CC_IND |
| LONG NAME: | HLTH_HOME_SUD_CC_IND |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Health home and state plan options |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This flag is state reported; it is eligibility-based and not claims-based. |

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HLTH_MDCL_HOME_MOS

LABEL: Health/Medical Home Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Health or Medical Home in the calendar year.

SHORT NAME: HLTH_MDCL_HOME_MOS

LONG NAME: HLTH_MDCL_HOME_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0-12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 70 (Health/Medical Home).

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HSEHLD_SIZE_CD

LABEL: Household Size Used To Determine Medicaid or CHIP Eligibility — Latest in Year

DESCRIPTION: Household size used in the Medicaid or CHIP eligibility determination process; most recent in the calendar and the two prior years.

SHORT NAME: HSEHLD_SIZE_CD

LONG NAME: HSEHLD_SIZE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 01 = 1 person
02 = 2 people
03 = 3 people
04 = 4 people
05 = 5 people
06 = 6 people
07 = 7 people
08 = 8 or more people
Null/missing = source value is missing or unknown

COMMENT: —

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IMGRTN_STUS_5YR_BAR_END_DT

| | |
|---------------------|--|
| LABEL: | Immigration Status Five Year Bar End Date — Latest in Year |
| DESCRIPTION: | The date the five-year bar for a beneficiary ends; most recent in the calendar and the two prior years. |
| SHORT NAME: | IMGRTN_STUS_5YR_BAR_END_DT |
| LONG NAME: | IMGRTN_STUS_5YR_BAR_END_DT |
| TYPE: | DATE |
| LENGTH: | 8 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | Date (numeric, system dependent) |
| COMMENT: | Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that certain immigrants who enter the United States on or after August 22, 1996, are not eligible to receive federally funded benefits, including Medicaid and the State Children’s Health Insurance Program (Separate CHIP), for five years from the date they enter the country with a status as a “qualified alien.” |

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IMGRTN_STUS_CD

LABEL: Immigration Status Code — Latest in Year

DESCRIPTION: The immigration status of the beneficiary; most recent in the calendar year.

SHORT NAME: IMGRTN_STUS_CD

LONG NAME: IMGRTN_STUS_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = U.S. citizen or U.S. national

1 = Qualified non-citizen

2 = Lawfully present under Children's Health Insurance Program Reauthorization Act (CHIPRA) 214

3 = Eligible only for payment for emergency services

Null/missing = source value is missing or unknown

COMMENT: —

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IMGRTN_VRFCTN_PENDG_IND

LABEL: Beneficiary is Enrolled Pending Immigration Verification — Latest in Year

DESCRIPTION: Indicates the beneficiary is enrolled in Medicaid pending immigration verification; most recent in the calendar year.

SHORT NAME: IMGRTN_VRFCTN_PENDG_IND

LONG NAME: IMGRTN_VRFCTN_PENDG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = No (immigration status verified)
1 = Yes (Enrolled in Medicaid pending immigration verification)
Null/missing = source value is missing or unknown

COMMENT: —

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INCM_CD

LABEL: Income Relative to the Federal Poverty Level — Latest in Year

DESCRIPTION: A code indicating the family income level; most recent in the calendar and the two prior years.

SHORT NAME: INCM_CD

LONG NAME: INCM_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Individual's State-defined family income is from 0 to 100% of the federal poverty level (FPL)
- 02 = Individual's State-defined family income is from 101 to 133% of the FPL
- 03 = Individual's State-defined family income is from 134 to 150% of the FPL
- 04 = Individual's State-defined family income is from 151 to 200% of the FPL
- 05 = Individual's State-defined family income is from 201 to 255% of the FPL
- 06 = Individual's State-defined family income is from 256 to 300% of the FPL
- 07 = Individual's State-defined family income is from 301 to 400% of the FPL
- 08 = Individual's State-defined family income is over 400% of the FPL

Null/missing = source value is missing or unknown

COMMENT: —

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INTGRTD_CARE_DUAL_ELGBL_MOS

| | |
|---------------------|---|
| LABEL: | Integrated Care for Dual Eligible Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in an Integrated Care for Dual Eligibles Managed Care Plan in the calendar year. |
| SHORT NAME: | INTGRTD_CARE_DUAL_ELGBL_MOS |
| LONG NAME: | INTGRTD_CARE_DUAL_ELGBL_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0-12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 80 (Integrated Care for Dual Eligibles). |

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LCKIN_IND

LABEL: Lock-in Indicator — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary had an active lock-in period with a healthcare service/provider in the calendar year.

SHORT NAME: LCKIN_IND

LONG NAME: LCKIN_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes

COMMENT: This value is never null/missing.

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LCKIN_PRVDR_ID_1

LCKIN_PRVDR_ID_2

LCKIN_PRVDR_ID_3

LABEL: Lock-in Provider Identification Number (1–3)

DESCRIPTION: A unique identification number assigned by the state to a provider furnishing locked-in healthcare services to a beneficiary; most recent in the calendar year.

SHORT NAME: LCKIN_PRVDR_ID_1
LCKIN_PRVDR_ID_2
LCKIN_PRVDR_ID_3

LONG NAME: LCKIN_PRVDR_ID_1
LCKIN_PRVDR_ID_2
LCKIN_PRVDR_ID_3

TYPE: CHAR

LENGTH: 30

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 30 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: There are up to three lock-in providers. The LCKIN_PRVDR_ID_# corresponds with a variable indicating the types of services that are locked-in (refer to LCKIN_PRVDR_TYPE_CD_#).

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LCKIN_PRVDR_TYPE_CD_1

LCKIN_PRVDR_TYPE_CD_2

LCKIN_PRVDR_TYPE_CD_3

LABEL: Lock-in Provider Type Codes (1–3)

DESCRIPTION: The type(s) of service that are locked-in; most recent in the calendar year.

SHORT NAME: LCKIN_PRVDR_TYPE_CD_1
LCKIN_PRVDR_TYPE_CD_2
LCKIN_PRVDR_TYPE_CD_3

LONG NAME: LCKIN_PRVDR_TYPE_CD_1
LCKIN_PRVDR_TYPE_CD_2
LCKIN_PRVDR_TYPE_CD_3

TYPE: CHAR

LENGTH: 2

SOURCE: T-MSIS annual demographic and eligibility TAF

FILE(S): Disability and need

VALUES:

- | | |
|---|--|
| 01 = Physician | 18 = Other Medical Supply Company |
| 02 = Speech Language Pathologist | 19 = Individual Certified Orthotist |
| 03 = Oral Surgery (Dentist only) | 20 = Individual Certified Prosthetist |
| 04 = Cardiac Rehabilitation and Intensive Cardiac Rehabilitation | 21 = Individual Certified Prosthetist- Orthotist |
| 05 = Anesthesiology Assistant | 22 = Medical Supply Company with Pharmacist |
| 06 = Chiropractic | 23 = Ambulance Service Provider |
| 07 = Optometry | 24 = Public Health or Welfare Agency |
| 08 = Certified Nurse Midwife | 25 = Voluntary Health or Charitable Agency |
| 09 = Certified Registered Nurse Anesthetist (CRNA) | 26 = Psychologist, Clinical |
| 10 = Mammography Center | 27 = Portable X-Ray Supplier |
| 11 = Independent Diagnostic Testing Facility (IDTF) | 28 = Audiologist |
| 12 = Podiatry | 29 = Physical Therapist in Private Practice |
| 13 = Ambulatory Surgical Center | 30 = Occupational Therapist in Private Practice |
| 14 = Nurse Practitioner | 31 = Clinical Laboratory |
| 15 = Medical Supply Company with Orthotist | 32 = Clinic or Group Practice |
| 16 = Medical Supply Company with Prosthetist | 33 = Registered Dietitian or Nutrition Professional |
| 17 = Medical Supply Company with Orthotist-Prosthetist | 34 = Mass Immunizer Roster Biller |

35 = Radiation Therapy Center
36 = Slide Preparation Facility
37 = Licensed Clinical Social Worker
38 = Certified Clinical Nurse Specialist
39 = Advance Diagnostic Imaging
40 = Optician
41 = Physician Assistant
42 = Hospital-General
43 = Skilled Nursing Facility
44 = Intermediate Care Nursing Facility
45 = Other Nursing Facility
46 = Home Health Agency
47 = Pharmacy

48 = Medical Supply Company with
Respiratory Therapist
49 = Department Store
50 = Grocery Store
51 = Indian Health Service facility
52 = Oxygen supplier
53 = Pedorthic personnel
54 = Medical supply company with
pedorthic personnel
55 = Rehabilitation Agency
56 = Ocularist
57 = All Other

COMMENT: There are up to three lock-in providers. The LCKIN_PRVDR_ID_# corresponds with a variable indicating the types of services that are locked-in (refer to LCKIN_PRVDR_TYPE_CD_#).

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LTC_PIHP_MOS

| | |
|---------------------|--|
| LABEL: | Long-Term Care Prepaid Inpatient Health Plan (PIHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Long-Term Care (LTC) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | LTC_PIHP_MOS |
| LONG NAME: | LTC_PIHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 07 (Long-Term Care [LTC] PIHP). |

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LTSS_LVL_CD_1_01
 LTSS_LVL_CD_1_02
 LTSS_LVL_CD_1_03
 LTSS_LVL_CD_1_04
 LTSS_LVL_CD_1_05
 LTSS_LVL_CD_1_06
 LTSS_LVL_CD_1_07
 LTSS_LVL_CD_1_08
 LTSS_LVL_CD_1_09
 LTSS_LVL_CD_1_10
 LTSS_LVL_CD_1_11
 LTSS_LVL_CD_1_12

LABEL: long-term services and supports Provider 1 Level of Care Code — January–December (01–12)

DESCRIPTION: Monthly variable indicating the level of care provided to the beneficiary by the first of up to three long-term care facilities. There is a separate variable for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|------------------|------------------|
| LTSS_LVL_CD_1_01 | LTSS_LVL_CD_1_07 |
| LTSS_LVL_CD_1_02 | LTSS_LVL_CD_1_08 |
| LTSS_LVL_CD_1_03 | LTSS_LVL_CD_1_09 |
| LTSS_LVL_CD_1_04 | LTSS_LVL_CD_1_10 |
| LTSS_LVL_CD_1_05 | LTSS_LVL_CD_1_11 |
| LTSS_LVL_CD_1_06 | LTSS_LVL_CD_1_12 |

LONG NAME:

| | |
|------------------|------------------|
| LTSS_LVL_CD_1_01 | LTSS_LVL_CD_1_07 |
| LTSS_LVL_CD_1_02 | LTSS_LVL_CD_1_08 |
| LTSS_LVL_CD_1_03 | LTSS_LVL_CD_1_09 |
| LTSS_LVL_CD_1_04 | LTSS_LVL_CD_1_10 |
| LTSS_LVL_CD_1_05 | LTSS_LVL_CD_1_11 |
| LTSS_LVL_CD_1_06 | LTSS_LVL_CD_1_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
1 = Skilled Care
2 = Intermediate Care
3 = Custodial Care
Null/missing = source value is missing or unknown

COMMENT: There are up to three long-term care providers for each month; the sequence (1st–3rd LTSS level of care code) is indicated by the 3rd digit from the right (e.g., LTSS_LVL_CD_2_MM) is the monthly variable string for the 2nd long-term care provider.

The LTSS_LVL_CD_1_MM corresponds to the LTSS provider ID (LTSS_PRVDR_ID_1).

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LTSS_LVL_CD_1_LTST

| | |
|---------------------|--|
| LABEL: | long-term services and supports Provider 1 Level of Care Code — Latest in Year |
| DESCRIPTION: | The level of care provided to the beneficiary by the first of up to three long-term care facilities, most recent in the calendar year. |
| SHORT NAME: | LTSS_LVL_CD_1_LTST |
| LONG NAME: | LTSS_LVL_CD_1_LTST |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 1 = Skilled Care 2 = Intermediate Care 3 = Custodial Care Null/missing = source value is missing or unknown |
| COMMENT: | — |

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LTSS_LVL_CD_2_01
 LTSS_LVL_CD_2_02
 LTSS_LVL_CD_2_03
 LTSS_LVL_CD_2_04
 LTSS_LVL_CD_2_05
 LTSS_LVL_CD_2_06
 LTSS_LVL_CD_2_07
 LTSS_LVL_CD_2_08
 LTSS_LVL_CD_2_09
 LTSS_LVL_CD_2_10
 LTSS_LVL_CD_2_11
 LTSS_LVL_CD_2_12

LABEL: long-term services and supports Provider 2 Level of Care Code — January–December (01–12)

DESCRIPTION: Monthly variable indicating the level of care provided to the beneficiary by the 2nd of up to three long-term care facilities. There is a separate variable for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|------------------|------------------|
| LTSS_LVL_CD_2_01 | LTSS_LVL_CD_2_07 |
| LTSS_LVL_CD_2_02 | LTSS_LVL_CD_2_08 |
| LTSS_LVL_CD_2_03 | LTSS_LVL_CD_2_09 |
| LTSS_LVL_CD_2_04 | LTSS_LVL_CD_2_10 |
| LTSS_LVL_CD_2_05 | LTSS_LVL_CD_2_11 |
| LTSS_LVL_CD_2_06 | LTSS_LVL_CD_2_12 |

LONG NAME:

| | |
|------------------|------------------|
| LTSS_LVL_CD_2_01 | LTSS_LVL_CD_2_07 |
| LTSS_LVL_CD_2_02 | LTSS_LVL_CD_2_08 |
| LTSS_LVL_CD_2_03 | LTSS_LVL_CD_2_09 |
| LTSS_LVL_CD_2_04 | LTSS_LVL_CD_2_10 |
| LTSS_LVL_CD_2_05 | LTSS_LVL_CD_2_11 |
| LTSS_LVL_CD_2_06 | LTSS_LVL_CD_2_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
1 = Skilled Care
2 = Intermediate Care
3 = Custodial Care
Null/missing = source value is missing or unknown

COMMENT: There are up to three long-term care providers for each month; the sequence (1st–3rd LTSS level of care code) is indicated by the 3rd digit from the right (e.g., LTSS_LVL_CD_2_MM) is the monthly variable string for the 2nd long-term care provider.

The LTSS_LVL_CD_1_MM corresponds to the LTSS provider ID (LTSS_PRVDR_ID_1).

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LTSS_LVL_CD_2_LTST

| | |
|---------------------|--|
| LABEL: | long-term services and supports Provider 2 Level of Care Code — Latest in Year |
| DESCRIPTION: | The level of care provided to the beneficiary by the 2 nd of up to three long-term care facilities, most recent in the calendar year. |
| SHORT NAME: | LTSS_LVL_CD_2_LTST |
| LONG NAME: | LTSS_LVL_CD_2_LTST |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 1 = Skilled Care 2 = Intermediate Care 3 = Custodial Care Null/missing = source value is missing or unknown |
| COMMENT: | — |

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LTSS_LVL_CD_3_01
 LTSS_LVL_CD_3_02
 LTSS_LVL_CD_3_03
 LTSS_LVL_CD_3_04
 LTSS_LVL_CD_3_05
 LTSS_LVL_CD_3_06
 LTSS_LVL_CD_3_07
 LTSS_LVL_CD_3_08
 LTSS_LVL_CD_3_09
 LTSS_LVL_CD_3_10
 LTSS_LVL_CD_3_11
 LTSS_LVL_CD_3_12

LABEL: long-term services and supports Provider 3 Level of Care Code — January–December (01–12)

DESCRIPTION: Monthly variable indicating the level of care provided to the beneficiary by the 3rd of up to three long-term care facilities. There is a separate variable for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|------------------|------------------|
| LTSS_LVL_CD_3_01 | LTSS_LVL_CD_3_07 |
| LTSS_LVL_CD_3_02 | LTSS_LVL_CD_3_08 |
| LTSS_LVL_CD_3_03 | LTSS_LVL_CD_3_09 |
| LTSS_LVL_CD_3_04 | LTSS_LVL_CD_3_10 |
| LTSS_LVL_CD_3_05 | LTSS_LVL_CD_3_11 |
| LTSS_LVL_CD_3_06 | LTSS_LVL_CD_3_12 |

LONG NAME:

| | |
|------------------|------------------|
| LTSS_LVL_CD_3_01 | LTSS_LVL_CD_3_07 |
| LTSS_LVL_CD_3_02 | LTSS_LVL_CD_3_08 |
| LTSS_LVL_CD_3_03 | LTSS_LVL_CD_3_09 |
| LTSS_LVL_CD_3_04 | LTSS_LVL_CD_3_10 |
| LTSS_LVL_CD_3_05 | LTSS_LVL_CD_3_11 |
| LTSS_LVL_CD_3_06 | LTSS_LVL_CD_3_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 1 = Skilled Care
2 = Intermediate Care
3 = Custodial Care
Null/missing = source value is missing or unknown

COMMENT: There are up to three long-term care providers for each month; the sequence (1st-3rd LTSS level of care code) is indicated by the 3rd digit from the right (e.g., LTSS_LVL_CD_2_MM) is the monthly variable string for the 2nd long-term care provider.

The LTSS_LVL_CD_1_MM corresponds to the LTSS provider ID (LTSS_PRVDR_ID_1).

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LTSS_LVL_CD_3_LTST

| | |
|---------------------|---|
| LABEL: | long-term services and supports Provider 3 Level of Care Code — Latest in Year |
| DESCRIPTION: | The level of care provided to the beneficiary by the 3 rd of up to three long-term care facilities; most recent in the calendar year |
| SHORT NAME: | LTSS_LVL_CD_3_LTST |
| LONG NAME: | LTSS_LVL_CD_3_LTST |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Disability and need |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 1 = Skilled Care 2 = Intermediate Care 3 = Custodial Care Null/missing = source value is missing or unknown |
| COMMENT: | — |

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LTSS_PIHP_MOS

| | |
|---------------------|--|
| LABEL: | long-term services and supports (LTSS) Prepaid Inpatient Health Plan (PIHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a long-term services and supports (LTSS) PIHP Plan in the calendar year. |
| SHORT NAME: | LTSS_PIHP_MOS |
| LONG NAME: | LTSS_PIHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code in any of the 16 possible monthly plan type fields = 19 (long-term services and supports PIHP). There are 192 possible plan type variables in a calendar year: 12 months with 16 managed care plan type variables per month = 192 variables; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12. |

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[LTSS_PRVDR_ID_1](#)

[LTSS_PRVDR_ID_2](#)

[LTSS_PRVDR_ID_3](#)

LABEL: Long-Term Services and Supports Provider 1–3 Identification Number — Latest in Year

DESCRIPTION: A unique identification number assigned by the state to the long-term care facility furnishing healthcare services to the beneficiary; most recent in the calendar year.

SHORT NAME: LTSS_PRVDR_ID_1
LTSS_PRVDR_ID_2
LTSS_PRVDR_ID_3

LONG NAME: LTSS_PRVDR_ID_1
LTSS_PRVDR_ID_2
LTSS_PRVDR_ID_3

TYPE: CHAR

LENGTH: 30

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 30 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: There are up to three long-term care providers for each month; the sequence (1st–3rd LTSS provider ID) is indicated by the last digit.

Two additional fields apply to the 1st through 3rd providers. The monthly LTSS_LVL_CD_1_MM corresponds to the LTSS provider ID (LTSS_PRVDR_ID_1). The latest level of care code for the provider is LTSS_LVL_CD_1_LTST.

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MASBOE_CD_01
MASBOE_CD_02
MASBOE_CD_03
MASBOE_CD_04
MASBOE_CD_05
MASBOE_CD_06
MASBOE_CD_07
MASBOE_CD_08
MASBOE_CD_09
MASBOE_CD_10
MASBOE_CD_11
MASBOE_CD_12

LABEL: Maintenance Assistance Status and Basis of Eligibility — January–December (01–12)

DESCRIPTION: A beneficiary’s Maintenance Assistance Status and Basis of Eligibility (MASBOE) group. This is a three-character designation, where the first character indicates the beneficiary’s Maintenance Assistance Status (MAS), e.g., “medically needy”, and the second and third positions indicate their Basis of Eligibility (BOE), e.g., “aged”; in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|--------------|--------------|
| MASBOE_CD_01 | MASBOE_CD_07 |
| MASBOE_CD_02 | MASBOE_CD_08 |
| MASBOE_CD_03 | MASBOE_CD_09 |
| MASBOE_CD_04 | MASBOE_CD_10 |
| MASBOE_CD_05 | MASBOE_CD_11 |
| MASBOE_CD_06 | MASBOE_CD_12 |

LONG NAME:

| | |
|--------------|--------------|
| MASBOE_CD_01 | MASBOE_CD_07 |
| MASBOE_CD_02 | MASBOE_CD_08 |
| MASBOE_CD_03 | MASBOE_CD_09 |
| MASBOE_CD_04 | MASBOE_CD_10 |
| MASBOE_CD_05 | MASBOE_CD_11 |
| MASBOE_CD_06 | MASBOE_CD_12 |

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

| | |
|---|--|
| 000 = Separate-CHIP | 301 = Poverty Related Eligibles, Aged |
| 101 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Aged | 302 = Poverty Related Eligibles, Blind/Disabled |
| 102 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Blind/Disabled | 304 = Poverty Related Eligibles, Children |
| 104 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Children | 305 = Poverty Related Eligibles, Adults |
| 105 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Adults | 311 = Poverty Related Eligibles, Breast and Cervical Cancer Prevention and Treatment Act of 2000 |
| 106 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Child of Unemployed Adult) | 401 = Other Eligibles, Aged |
| 107 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Unemployed Adult) | 402 = Other Eligibles, Blind/Disabled |
| 201 = Medically Needy, Aged | 404 = Other Eligibles, Children |
| 202 = Medically Needy, Blind/Disabled | 405 = Other Eligibles, Adults |
| 204 = Medically Needy, Children | 408 = Other Eligibles, Foster Care Children |
| 205 = Medically Needy, Adults | 501 = Section 1115 Demonstration expansion eligible, Aged |
| Null/missing = source value is missing or unknown | 502 = Section 1115 Demonstration expansion eligible, Blind/Disabled |
| | 504 = Section 1115 Demonstration expansion eligible, Children |
| | 505 = Section 1115 Demonstration expansion eligible, Adult |

COMMENT: This variable has been retired and T-MSIS is using the eligibility group code (monthly ELGBLTY_GRP_CD_01–12) to designate information regarding eligibility. This variable (MASBOE_CD_01–12) is a sparsely reported by states.

This variable may contain undocumented values due to state submission errors.

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MASBOE_CD_LTST

LABEL: Maintenance Assistance Status and Basis of Eligibility Code — Latest in Year

DESCRIPTION: A beneficiary’s Maintenance Assistance Status and Basis of Eligibility (MASBOE) group. This is a three-character designation, where the first character indicates the beneficiary’s Maintenance Assistance Status (MAS), e.g., “medically needy”, and the second and third positions indicate their Basis of Eligibility (BOE), e.g., “aged”; most recent in the calendar year

SHORT NAME: MASBOE_CD_LTST

LONG NAME: MASBOE_CD_LTST

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

000 = Separate-CHIP

101 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Aged

102 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Blind/Disabled

104 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Children

105 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Adults

106 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Child of Unemployed Adult)

107 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Unemployed Adult)

201 = Medically Needy, Aged

202 = Medically Needy, Blind/Disabled

204 = Medically Needy, Children

205 = Medically Needy, Adults

301 = Poverty Related Eligibles, Aged

302 = Poverty Related Eligibles, Blind/Disabled

304 = Poverty Related Eligibles, Children

305 = Poverty Related Eligibles, Adults

311 = Poverty Related Eligibles, Breast and Cervical Cancer Prevention and Treatment Act of 2000

401 = Other Eligibles, Aged

402 = Other Eligibles, Blind/Disabled

404 = Other Eligibles, Children

405 = Other Eligibles, Adults

408 = Other Eligibles, Foster Care Children

501 = Section 1115 Demonstration expansion eligible, Aged

504 = Section 1115 Demonstration expansion eligible, Children

502 = Section 1115 Demonstration expansion eligible, Blind/Disabled

505 = Section 1115 Demonstration expansion eligible, Adult

Null/missing = source value is missing or unknown

COMMENT: This variable has been retired and T-MSIS is using the eligibility group code (ELGLTY_GRP_CD_LTST) to designate information regarding eligibility. This variable (MASBOE_CD_LTST) is sparsely populated.

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MC_PLAN_ID_01_01
 MC_PLAN_ID_01_02
 MC_PLAN_ID_01_03
 MC_PLAN_ID_01_04
 MC_PLAN_ID_01_05
 MC_PLAN_ID_01_06
 MC_PLAN_ID_01_07
 MC_PLAN_ID_01_08
 MC_PLAN_ID_01_09
 MC_PLAN_ID_01_10
 MC_PLAN_ID_01_11
 MC_PLAN_ID_01_12

LABEL: Managed Care Plan ID (1st Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the first of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_01_01 | MC_PLAN_ID_01_07 |
| MC_PLAN_ID_01_02 | MC_PLAN_ID_01_08 |
| MC_PLAN_ID_01_03 | MC_PLAN_ID_01_09 |
| MC_PLAN_ID_01_04 | MC_PLAN_ID_01_10 |
| MC_PLAN_ID_01_05 | MC_PLAN_ID_01_11 |
| MC_PLAN_ID_01_06 | MC_PLAN_ID_01_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_01_01 | MC_PLAN_ID_01_07 |
| MC_PLAN_ID_01_02 | MC_PLAN_ID_01_08 |
| MC_PLAN_ID_01_03 | MC_PLAN_ID_01_09 |
| MC_PLAN_ID_01_04 | MC_PLAN_ID_01_10 |
| MC_PLAN_ID_01_05 | MC_PLAN_ID_01_11 |
| MC_PLAN_ID_01_06 | MC_PLAN_ID_01_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_01_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_01_MM) for the same month.

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MC_PLAN_ID_02_01
 MC_PLAN_ID_02_02
 MC_PLAN_ID_02_03
 MC_PLAN_ID_02_04
 MC_PLAN_ID_02_05
 MC_PLAN_ID_02_06
 MC_PLAN_ID_02_07
 MC_PLAN_ID_02_08
 MC_PLAN_ID_02_09
 MC_PLAN_ID_02_10
 MC_PLAN_ID_02_11
 MC_PLAN_ID_02_12

LABEL: Managed Care Plan ID (2nd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the second of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_02_01 | MC_PLAN_ID_02_07 |
| MC_PLAN_ID_02_02 | MC_PLAN_ID_02_08 |
| MC_PLAN_ID_02_03 | MC_PLAN_ID_02_09 |
| MC_PLAN_ID_02_04 | MC_PLAN_ID_02_10 |
| MC_PLAN_ID_02_05 | MC_PLAN_ID_02_11 |
| MC_PLAN_ID_02_06 | MC_PLAN_ID_02_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_02_01 | MC_PLAN_ID_02_07 |
| MC_PLAN_ID_02_02 | MC_PLAN_ID_02_08 |
| MC_PLAN_ID_02_03 | MC_PLAN_ID_02_09 |
| MC_PLAN_ID_02_04 | MC_PLAN_ID_02_10 |
| MC_PLAN_ID_02_05 | MC_PLAN_ID_02_11 |
| MC_PLAN_ID_02_06 | MC_PLAN_ID_02_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_02_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_02_MM) for the same month.

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MC_PLAN_ID_03_01
 MC_PLAN_ID_03_02
 MC_PLAN_ID_03_03
 MC_PLAN_ID_03_04
 MC_PLAN_ID_03_05
 MC_PLAN_ID_03_06
 MC_PLAN_ID_03_07
 MC_PLAN_ID_03_08
 MC_PLAN_ID_03_09
 MC_PLAN_ID_03_10
 MC_PLAN_ID_03_11
 MC_PLAN_ID_03_12

LABEL: Managed Care Plan ID (3rd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the third of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_03_01 | MC_PLAN_ID_03_07 |
| MC_PLAN_ID_03_02 | MC_PLAN_ID_03_08 |
| MC_PLAN_ID_03_03 | MC_PLAN_ID_03_09 |
| MC_PLAN_ID_03_04 | MC_PLAN_ID_03_10 |
| MC_PLAN_ID_03_05 | MC_PLAN_ID_03_11 |
| MC_PLAN_ID_03_06 | MC_PLAN_ID_03_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_03_01 | MC_PLAN_ID_03_07 |
| MC_PLAN_ID_03_02 | MC_PLAN_ID_03_08 |
| MC_PLAN_ID_03_03 | MC_PLAN_ID_03_09 |
| MC_PLAN_ID_03_04 | MC_PLAN_ID_03_10 |
| MC_PLAN_ID_03_05 | MC_PLAN_ID_03_11 |
| MC_PLAN_ID_03_06 | MC_PLAN_ID_03_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_03_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_03_MM) for the same month.

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[MC_PLAN_ID_04_01](#)
[MC_PLAN_ID_04_02](#)
[MC_PLAN_ID_04_03](#)
[MC_PLAN_ID_04_04](#)
[MC_PLAN_ID_04_05](#)
[MC_PLAN_ID_04_06](#)
[MC_PLAN_ID_04_07](#)
[MC_PLAN_ID_04_08](#)
[MC_PLAN_ID_04_09](#)
[MC_PLAN_ID_04_10](#)
[MC_PLAN_ID_04_11](#)
[MC_PLAN_ID_04_12](#)

LABEL: Managed Care Plan ID (4th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly value for the fourth of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_04_01 | MC_PLAN_ID_04_07 |
| MC_PLAN_ID_04_02 | MC_PLAN_ID_04_08 |
| MC_PLAN_ID_04_03 | MC_PLAN_ID_04_09 |
| MC_PLAN_ID_04_04 | MC_PLAN_ID_04_10 |
| MC_PLAN_ID_04_05 | MC_PLAN_ID_04_11 |
| MC_PLAN_ID_04_06 | MC_PLAN_ID_04_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_04_01 | MC_PLAN_ID_04_07 |
| MC_PLAN_ID_04_02 | MC_PLAN_ID_04_08 |
| MC_PLAN_ID_04_03 | MC_PLAN_ID_04_09 |
| MC_PLAN_ID_04_04 | MC_PLAN_ID_04_10 |
| MC_PLAN_ID_04_05 | MC_PLAN_ID_04_11 |
| MC_PLAN_ID_04_06 | MC_PLAN_ID_04_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_04_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_04_MM) for the same month.

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MC_PLAN_ID_05_01
 MC_PLAN_ID_05_02
 MC_PLAN_ID_05_03
 MC_PLAN_ID_05_04
 MC_PLAN_ID_05_05
 MC_PLAN_ID_05_06
 MC_PLAN_ID_05_07
 MC_PLAN_ID_05_08
 MC_PLAN_ID_05_09
 MC_PLAN_ID_05_10
 MC_PLAN_ID_05_11
 MC_PLAN_ID_05_12

LABEL: Managed Care Plan ID (5th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the fifth of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_05_01 | MC_PLAN_ID_05_07 |
| MC_PLAN_ID_05_02 | MC_PLAN_ID_05_08 |
| MC_PLAN_ID_05_03 | MC_PLAN_ID_05_09 |
| MC_PLAN_ID_05_04 | MC_PLAN_ID_05_10 |
| MC_PLAN_ID_05_05 | MC_PLAN_ID_05_11 |
| MC_PLAN_ID_05_06 | MC_PLAN_ID_05_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_05_01 | MC_PLAN_ID_05_07 |
| MC_PLAN_ID_05_02 | MC_PLAN_ID_05_08 |
| MC_PLAN_ID_05_03 | MC_PLAN_ID_05_09 |
| MC_PLAN_ID_05_04 | MC_PLAN_ID_05_10 |
| MC_PLAN_ID_05_05 | MC_PLAN_ID_05_11 |
| MC_PLAN_ID_05_06 | MC_PLAN_ID_05_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_05_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_05_MM) for the same month.

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MC_PLAN_ID_06_01
 MC_PLAN_ID_06_02
 MC_PLAN_ID_06_03
 MC_PLAN_ID_06_04
 MC_PLAN_ID_06_05
 MC_PLAN_ID_06_06
 MC_PLAN_ID_06_07
 MC_PLAN_ID_06_08
 MC_PLAN_ID_06_09
 MC_PLAN_ID_06_10
 MC_PLAN_ID_06_11
 MC_PLAN_ID_06_12

LABEL: Managed Care Plan ID (6th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the sixth of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_06_01 | MC_PLAN_ID_06_07 |
| MC_PLAN_ID_06_02 | MC_PLAN_ID_06_08 |
| MC_PLAN_ID_06_03 | MC_PLAN_ID_06_09 |
| MC_PLAN_ID_06_04 | MC_PLAN_ID_06_10 |
| MC_PLAN_ID_06_05 | MC_PLAN_ID_06_11 |
| MC_PLAN_ID_06_06 | MC_PLAN_ID_06_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_06_01 | MC_PLAN_ID_06_07 |
| MC_PLAN_ID_06_02 | MC_PLAN_ID_06_08 |
| MC_PLAN_ID_06_03 | MC_PLAN_ID_06_09 |
| MC_PLAN_ID_06_04 | MC_PLAN_ID_06_10 |
| MC_PLAN_ID_06_05 | MC_PLAN_ID_06_11 |
| MC_PLAN_ID_06_06 | MC_PLAN_ID_06_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_06_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_06_MM) for the same month.

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[MC_PLAN_ID_07_01](#)
[MC_PLAN_ID_07_02](#)
[MC_PLAN_ID_07_03](#)
[MC_PLAN_ID_07_04](#)
[MC_PLAN_ID_07_05](#)
[MC_PLAN_ID_07_06](#)
[MC_PLAN_ID_07_07](#)
[MC_PLAN_ID_07_08](#)
[MC_PLAN_ID_07_09](#)
[MC_PLAN_ID_07_10](#)
[MC_PLAN_ID_07_11](#)
[MC_PLAN_ID_07_12](#)

LABEL: Managed Care Plan ID (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the seventh of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_07_01 | MC_PLAN_ID_07_07 |
| MC_PLAN_ID_07_02 | MC_PLAN_ID_07_08 |
| MC_PLAN_ID_07_03 | MC_PLAN_ID_07_09 |
| MC_PLAN_ID_07_04 | MC_PLAN_ID_07_10 |
| MC_PLAN_ID_07_05 | MC_PLAN_ID_07_11 |
| MC_PLAN_ID_07_06 | MC_PLAN_ID_07_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_07_01 | MC_PLAN_ID_07_07 |
| MC_PLAN_ID_07_02 | MC_PLAN_ID_07_08 |
| MC_PLAN_ID_07_03 | MC_PLAN_ID_07_09 |
| MC_PLAN_ID_07_04 | MC_PLAN_ID_07_10 |
| MC_PLAN_ID_07_05 | MC_PLAN_ID_07_11 |
| MC_PLAN_ID_07_06 | MC_PLAN_ID_07_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_07_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_07_MM) for the same month.

[^ Back to TOC ^](#)

MC_PLAN_ID_08_01
 MC_PLAN_ID_08_02
 MC_PLAN_ID_08_03
 MC_PLAN_ID_08_04
 MC_PLAN_ID_08_05
 MC_PLAN_ID_08_06
 MC_PLAN_ID_08_07
 MC_PLAN_ID_08_08
 MC_PLAN_ID_08_09
 MC_PLAN_ID_08_10
 MC_PLAN_ID_08_11
 MC_PLAN_ID_08_12

LABEL: Managed Care Plan ID (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the eighth of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_08_01 | MC_PLAN_ID_08_07 |
| MC_PLAN_ID_08_02 | MC_PLAN_ID_08_08 |
| MC_PLAN_ID_08_03 | MC_PLAN_ID_08_09 |
| MC_PLAN_ID_08_04 | MC_PLAN_ID_08_10 |
| MC_PLAN_ID_08_05 | MC_PLAN_ID_08_11 |
| MC_PLAN_ID_08_06 | MC_PLAN_ID_08_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_08_01 | MC_PLAN_ID_08_07 |
| MC_PLAN_ID_08_02 | MC_PLAN_ID_08_08 |
| MC_PLAN_ID_08_03 | MC_PLAN_ID_08_09 |
| MC_PLAN_ID_08_04 | MC_PLAN_ID_08_10 |
| MC_PLAN_ID_08_05 | MC_PLAN_ID_08_11 |
| MC_PLAN_ID_08_06 | MC_PLAN_ID_08_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_08_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_08_MM) for the same month.

[^ Back to TOC ^](#)

MC_PLAN_ID_09_01
 MC_PLAN_ID_09_02
 MC_PLAN_ID_09_03
 MC_PLAN_ID_09_04
 MC_PLAN_ID_09_05
 MC_PLAN_ID_09_06
 MC_PLAN_ID_09_07
 MC_PLAN_ID_09_08
 MC_PLAN_ID_09_09
 MC_PLAN_ID_09_10
 MC_PLAN_ID_09_11
 MC_PLAN_ID_09_12

LABEL: Managed Care Plan ID (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the ninth of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_09_01 | MC_PLAN_ID_09_07 |
| MC_PLAN_ID_09_02 | MC_PLAN_ID_09_08 |
| MC_PLAN_ID_09_03 | MC_PLAN_ID_09_09 |
| MC_PLAN_ID_09_04 | MC_PLAN_ID_09_10 |
| MC_PLAN_ID_09_05 | MC_PLAN_ID_09_11 |
| MC_PLAN_ID_09_06 | MC_PLAN_ID_09_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_09_01 | MC_PLAN_ID_09_07 |
| MC_PLAN_ID_09_02 | MC_PLAN_ID_09_08 |
| MC_PLAN_ID_09_03 | MC_PLAN_ID_09_09 |
| MC_PLAN_ID_09_04 | MC_PLAN_ID_09_10 |
| MC_PLAN_ID_09_05 | MC_PLAN_ID_09_11 |
| MC_PLAN_ID_09_06 | MC_PLAN_ID_09_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_09_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_09_MM) for the same month.

[^ Back to TOC ^](#)

[MC_PLAN_ID_10_01](#)
[MC_PLAN_ID_10_02](#)
[MC_PLAN_ID_10_03](#)
[MC_PLAN_ID_10_04](#)
[MC_PLAN_ID_10_05](#)
[MC_PLAN_ID_10_06](#)
[MC_PLAN_ID_10_07](#)
[MC_PLAN_ID_10_08](#)
[MC_PLAN_ID_10_09](#)
[MC_PLAN_ID_10_10](#)
[MC_PLAN_ID_10_11](#)
[MC_PLAN_ID_10_12](#)

LABEL: Managed Care Plan ID (10th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the tenth of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_10_01 | MC_PLAN_ID_10_07 |
| MC_PLAN_ID_10_02 | MC_PLAN_ID_10_08 |
| MC_PLAN_ID_10_03 | MC_PLAN_ID_10_09 |
| MC_PLAN_ID_10_04 | MC_PLAN_ID_10_10 |
| MC_PLAN_ID_10_05 | MC_PLAN_ID_10_11 |
| MC_PLAN_ID_10_06 | MC_PLAN_ID_10_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_10_01 | MC_PLAN_ID_10_07 |
| MC_PLAN_ID_10_02 | MC_PLAN_ID_10_08 |
| MC_PLAN_ID_10_03 | MC_PLAN_ID_10_09 |
| MC_PLAN_ID_10_04 | MC_PLAN_ID_10_10 |
| MC_PLAN_ID_10_05 | MC_PLAN_ID_10_11 |
| MC_PLAN_ID_10_06 | MC_PLAN_ID_10_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_10_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_10_MM) for the same month.

[^ Back to TOC ^](#)

MC_PLAN_ID_11_01
 MC_PLAN_ID_11_02
 MC_PLAN_ID_11_03
 MC_PLAN_ID_11_04
 MC_PLAN_ID_11_05
 MC_PLAN_ID_11_06
 MC_PLAN_ID_11_07
 MC_PLAN_ID_11_08
 MC_PLAN_ID_11_09
 MC_PLAN_ID_11_10
 MC_PLAN_ID_11_11
 MC_PLAN_ID_11_12

LABEL: Managed Care Plan ID (11th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 11th of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_11_01 | MC_PLAN_ID_11_07 |
| MC_PLAN_ID_11_02 | MC_PLAN_ID_11_08 |
| MC_PLAN_ID_11_03 | MC_PLAN_ID_11_09 |
| MC_PLAN_ID_11_04 | MC_PLAN_ID_11_10 |
| MC_PLAN_ID_11_05 | MC_PLAN_ID_11_11 |
| MC_PLAN_ID_11_06 | MC_PLAN_ID_11_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_11_01 | MC_PLAN_ID_11_07 |
| MC_PLAN_ID_11_02 | MC_PLAN_ID_11_08 |
| MC_PLAN_ID_11_03 | MC_PLAN_ID_11_09 |
| MC_PLAN_ID_11_04 | MC_PLAN_ID_11_10 |
| MC_PLAN_ID_11_05 | MC_PLAN_ID_11_11 |
| MC_PLAN_ID_11_06 | MC_PLAN_ID_11_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_11_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_11_MM) for the same month.

[^ Back to TOC ^](#)

MC_PLAN_ID_12_01
 MC_PLAN_ID_12_02
 MC_PLAN_ID_12_03
 MC_PLAN_ID_12_04
 MC_PLAN_ID_12_05
 MC_PLAN_ID_12_06
 MC_PLAN_ID_12_07
 MC_PLAN_ID_12_08
 MC_PLAN_ID_12_09
 MC_PLAN_ID_12_10
 MC_PLAN_ID_12_11
 MC_PLAN_ID_12_12

LABEL: Managed Care Plan ID (12th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 12th of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_12_01 | MC_PLAN_ID_12_07 |
| MC_PLAN_ID_12_02 | MC_PLAN_ID_12_08 |
| MC_PLAN_ID_12_03 | MC_PLAN_ID_12_09 |
| MC_PLAN_ID_12_04 | MC_PLAN_ID_12_10 |
| MC_PLAN_ID_12_05 | MC_PLAN_ID_12_11 |
| MC_PLAN_ID_12_06 | MC_PLAN_ID_12_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_12_01 | MC_PLAN_ID_12_07 |
| MC_PLAN_ID_12_02 | MC_PLAN_ID_12_08 |
| MC_PLAN_ID_12_03 | MC_PLAN_ID_12_09 |
| MC_PLAN_ID_12_04 | MC_PLAN_ID_12_10 |
| MC_PLAN_ID_12_05 | MC_PLAN_ID_12_11 |
| MC_PLAN_ID_12_06 | MC_PLAN_ID_12_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_12_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_12_MM) for the same month.

[^ Back to TOC ^](#)

MC_PLAN_ID_13_01
 MC_PLAN_ID_13_02
 MC_PLAN_ID_13_03
 MC_PLAN_ID_13_04
 MC_PLAN_ID_13_05
 MC_PLAN_ID_13_06
 MC_PLAN_ID_13_07
 MC_PLAN_ID_13_08
 MC_PLAN_ID_13_09
 MC_PLAN_ID_13_10
 MC_PLAN_ID_13_11
 MC_PLAN_ID_13_12

LABEL: Managed Care Plan ID (13th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 13th of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_13_01 | MC_PLAN_ID_13_07 |
| MC_PLAN_ID_13_02 | MC_PLAN_ID_13_08 |
| MC_PLAN_ID_13_03 | MC_PLAN_ID_13_09 |
| MC_PLAN_ID_13_04 | MC_PLAN_ID_13_10 |
| MC_PLAN_ID_13_05 | MC_PLAN_ID_13_11 |
| MC_PLAN_ID_13_06 | MC_PLAN_ID_13_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_13_01 | MC_PLAN_ID_13_07 |
| MC_PLAN_ID_13_02 | MC_PLAN_ID_13_08 |
| MC_PLAN_ID_13_03 | MC_PLAN_ID_13_09 |
| MC_PLAN_ID_13_04 | MC_PLAN_ID_13_10 |
| MC_PLAN_ID_13_05 | MC_PLAN_ID_13_11 |
| MC_PLAN_ID_13_06 | MC_PLAN_ID_13_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_13_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_13_MM) for the same month.

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MC_PLAN_ID_14_01
 MC_PLAN_ID_14_02
 MC_PLAN_ID_14_03
 MC_PLAN_ID_14_04
 MC_PLAN_ID_14_05
 MC_PLAN_ID_14_06
 MC_PLAN_ID_14_07
 MC_PLAN_ID_14_08
 MC_PLAN_ID_14_09
 MC_PLAN_ID_14_10
 MC_PLAN_ID_14_11
 MC_PLAN_ID_14_12

LABEL: Managed Care Plan ID (14th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 14th of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_14_01 | MC_PLAN_ID_14_07 |
| MC_PLAN_ID_14_02 | MC_PLAN_ID_14_08 |
| MC_PLAN_ID_14_03 | MC_PLAN_ID_14_09 |
| MC_PLAN_ID_14_04 | MC_PLAN_ID_14_10 |
| MC_PLAN_ID_14_05 | MC_PLAN_ID_14_11 |
| MC_PLAN_ID_14_06 | MC_PLAN_ID_14_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_14_01 | MC_PLAN_ID_14_07 |
| MC_PLAN_ID_14_02 | MC_PLAN_ID_14_08 |
| MC_PLAN_ID_14_03 | MC_PLAN_ID_14_09 |
| MC_PLAN_ID_14_04 | MC_PLAN_ID_14_10 |
| MC_PLAN_ID_14_05 | MC_PLAN_ID_14_11 |
| MC_PLAN_ID_14_06 | MC_PLAN_ID_14_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_14_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_14_MM) for the same month.

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MC_PLAN_ID_15_01
 MC_PLAN_ID_15_02
 MC_PLAN_ID_15_03
 MC_PLAN_ID_15_04
 MC_PLAN_ID_15_05
 MC_PLAN_ID_15_06
 MC_PLAN_ID_15_07
 MC_PLAN_ID_15_08
 MC_PLAN_ID_15_09
 MC_PLAN_ID_15_10
 MC_PLAN_ID_15_11
 MC_PLAN_ID_15_12

LABEL: Managed Care Plan ID (15th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 15th of up to 16 managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_15_01 | MC_PLAN_ID_15_07 |
| MC_PLAN_ID_15_02 | MC_PLAN_ID_15_08 |
| MC_PLAN_ID_15_03 | MC_PLAN_ID_15_09 |
| MC_PLAN_ID_15_04 | MC_PLAN_ID_15_10 |
| MC_PLAN_ID_15_05 | MC_PLAN_ID_15_11 |
| MC_PLAN_ID_15_06 | MC_PLAN_ID_15_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_15_01 | MC_PLAN_ID_15_07 |
| MC_PLAN_ID_15_02 | MC_PLAN_ID_15_08 |
| MC_PLAN_ID_15_03 | MC_PLAN_ID_15_09 |
| MC_PLAN_ID_15_04 | MC_PLAN_ID_15_10 |
| MC_PLAN_ID_15_05 | MC_PLAN_ID_15_11 |
| MC_PLAN_ID_15_06 | MC_PLAN_ID_15_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_15_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_15_MM) for the same month.

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MC_PLAN_ID_16_01
 MC_PLAN_ID_16_02
 MC_PLAN_ID_16_03
 MC_PLAN_ID_16_04
 MC_PLAN_ID_16_05
 MC_PLAN_ID_16_06
 MC_PLAN_ID_16_07
 MC_PLAN_ID_16_08
 MC_PLAN_ID_16_09
 MC_PLAN_ID_16_10
 MC_PLAN_ID_16_11
 MC_PLAN_ID_16_12

LABEL: Managed Care Plan ID (16th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 16th (out of 16 possible) managed care plan identification numbers under which the eligible beneficiary is enrolled. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

States may use their own identifier or the national health plan identifier.

SHORT NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_16_01 | MC_PLAN_ID_16_07 |
| MC_PLAN_ID_16_02 | MC_PLAN_ID_16_08 |
| MC_PLAN_ID_16_03 | MC_PLAN_ID_16_09 |
| MC_PLAN_ID_16_04 | MC_PLAN_ID_16_10 |
| MC_PLAN_ID_16_05 | MC_PLAN_ID_16_11 |
| MC_PLAN_ID_16_06 | MC_PLAN_ID_16_12 |

LONG NAME:

| | |
|------------------|------------------|
| MC_PLAN_ID_16_01 | MC_PLAN_ID_16_07 |
| MC_PLAN_ID_16_02 | MC_PLAN_ID_16_08 |
| MC_PLAN_ID_16_03 | MC_PLAN_ID_16_09 |
| MC_PLAN_ID_16_04 | MC_PLAN_ID_16_10 |
| MC_PLAN_ID_16_05 | MC_PLAN_ID_16_11 |
| MC_PLAN_ID_16_06 | MC_PLAN_ID_16_12 |

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (1st–16th plan ID) is indicated by the 3rd and 4th digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the 5th MC plan ID.

The monthly MC_PLAN_ID_16_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_16_MM) for the same month.

[^ Back to TOC ^](#)

[MC_PLAN_TYPE_CD_01](#)
[MC_PLAN_TYPE_CD_02](#)
[MC_PLAN_TYPE_CD_03](#)
[MC_PLAN_TYPE_CD_04](#)
[MC_PLAN_TYPE_CD_05](#)
[MC_PLAN_TYPE_CD_06](#)
[MC_PLAN_TYPE_CD_07](#)
[MC_PLAN_TYPE_CD_08](#)
[MC_PLAN_TYPE_CD_09](#)
[MC_PLAN_TYPE_CD_10](#)
[MC_PLAN_TYPE_CD_11](#)
[MC_PLAN_TYPE_CD_12](#)

LABEL: Managed Care Plan Type Code (Using Hierarchy) — January–December (01–12)

DESCRIPTION: The managed care plan type: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|--------------------|--------------------|
| MC_PLAN_TYPE_CD_01 | MC_PLAN_TYPE_CD_07 |
| MC_PLAN_TYPE_CD_02 | MC_PLAN_TYPE_CD_08 |
| MC_PLAN_TYPE_CD_03 | MC_PLAN_TYPE_CD_09 |
| MC_PLAN_TYPE_CD_04 | MC_PLAN_TYPE_CD_10 |
| MC_PLAN_TYPE_CD_05 | MC_PLAN_TYPE_CD_11 |
| MC_PLAN_TYPE_CD_06 | MC_PLAN_TYPE_CD_12 |

LONG NAME:

| | |
|--------------------|--------------------|
| MC_PLAN_TYPE_CD_01 | MC_PLAN_TYPE_CD_07 |
| MC_PLAN_TYPE_CD_02 | MC_PLAN_TYPE_CD_08 |
| MC_PLAN_TYPE_CD_03 | MC_PLAN_TYPE_CD_09 |
| MC_PLAN_TYPE_CD_04 | MC_PLAN_TYPE_CD_10 |
| MC_PLAN_TYPE_CD_05 | MC_PLAN_TYPE_CD_11 |
| MC_PLAN_TYPE_CD_06 | MC_PLAN_TYPE_CD_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-Term Care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease Management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in Long-Term Services and Supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical Home
- 80 = Integrated care for dual eligibles
- Null/missing = source value is missing or unknown

COMMENT: Only one managed care plan type is selected each month from up to 16 monthly managed care plan type codes (note that this managed care plan type code detail is contained in the DE — Managed Care Supplemental File). A priority list, derived for the DE base file is used. The values for the monthly managed care plan type codes are set according to the hierarchy below:

- 1) Comprehensive Managed Care Organization (MCO)
- 2) Health Insuring Organization (HIO)
- 3) Medical-only Prepaid Inpatient Health Plan (PIHP)
- 4) Medical-only Prepaid Ambulatory Health Plan (PAHP)
- 5) Transportation PAHP
- 6) Long-Term Care (LTC) PIHP
- 7) Dental PAHP
- 8) Program of All-Inclusive Care for the Elderly (PACE)
- 9) Mental health (MH) PIHP
- 10) MH PAHP
- 11) Substance use disorders (SUD) PIHP
- 12) SUD PAHP
- 13) MH and SUD PIHP
- 14) MH and SUD PAHP
- 15) Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 16) Pharmacy PAHP

- 17) Disease Management PAHP
- 18) Traditional Primary Care Case Management (PCCM) Provider
- 19) Enhanced PCCM provider
- 20) Accountable care organization (ACO)
- 21) Health/Medical home (HH)
- 22) Integrated care for dual eligibles
- 23) Other
- 24) Null values

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MC_PLAN_TYPE_CD_01_01
MC_PLAN_TYPE_CD_01_02
MC_PLAN_TYPE_CD_01_03
MC_PLAN_TYPE_CD_01_04
MC_PLAN_TYPE_CD_01_05
MC_PLAN_TYPE_CD_01_06
MC_PLAN_TYPE_CD_01_07
MC_PLAN_TYPE_CD_01_08
MC_PLAN_TYPE_CD_01_09
MC_PLAN_TYPE_CD_01_10
MC_PLAN_TYPE_CD_01_11
MC_PLAN_TYPE_CD_01_12

LABEL: Managed Care Plan Type Code (1st Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the first of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_01_01 | MC_PLAN_TYPE_CD_01_07 |
| MC_PLAN_TYPE_CD_01_02 | MC_PLAN_TYPE_CD_01_08 |
| MC_PLAN_TYPE_CD_01_03 | MC_PLAN_TYPE_CD_01_09 |
| MC_PLAN_TYPE_CD_01_04 | MC_PLAN_TYPE_CD_01_10 |
| MC_PLAN_TYPE_CD_01_05 | MC_PLAN_TYPE_CD_01_11 |
| MC_PLAN_TYPE_CD_01_06 | MC_PLAN_TYPE_CD_01_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_01_01 | MC_PLAN_TYPE_CD_01_07 |
| MC_PLAN_TYPE_CD_01_02 | MC_PLAN_TYPE_CD_01_08 |
| MC_PLAN_TYPE_CD_01_03 | MC_PLAN_TYPE_CD_01_09 |
| MC_PLAN_TYPE_CD_01_04 | MC_PLAN_TYPE_CD_01_10 |
| MC_PLAN_TYPE_CD_01_05 | MC_PLAN_TYPE_CD_01_11 |
| MC_PLAN_TYPE_CD_01_06 | MC_PLAN_TYPE_CD_01_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease Management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles
- Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_01_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_01_MM) for the same month.

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MC_PLAN_TYPE_CD_02_01
 MC_PLAN_TYPE_CD_02_02
 MC_PLAN_TYPE_CD_02_03
 MC_PLAN_TYPE_CD_02_04
 MC_PLAN_TYPE_CD_02_05
 MC_PLAN_TYPE_CD_02_06
 MC_PLAN_TYPE_CD_02_07
 MC_PLAN_TYPE_CD_02_08
 MC_PLAN_TYPE_CD_02_09
 MC_PLAN_TYPE_CD_02_10
 MC_PLAN_TYPE_CD_02_11
 MC_PLAN_TYPE_CD_02_12

LABEL: Managed Care Plan Type Code (2nd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the second of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_02_01 | MC_PLAN_TYPE_CD_02_07 |
| MC_PLAN_TYPE_CD_02_02 | MC_PLAN_TYPE_CD_02_08 |
| MC_PLAN_TYPE_CD_02_03 | MC_PLAN_TYPE_CD_02_09 |
| MC_PLAN_TYPE_CD_02_04 | MC_PLAN_TYPE_CD_02_10 |
| MC_PLAN_TYPE_CD_02_05 | MC_PLAN_TYPE_CD_02_11 |
| MC_PLAN_TYPE_CD_02_06 | MC_PLAN_TYPE_CD_02_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_02_01 | MC_PLAN_TYPE_CD_02_07 |
| MC_PLAN_TYPE_CD_02_02 | MC_PLAN_TYPE_CD_02_08 |
| MC_PLAN_TYPE_CD_02_03 | MC_PLAN_TYPE_CD_02_09 |
| MC_PLAN_TYPE_CD_02_04 | MC_PLAN_TYPE_CD_02_10 |
| MC_PLAN_TYPE_CD_02_05 | MC_PLAN_TYPE_CD_02_11 |
| MC_PLAN_TYPE_CD_02_06 | MC_PLAN_TYPE_CD_02_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease Management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_02_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_02_MM) for the same month.

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MC_PLAN_TYPE_CD_03_01
MC_PLAN_TYPE_CD_03_02
MC_PLAN_TYPE_CD_03_03
MC_PLAN_TYPE_CD_03_04
MC_PLAN_TYPE_CD_03_05
MC_PLAN_TYPE_CD_03_06
MC_PLAN_TYPE_CD_03_07
MC_PLAN_TYPE_CD_03_08
MC_PLAN_TYPE_CD_03_09
MC_PLAN_TYPE_CD_03_10
MC_PLAN_TYPE_CD_03_11
MC_PLAN_TYPE_CD_03_12

LABEL: Managed Care Plan Type Code (3rd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the third of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_03_01 | MC_PLAN_TYPE_CD_03_07 |
| MC_PLAN_TYPE_CD_03_02 | MC_PLAN_TYPE_CD_03_08 |
| MC_PLAN_TYPE_CD_03_03 | MC_PLAN_TYPE_CD_03_09 |
| MC_PLAN_TYPE_CD_03_04 | MC_PLAN_TYPE_CD_03_10 |
| MC_PLAN_TYPE_CD_03_05 | MC_PLAN_TYPE_CD_03_11 |
| MC_PLAN_TYPE_CD_03_06 | MC_PLAN_TYPE_CD_03_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_03_01 | MC_PLAN_TYPE_CD_03_07 |
| MC_PLAN_TYPE_CD_03_02 | MC_PLAN_TYPE_CD_03_08 |
| MC_PLAN_TYPE_CD_03_03 | MC_PLAN_TYPE_CD_03_09 |
| MC_PLAN_TYPE_CD_03_04 | MC_PLAN_TYPE_CD_03_10 |
| MC_PLAN_TYPE_CD_03_05 | MC_PLAN_TYPE_CD_03_11 |
| MC_PLAN_TYPE_CD_03_06 | MC_PLAN_TYPE_CD_03_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_03_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_03_MM) for the same month.

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MC_PLAN_TYPE_CD_04_01
 MC_PLAN_TYPE_CD_04_02
 MC_PLAN_TYPE_CD_04_03
 MC_PLAN_TYPE_CD_04_04
 MC_PLAN_TYPE_CD_04_05
 MC_PLAN_TYPE_CD_04_06
 MC_PLAN_TYPE_CD_04_07
 MC_PLAN_TYPE_CD_04_08
 MC_PLAN_TYPE_CD_04_09
 MC_PLAN_TYPE_CD_04_10
 MC_PLAN_TYPE_CD_04_11
 MC_PLAN_TYPE_CD_04_12

LABEL: Managed Care Plan Type Code (4th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the fourth of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_04_01 | MC_PLAN_TYPE_CD_04_07 |
| MC_PLAN_TYPE_CD_04_02 | MC_PLAN_TYPE_CD_04_08 |
| MC_PLAN_TYPE_CD_04_03 | MC_PLAN_TYPE_CD_04_09 |
| MC_PLAN_TYPE_CD_04_04 | MC_PLAN_TYPE_CD_04_10 |
| MC_PLAN_TYPE_CD_04_05 | MC_PLAN_TYPE_CD_04_11 |
| MC_PLAN_TYPE_CD_04_06 | MC_PLAN_TYPE_CD_04_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_04_01 | MC_PLAN_TYPE_CD_04_07 |
| MC_PLAN_TYPE_CD_04_02 | MC_PLAN_TYPE_CD_04_08 |
| MC_PLAN_TYPE_CD_04_03 | MC_PLAN_TYPE_CD_04_09 |
| MC_PLAN_TYPE_CD_04_04 | MC_PLAN_TYPE_CD_04_10 |
| MC_PLAN_TYPE_CD_04_05 | MC_PLAN_TYPE_CD_04_11 |
| MC_PLAN_TYPE_CD_04_06 | MC_PLAN_TYPE_CD_04_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP (
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles
- Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_04_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_04_MM) for the same month.

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MC_PLAN_TYPE_CD_05_01
 MC_PLAN_TYPE_CD_05_02
 MC_PLAN_TYPE_CD_05_03
 MC_PLAN_TYPE_CD_05_04
 MC_PLAN_TYPE_CD_05_05
 MC_PLAN_TYPE_CD_05_06
 MC_PLAN_TYPE_CD_05_07
 MC_PLAN_TYPE_CD_05_08
 MC_PLAN_TYPE_CD_05_09
 MC_PLAN_TYPE_CD_05_10
 MC_PLAN_TYPE_CD_05_11
 MC_PLAN_TYPE_CD_05_12

LABEL: Managed Care Plan Type) Code (5th Occurrence — January–December (01–12)

DESCRIPTION: Monthly values for the fifth of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_05_01 | MC_PLAN_TYPE_CD_05_07 |
| MC_PLAN_TYPE_CD_05_02 | MC_PLAN_TYPE_CD_05_08 |
| MC_PLAN_TYPE_CD_05_03 | MC_PLAN_TYPE_CD_05_09 |
| MC_PLAN_TYPE_CD_05_04 | MC_PLAN_TYPE_CD_05_10 |
| MC_PLAN_TYPE_CD_05_05 | MC_PLAN_TYPE_CD_05_11 |
| MC_PLAN_TYPE_CD_05_06 | MC_PLAN_TYPE_CD_05_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_05_01 | MC_PLAN_TYPE_CD_05_07 |
| MC_PLAN_TYPE_CD_05_02 | MC_PLAN_TYPE_CD_05_08 |
| MC_PLAN_TYPE_CD_05_03 | MC_PLAN_TYPE_CD_05_09 |
| MC_PLAN_TYPE_CD_05_04 | MC_PLAN_TYPE_CD_05_10 |
| MC_PLAN_TYPE_CD_05_05 | MC_PLAN_TYPE_CD_05_11 |
| MC_PLAN_TYPE_CD_05_06 | MC_PLAN_TYPE_CD_05_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_05_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_05_MM) for the same month.

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MC_PLAN_TYPE_CD_06_01
 MC_PLAN_TYPE_CD_06_02
 MC_PLAN_TYPE_CD_06_03
 MC_PLAN_TYPE_CD_06_04
 MC_PLAN_TYPE_CD_06_05
 MC_PLAN_TYPE_CD_06_06
 MC_PLAN_TYPE_CD_06_07
 MC_PLAN_TYPE_CD_06_08
 MC_PLAN_TYPE_CD_06_09
 MC_PLAN_TYPE_CD_06_10
 MC_PLAN_TYPE_CD_06_11
 MC_PLAN_TYPE_CD_06_12

LABEL: Managed Care Plan Type Code (6th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the sixth of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_06_01 | MC_PLAN_TYPE_CD_06_07 |
| MC_PLAN_TYPE_CD_06_02 | MC_PLAN_TYPE_CD_06_08 |
| MC_PLAN_TYPE_CD_06_03 | MC_PLAN_TYPE_CD_06_09 |
| MC_PLAN_TYPE_CD_06_04 | MC_PLAN_TYPE_CD_06_10 |
| MC_PLAN_TYPE_CD_06_05 | MC_PLAN_TYPE_CD_06_11 |
| MC_PLAN_TYPE_CD_06_06 | MC_PLAN_TYPE_CD_06_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_06_01 | MC_PLAN_TYPE_CD_06_07 |
| MC_PLAN_TYPE_CD_06_02 | MC_PLAN_TYPE_CD_06_08 |
| MC_PLAN_TYPE_CD_06_03 | MC_PLAN_TYPE_CD_06_09 |
| MC_PLAN_TYPE_CD_06_04 | MC_PLAN_TYPE_CD_06_10 |
| MC_PLAN_TYPE_CD_06_05 | MC_PLAN_TYPE_CD_06_11 |
| MC_PLAN_TYPE_CD_06_06 | MC_PLAN_TYPE_CD_06_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_06_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_06_MM) for the same month.

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MC_PLAN_TYPE_CD_07_01
MC_PLAN_TYPE_CD_07_02
MC_PLAN_TYPE_CD_07_03
MC_PLAN_TYPE_CD_07_04
MC_PLAN_TYPE_CD_07_05
MC_PLAN_TYPE_CD_07_06
MC_PLAN_TYPE_CD_07_07
MC_PLAN_TYPE_CD_07_08
MC_PLAN_TYPE_CD_07_09
MC_PLAN_TYPE_CD_07_10
MC_PLAN_TYPE_CD_07_11
MC_PLAN_TYPE_CD_07_12

LABEL: Managed Care Plan Type Code (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the seventh of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_07_01 | MC_PLAN_TYPE_CD_07_07 |
| MC_PLAN_TYPE_CD_07_02 | MC_PLAN_TYPE_CD_07_08 |
| MC_PLAN_TYPE_CD_07_03 | MC_PLAN_TYPE_CD_07_09 |
| MC_PLAN_TYPE_CD_07_04 | MC_PLAN_TYPE_CD_07_10 |
| MC_PLAN_TYPE_CD_07_05 | MC_PLAN_TYPE_CD_07_11 |
| MC_PLAN_TYPE_CD_07_06 | MC_PLAN_TYPE_CD_07_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_07_01 | MC_PLAN_TYPE_CD_07_07 |
| MC_PLAN_TYPE_CD_07_02 | MC_PLAN_TYPE_CD_07_08 |
| MC_PLAN_TYPE_CD_07_03 | MC_PLAN_TYPE_CD_07_09 |
| MC_PLAN_TYPE_CD_07_04 | MC_PLAN_TYPE_CD_07_10 |
| MC_PLAN_TYPE_CD_07_05 | MC_PLAN_TYPE_CD_07_11 |
| MC_PLAN_TYPE_CD_07_06 | MC_PLAN_TYPE_CD_07_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_07_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_07_MM) for the same month.

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MC_PLAN_TYPE_CD_08_01
 MC_PLAN_TYPE_CD_08_02
 MC_PLAN_TYPE_CD_08_03
 MC_PLAN_TYPE_CD_08_04
 MC_PLAN_TYPE_CD_08_05
 MC_PLAN_TYPE_CD_08_06
 MC_PLAN_TYPE_CD_08_07
 MC_PLAN_TYPE_CD_08_08
 MC_PLAN_TYPE_CD_08_09
 MC_PLAN_TYPE_CD_08_10
 MC_PLAN_TYPE_CD_08_11
 MC_PLAN_TYPE_CD_08_12

LABEL: Managed Care Plan Type Code (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the eighth of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_08_01 | MC_PLAN_TYPE_CD_08_07 |
| MC_PLAN_TYPE_CD_08_02 | MC_PLAN_TYPE_CD_08_08 |
| MC_PLAN_TYPE_CD_08_03 | MC_PLAN_TYPE_CD_08_09 |
| MC_PLAN_TYPE_CD_08_04 | MC_PLAN_TYPE_CD_08_10 |
| MC_PLAN_TYPE_CD_08_05 | MC_PLAN_TYPE_CD_08_11 |
| MC_PLAN_TYPE_CD_08_06 | MC_PLAN_TYPE_CD_08_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_08_01 | MC_PLAN_TYPE_CD_08_07 |
| MC_PLAN_TYPE_CD_08_02 | MC_PLAN_TYPE_CD_08_08 |
| MC_PLAN_TYPE_CD_08_03 | MC_PLAN_TYPE_CD_08_09 |
| MC_PLAN_TYPE_CD_08_04 | MC_PLAN_TYPE_CD_08_10 |
| MC_PLAN_TYPE_CD_08_05 | MC_PLAN_TYPE_CD_08_11 |
| MC_PLAN_TYPE_CD_08_06 | MC_PLAN_TYPE_CD_08_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_08_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_08_MM) for the same month.

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MC_PLAN_TYPE_CD_09_01
 MC_PLAN_TYPE_CD_09_02
 MC_PLAN_TYPE_CD_09_03
 MC_PLAN_TYPE_CD_09_04
 MC_PLAN_TYPE_CD_09_05
 MC_PLAN_TYPE_CD_09_06
 MC_PLAN_TYPE_CD_09_07
 MC_PLAN_TYPE_CD_09_08
 MC_PLAN_TYPE_CD_09_09
 MC_PLAN_TYPE_CD_09_10
 MC_PLAN_TYPE_CD_09_11
 MC_PLAN_TYPE_CD_09_12

LABEL: Managed Care Plan Type Code (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the ninth of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_09_01 | MC_PLAN_TYPE_CD_09_07 |
| MC_PLAN_TYPE_CD_09_02 | MC_PLAN_TYPE_CD_09_08 |
| MC_PLAN_TYPE_CD_09_03 | MC_PLAN_TYPE_CD_09_09 |
| MC_PLAN_TYPE_CD_09_04 | MC_PLAN_TYPE_CD_09_10 |
| MC_PLAN_TYPE_CD_09_05 | MC_PLAN_TYPE_CD_09_11 |
| MC_PLAN_TYPE_CD_09_06 | MC_PLAN_TYPE_CD_09_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_09_01 | MC_PLAN_TYPE_CD_09_07 |
| MC_PLAN_TYPE_CD_09_02 | MC_PLAN_TYPE_CD_09_08 |
| MC_PLAN_TYPE_CD_09_03 | MC_PLAN_TYPE_CD_09_09 |
| MC_PLAN_TYPE_CD_09_04 | MC_PLAN_TYPE_CD_09_10 |
| MC_PLAN_TYPE_CD_09_05 | MC_PLAN_TYPE_CD_09_11 |
| MC_PLAN_TYPE_CD_09_06 | MC_PLAN_TYPE_CD_09_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_09_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_09_MM) for the same month.

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MC_PLAN_TYPE_CD_10_01
 MC_PLAN_TYPE_CD_10_02
 MC_PLAN_TYPE_CD_10_03
 MC_PLAN_TYPE_CD_10_04
 MC_PLAN_TYPE_CD_10_05
 MC_PLAN_TYPE_CD_10_06
 MC_PLAN_TYPE_CD_10_07
 MC_PLAN_TYPE_CD_10_08
 MC_PLAN_TYPE_CD_10_09
 MC_PLAN_TYPE_CD_10_10
 MC_PLAN_TYPE_CD_10_11
 MC_PLAN_TYPE_CD_10_12

LABEL: Managed Care Plan Type Code (10th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the tenth of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_10_01 | MC_PLAN_TYPE_CD_10_07 |
| MC_PLAN_TYPE_CD_10_02 | MC_PLAN_TYPE_CD_10_08 |
| MC_PLAN_TYPE_CD_10_03 | MC_PLAN_TYPE_CD_10_09 |
| MC_PLAN_TYPE_CD_10_04 | MC_PLAN_TYPE_CD_10_10 |
| MC_PLAN_TYPE_CD_10_05 | MC_PLAN_TYPE_CD_10_11 |
| MC_PLAN_TYPE_CD_10_06 | MC_PLAN_TYPE_CD_10_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_10_01 | MC_PLAN_TYPE_CD_10_07 |
| MC_PLAN_TYPE_CD_10_02 | MC_PLAN_TYPE_CD_10_08 |
| MC_PLAN_TYPE_CD_10_03 | MC_PLAN_TYPE_CD_10_09 |
| MC_PLAN_TYPE_CD_10_04 | MC_PLAN_TYPE_CD_10_10 |
| MC_PLAN_TYPE_CD_10_05 | MC_PLAN_TYPE_CD_10_11 |
| MC_PLAN_TYPE_CD_10_06 | MC_PLAN_TYPE_CD_10_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_10_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_10_MM) for the same month.

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MC_PLAN_TYPE_CD_11_01
 MC_PLAN_TYPE_CD_11_02
 MC_PLAN_TYPE_CD_11_03
 MC_PLAN_TYPE_CD_11_04
 MC_PLAN_TYPE_CD_11_05
 MC_PLAN_TYPE_CD_11_06
 MC_PLAN_TYPE_CD_11_07
 MC_PLAN_TYPE_CD_11_08
 MC_PLAN_TYPE_CD_11_09
 MC_PLAN_TYPE_CD_11_10
 MC_PLAN_TYPE_CD_11_11
 MC_PLAN_TYPE_CD_11_12

LABEL: Managed Care Plan Type Code (11th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 11th of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_11_01 | MC_PLAN_TYPE_CD_11_07 |
| MC_PLAN_TYPE_CD_11_02 | MC_PLAN_TYPE_CD_11_08 |
| MC_PLAN_TYPE_CD_11_03 | MC_PLAN_TYPE_CD_11_09 |
| MC_PLAN_TYPE_CD_11_04 | MC_PLAN_TYPE_CD_11_10 |
| MC_PLAN_TYPE_CD_11_05 | MC_PLAN_TYPE_CD_11_11 |
| MC_PLAN_TYPE_CD_11_06 | MC_PLAN_TYPE_CD_11_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_11_01 | MC_PLAN_TYPE_CD_11_07 |
| MC_PLAN_TYPE_CD_11_02 | MC_PLAN_TYPE_CD_11_08 |
| MC_PLAN_TYPE_CD_11_03 | MC_PLAN_TYPE_CD_11_09 |
| MC_PLAN_TYPE_CD_11_04 | MC_PLAN_TYPE_CD_11_10 |
| MC_PLAN_TYPE_CD_11_05 | MC_PLAN_TYPE_CD_11_11 |
| MC_PLAN_TYPE_CD_11_06 | MC_PLAN_TYPE_CD_11_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_11_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_11_MM) for the same month.

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MC_PLAN_TYPE_CD_12_01
 MC_PLAN_TYPE_CD_12_02
 MC_PLAN_TYPE_CD_12_03
 MC_PLAN_TYPE_CD_12_04
 MC_PLAN_TYPE_CD_12_05
 MC_PLAN_TYPE_CD_12_06
 MC_PLAN_TYPE_CD_12_07
 MC_PLAN_TYPE_CD_12_08
 MC_PLAN_TYPE_CD_12_09
 MC_PLAN_TYPE_CD_12_10
 MC_PLAN_TYPE_CD_12_11
 MC_PLAN_TYPE_CD_12_12

LABEL: Managed Care Plan Type Code (12th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 12th of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_12_01 | MC_PLAN_TYPE_CD_12_07 |
| MC_PLAN_TYPE_CD_12_02 | MC_PLAN_TYPE_CD_12_08 |
| MC_PLAN_TYPE_CD_12_03 | MC_PLAN_TYPE_CD_12_09 |
| MC_PLAN_TYPE_CD_12_04 | MC_PLAN_TYPE_CD_12_10 |
| MC_PLAN_TYPE_CD_12_05 | MC_PLAN_TYPE_CD_12_11 |
| MC_PLAN_TYPE_CD_12_06 | MC_PLAN_TYPE_CD_12_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_12_01 | MC_PLAN_TYPE_CD_12_07 |
| MC_PLAN_TYPE_CD_12_02 | MC_PLAN_TYPE_CD_12_08 |
| MC_PLAN_TYPE_CD_12_03 | MC_PLAN_TYPE_CD_12_09 |
| MC_PLAN_TYPE_CD_12_04 | MC_PLAN_TYPE_CD_12_10 |
| MC_PLAN_TYPE_CD_12_05 | MC_PLAN_TYPE_CD_12_11 |
| MC_PLAN_TYPE_CD_12_06 | MC_PLAN_TYPE_CD_12_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_12_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_12_MM) for the same month.

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MC_PLAN_TYPE_CD_13_01
 MC_PLAN_TYPE_CD_13_02
 MC_PLAN_TYPE_CD_13_03
 MC_PLAN_TYPE_CD_13_04
 MC_PLAN_TYPE_CD_13_05
 MC_PLAN_TYPE_CD_13_06
 MC_PLAN_TYPE_CD_13_07
 MC_PLAN_TYPE_CD_13_08
 MC_PLAN_TYPE_CD_13_09
 MC_PLAN_TYPE_CD_13_10
 MC_PLAN_TYPE_CD_13_11
 MC_PLAN_TYPE_CD_13_12

LABEL: Managed Care Plan Type Code (13th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 13th of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_13_01 | MC_PLAN_TYPE_CD_13_07 |
| MC_PLAN_TYPE_CD_13_02 | MC_PLAN_TYPE_CD_13_08 |
| MC_PLAN_TYPE_CD_13_03 | MC_PLAN_TYPE_CD_13_09 |
| MC_PLAN_TYPE_CD_13_04 | MC_PLAN_TYPE_CD_13_10 |
| MC_PLAN_TYPE_CD_13_05 | MC_PLAN_TYPE_CD_13_11 |
| MC_PLAN_TYPE_CD_13_06 | MC_PLAN_TYPE_CD_13_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_13_01 | MC_PLAN_TYPE_CD_13_07 |
| MC_PLAN_TYPE_CD_13_02 | MC_PLAN_TYPE_CD_13_08 |
| MC_PLAN_TYPE_CD_13_03 | MC_PLAN_TYPE_CD_13_09 |
| MC_PLAN_TYPE_CD_13_04 | MC_PLAN_TYPE_CD_13_10 |
| MC_PLAN_TYPE_CD_13_05 | MC_PLAN_TYPE_CD_13_11 |
| MC_PLAN_TYPE_CD_13_06 | MC_PLAN_TYPE_CD_13_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_13_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_13_MM) for the same month.

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MC_PLAN_TYPE_CD_14_01
MC_PLAN_TYPE_CD_14_02
MC_PLAN_TYPE_CD_14_03
MC_PLAN_TYPE_CD_14_04
MC_PLAN_TYPE_CD_14_05
MC_PLAN_TYPE_CD_14_06
MC_PLAN_TYPE_CD_14_07
MC_PLAN_TYPE_CD_14_08
MC_PLAN_TYPE_CD_14_09
MC_PLAN_TYPE_CD_14_10
MC_PLAN_TYPE_CD_14_11
MC_PLAN_TYPE_CD_14_12

LABEL: Managed Care Plan Type Code (14th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 14th of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_14_01 | MC_PLAN_TYPE_CD_14_07 |
| MC_PLAN_TYPE_CD_14_02 | MC_PLAN_TYPE_CD_14_08 |
| MC_PLAN_TYPE_CD_14_03 | MC_PLAN_TYPE_CD_14_09 |
| MC_PLAN_TYPE_CD_14_04 | MC_PLAN_TYPE_CD_14_10 |
| MC_PLAN_TYPE_CD_14_05 | MC_PLAN_TYPE_CD_14_11 |
| MC_PLAN_TYPE_CD_14_06 | MC_PLAN_TYPE_CD_14_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_14_01 | MC_PLAN_TYPE_CD_14_07 |
| MC_PLAN_TYPE_CD_14_02 | MC_PLAN_TYPE_CD_14_08 |
| MC_PLAN_TYPE_CD_14_03 | MC_PLAN_TYPE_CD_14_09 |
| MC_PLAN_TYPE_CD_14_04 | MC_PLAN_TYPE_CD_14_10 |
| MC_PLAN_TYPE_CD_14_05 | MC_PLAN_TYPE_CD_14_11 |
| MC_PLAN_TYPE_CD_14_06 | MC_PLAN_TYPE_CD_14_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_14_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_14_MM) for the same month.

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MC_PLAN_TYPE_CD_15_01
 MC_PLAN_TYPE_CD_15_02
 MC_PLAN_TYPE_CD_15_03
 MC_PLAN_TYPE_CD_15_04
 MC_PLAN_TYPE_CD_15_05
 MC_PLAN_TYPE_CD_15_06
 MC_PLAN_TYPE_CD_15_07
 MC_PLAN_TYPE_CD_15_08
 MC_PLAN_TYPE_CD_15_09
 MC_PLAN_TYPE_CD_15_10
 MC_PLAN_TYPE_CD_15_11
 MC_PLAN_TYPE_CD_15_12

LABEL: Managed Care Plan Type Code (15th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 15th of up to 16 managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_15_01 | MC_PLAN_TYPE_CD_15_07 |
| MC_PLAN_TYPE_CD_15_02 | MC_PLAN_TYPE_CD_15_08 |
| MC_PLAN_TYPE_CD_15_03 | MC_PLAN_TYPE_CD_15_09 |
| MC_PLAN_TYPE_CD_15_04 | MC_PLAN_TYPE_CD_15_10 |
| MC_PLAN_TYPE_CD_15_05 | MC_PLAN_TYPE_CD_15_11 |
| MC_PLAN_TYPE_CD_15_06 | MC_PLAN_TYPE_CD_15_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_15_01 | MC_PLAN_TYPE_CD_15_07 |
| MC_PLAN_TYPE_CD_15_02 | MC_PLAN_TYPE_CD_15_08 |
| MC_PLAN_TYPE_CD_15_03 | MC_PLAN_TYPE_CD_15_09 |
| MC_PLAN_TYPE_CD_15_04 | MC_PLAN_TYPE_CD_15_10 |
| MC_PLAN_TYPE_CD_15_05 | MC_PLAN_TYPE_CD_15_11 |
| MC_PLAN_TYPE_CD_15_06 | MC_PLAN_TYPE_CD_15_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_15_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_15_MM) for the same month.

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MC_PLAN_TYPE_CD_16_01
 MC_PLAN_TYPE_CD_16_02
 MC_PLAN_TYPE_CD_16_03
 MC_PLAN_TYPE_CD_16_04
 MC_PLAN_TYPE_CD_16_05
 MC_PLAN_TYPE_CD_16_06
 MC_PLAN_TYPE_CD_16_07
 MC_PLAN_TYPE_CD_16_08
 MC_PLAN_TYPE_CD_16_09
 MC_PLAN_TYPE_CD_16_10
 MC_PLAN_TYPE_CD_16_11
 MC_PLAN_TYPE_CD_16_12

LABEL: Managed Care Plan Type Code (16th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 16th (out of 16 possible) managed care plan type codes: A model of health care delivery organized to provide a defined set of services in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_16_01 | MC_PLAN_TYPE_CD_16_07 |
| MC_PLAN_TYPE_CD_16_02 | MC_PLAN_TYPE_CD_16_08 |
| MC_PLAN_TYPE_CD_16_03 | MC_PLAN_TYPE_CD_16_09 |
| MC_PLAN_TYPE_CD_16_04 | MC_PLAN_TYPE_CD_16_10 |
| MC_PLAN_TYPE_CD_16_05 | MC_PLAN_TYPE_CD_16_11 |
| MC_PLAN_TYPE_CD_16_06 | MC_PLAN_TYPE_CD_16_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| MC_PLAN_TYPE_CD_16_01 | MC_PLAN_TYPE_CD_16_07 |
| MC_PLAN_TYPE_CD_16_02 | MC_PLAN_TYPE_CD_16_08 |
| MC_PLAN_TYPE_CD_16_03 | MC_PLAN_TYPE_CD_16_09 |
| MC_PLAN_TYPE_CD_16_04 | MC_PLAN_TYPE_CD_16_10 |
| MC_PLAN_TYPE_CD_16_05 | MC_PLAN_TYPE_CD_16_11 |
| MC_PLAN_TYPE_CD_16_06 | MC_PLAN_TYPE_CD_16_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Comprehensive Managed Care Organization (MCO)
- 02 = Traditional Primary Care Case Management (PCCM) Provider arrangement
- 03 = Enhanced PCCM Provider arrangement
- 04 = Health Insuring Organization (HIO)
- 05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)
- 06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
- 07 = Long-term care (LTC) PIHP
- 08 = Mental health (MH) PIHP
- 09 = Mental health (MH) PAHP
- 10 = Substance use disorders (SUD) PIHP
- 11 = Substance use disorders (SUD) PAHP
- 12 = Mental health (MH) and substance use disorders (SUD) PIHP
- 13 = Mental health (MH) and substance use disorders (SUD) PAHP
- 14 = Dental PAHP
- 15 = Transportation PAHP
- 16 = Disease management PAHP
- 17 = Program of All-Inclusive Care for the Elderly (PACE)
- 18 = Pharmacy PAHP
- 19 = Individual is enrolled in long-term services and supports (LTSS) and mental health (MH) PIHP
- 20 = Other
- 60 = Accountable care organization (ACO)
- 70 = Health/Medical home
- 80 = Integrated care for dual eligibles

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 16 managed care plan type codes; the sequence (first through sixteenth plan type codes) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_TYPE_CD_05_MM) is the monthly variable string for the fifth MC plan type.

The monthly MC_PLAN_ID_16_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_16_MM) for the same month.

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[MDCD_ENRLMT_DAYS_01](#)

[MDCD_ENRLMT_DAYS_07](#)

[MDCD_ENRLMT_DAYS_02](#)

[MDCD_ENRLMT_DAYS_08](#)

[MDCD_ENRLMT_DAYS_03](#)

[MDCD_ENRLMT_DAYS_09](#)

[MDCD_ENRLMT_DAYS_04](#)

[MDCD_ENRLMT_DAYS_10](#)

[MDCD_ENRLMT_DAYS_05](#)

[MDCD_ENRLMT_DAYS_11](#)

[MDCD_ENRLMT_DAYS_06](#)

[MDCD_ENRLMT_DAYS_12](#)

LABEL: Medicaid Enrollment Days — January–December (01–12)

DESCRIPTION: Number of days of Medicaid enrollment in the month, including traditional Medicaid and Medicaid Expansion Children’s Health Insurance Program (M-CHIP), in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

MDCD_ENRLMT_DAYS_01
MDCD_ENRLMT_DAYS_02
MDCD_ENRLMT_DAYS_03
MDCD_ENRLMT_DAYS_04
MDCD_ENRLMT_DAYS_05
MDCD_ENRLMT_DAYS_06

MDCD_ENRLMT_DAYS_07
MDCD_ENRLMT_DAYS_08
MDCD_ENRLMT_DAYS_09
MDCD_ENRLMT_DAYS_10
MDCD_ENRLMT_DAYS_11
MDCD_ENRLMT_DAYS_12

LONG NAME:

MDCD_ENRLMT_DAYS_01
MDCD_ENRLMT_DAYS_02
MDCD_ENRLMT_DAYS_03
MDCD_ENRLMT_DAYS_04
MDCD_ENRLMT_DAYS_05
MDCD_ENRLMT_DAYS_06

MDCD_ENRLMT_DAYS_07
MDCD_ENRLMT_DAYS_08
MDCD_ENRLMT_DAYS_09
MDCD_ENRLMT_DAYS_10
MDCD_ENRLMT_DAYS_11
MDCD_ENRLMT_DAYS_12

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–31 (varies by month)
Null/missing = source value is missing or unknown

COMMENT: —

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MDCD_ENRLMT_DAYS_YR

| | |
|---------------------|---|
| LABEL: | Medicaid Enrollment Days — Total in Year |
| DESCRIPTION: | Number of days of Medicaid enrollment in the calendar year, including traditional Medicaid and Medicaid Expansion Children’s Health Insurance Program (M-CHIP) enrolled days. |
| SHORT NAME: | MDCD_ENRLMT_DAYS_YR |
| LONG NAME: | MDCD_ENRLMT_DAYS_YR |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–366 Null/missing = source value is missing or unknown |
| COMMENT: | This variable is derived in the TAF using the sum of values (days) from the monthly Medicaid enrollment days variables (MDCD_ENRLMT_DAYS_01–12). |

It is possible for the value of both this variable and CHIP_ENRLMT_DAYS_YR to be zero. This occurs in cases where the enrollee has a valid enrollment period but the enrollment type = NULL in T-MSIS.

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MFP_IND_01
MFP_IND_02
MFP_IND_03
MFP_IND_04
MFP_IND_05
MFP_IND_06
MFP_IND_07
MFP_IND_08
MFP_IND_09
MFP_IND_10
MFP_IND_11
MFP_IND_12

LABEL: Money Follows Person (MFP) Participant — January–December (01–12)

DESCRIPTION: A monthly flag to indicate participation in the Money Follows the Person (MFP) program. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------|------------|
| MFP_IND_01 | MFP_IND_07 |
| MFP_IND_02 | MFP_IND_08 |
| MFP_IND_03 | MFP_IND_09 |
| MFP_IND_04 | MFP_IND_10 |
| MFP_IND_05 | MFP_IND_11 |
| MFP_IND_06 | MFP_IND_12 |

LONG NAME:

| | |
|------------|------------|
| MFP_IND_01 | MFP_IND_07 |
| MFP_IND_02 | MFP_IND_08 |
| MFP_IND_03 | MFP_IND_09 |
| MFP_IND_04 | MFP_IND_10 |
| MFP_IND_05 | MFP_IND_11 |
| MFP_IND_06 | MFP_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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MFP_IND_LTST

| | |
|---------------------|---|
| LABEL: | Money Follows Person (MFP) Participant — Latest in Year |
| DESCRIPTION: | A flag to indicate whether the beneficiary had an active Money Follows the Person (MFP) program period; most recent in the calendar year. |
| SHORT NAME: | MFP_IND_LTST |
| LONG NAME: | MFP_IND_LTST |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Money Follows the Person |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes |
| COMMENT: | This value is never null/missing. |

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MFP_LVS_WTH_FMLY_CD

LABEL: Money Follows Person (MFP) — Lives with Family or Non-Participant Code

DESCRIPTION: A code indicating if the beneficiary lives with his/her family or is not a participant in the MFP program; most recent in the calendar year.

SHORT NAME: MFP_LVS_WTH_FMLY_CD

LONG NAME: MFP_LVS_WTH_FMLY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
2 = No MFP Participation
Null/missing = source value is missing or unknown

COMMENT: —

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MFP_PRTCPTN_END_RSN_CD

LABEL: Money Follows Person (MFP) -Participation Ended Reason Code

DESCRIPTION: A code describing reason why a beneficiary's participation in the Money Follows the Person Demonstration ended; most recent in the calendar year.

SHORT NAME: MFP_PRTCPTN_END_RSN_CD

LONG NAME: MFP_PRTCPTN_END_RSN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 00 = Default — No MFP Participation
01 = Completed 365 days of participation
02 = Suspended eligibility
03 = Re-institutionalized
04 = Died
05 = Moved
06 = No longer needed services
07 = Other
Null/missing = source value is missing or unknown

COMMENT: —

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MFP_QLFYD_INSTN_CD

| | |
|---------------------|---|
| LABEL: | Money Follows Person (MFP) — Qualified Institution Code |
| DESCRIPTION: | A code describing the type of qualified institution in which a beneficiary was living at the time of transition to the community; most recent in the calendar year. |
| SHORT NAME: | MFP_QLFYD_INSTN_CD |
| LONG NAME: | MFP_QLFYD_INSTN_CD |
| TYPE: | CHAR |
| LENGTH: | 2 |
| FILE(S): | Money Follows the Person |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 00 = Default- No MFP Participation 01 = Nursing Facility 02 = ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities) 03 = IMD (Institution for Mental Diseases) 04 = Hospital 05 = Other Null/missing = source value is missing or unknown |
| COMMENT: | — |

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MFP_QLFYD_RSDNC_CD

LABEL: Money Follows Person (MFP) — Qualified Residence Code

DESCRIPTION: A code indicating the type of qualified residence for an eligible MFP Demonstration participant; most recent in the calendar year.

SHORT NAME: MFP_QLFYD_RSDNC_CD

LONG NAME: MFP_QLFYD_RSDNC_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 00 = Default- No MFP Participation
01 = Home owned by participant
02 = Home owned by family member
03 = Apartment leased by participant, not assisted living
04 = Apartment leased by participant, assisted living
05 = Group home of no more than 4 people
Null/missing = source value is missing or unknown

COMMENT: —

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MFP_RINSTLZD_RSN_CD

LABEL: Money Follows Person (MFP) — Re-institutionalized Reason Code

DESCRIPTION: A code describing the reason why a beneficiary was re-institutionalized after participation in the Money Follows the Person Demonstration; most recent in the calendar year.

SHORT NAME: MFP_RINSTLZD_RSN_CD

LONG NAME: MFP_RINSTLZD_RSN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 00 = Default- No MFP Participation
01 = Acute care hospitalization followed by long-term rehabilitation
02 = Deterioration in cognitive functioning
03 = Deterioration in health
04 = Deterioration in mental health
05 = Loss of housing
06 = Loss of personal care giver
07 = By request of participant or guardian
08 = Lack of sufficient community services
Null/missing = source value is missing or unknown

COMMENT: —

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MH_PAHP_MOS

| | |
|---------------------|--|
| LABEL: | Mental Health (MH) Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a mental health (MH) Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | MH_PAHP_MOS |
| LONG NAME: | MH_PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 09 (mental health [MH] PAHP). |

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MH_PIHP_MOS

| | |
|---------------------|--|
| LABEL: | Mental Health (MH) Prepaid Inpatient Health Plan (PIHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a mental health (MH) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | MH_PIHP_MOS |
| LONG NAME: | MH_PIHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 08 (mental health [MH] PIHP). |

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MH_SUD_PAHP_MOS

| | |
|---------------------|--|
| LABEL: | Mental Health and Substance Use Disorder Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a mental health (MH) and Substance Use Disorder (SUD) Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | MH_SUD_PAHP_MOS |
| LONG NAME: | MH_SUD_PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 13 (mental health [MH] and substance use disorders [SUD] PAHP). |

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MH_SUD_PIHP_MOS

| | |
|---------------------|--|
| LABEL: | Mental Health and Substance Use Disorders Prepaid Inpatient Health Plan (PIHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a mental health (MH) and substance use disorders (SUD) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | MH_SUD_PIHP_MOS |
| LONG NAME: | MH_SUD_PIHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 12 (mental health [MH] and substance use disorders [SUD] PIHP). |

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MISG_ELGBLTY_DATA_IND

LABEL: Indicator of Missing Eligibility Record for All Months of Service Year

DESCRIPTION: A flag to indicate that the person had claims for the year but no eligibility information.

SHORT NAME: MISG_ELGBLTY_DATA_IND

LONG NAME: MISG_ELGBLTY_DATA_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes, missing eligibility information for this person

COMMENT: —

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MISG_ENRLMT_TYPE_IND_01
MISG_ENRLMT_TYPE_IND_02
MISG_ENRLMT_TYPE_IND_03
MISG_ENRLMT_TYPE_IND_04
MISG_ENRLMT_TYPE_IND_05
MISG_ENRLMT_TYPE_IND_06
MISG_ENRLMT_TYPE_IND_07
MISG_ENRLMT_TYPE_IND_08
MISG_ENRLMT_TYPE_IND_09
MISG_ENRLMT_TYPE_IND_10
MISG_ENRLMT_TYPE_IND_11
MISG_ENRLMT_TYPE_IND_12

LABEL: Missing Enrollment Type Code in Monthly Beneficiary Summary File — January–December (01–12)

DESCRIPTION: A flag to indicate that the person had only unknown enrollment in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|-------------------------|-------------------------|
| MISG_ENRLMT_TYPE_IND_01 | MISG_ENRLMT_TYPE_IND_07 |
| MISG_ENRLMT_TYPE_IND_02 | MISG_ENRLMT_TYPE_IND_08 |
| MISG_ENRLMT_TYPE_IND_03 | MISG_ENRLMT_TYPE_IND_09 |
| MISG_ENRLMT_TYPE_IND_04 | MISG_ENRLMT_TYPE_IND_10 |
| MISG_ENRLMT_TYPE_IND_05 | MISG_ENRLMT_TYPE_IND_11 |
| MISG_ENRLMT_TYPE_IND_06 | MISG_ENRLMT_TYPE_IND_12 |

LONG NAME:

MISG_ENRLMT_TYPE_IND_01
MISG_ENRLMT_TYPE_IND_02
MISG_ENRLMT_TYPE_IND_03
MISG_ENRLMT_TYPE_IND_04
MISG_ENRLMT_TYPE_IND_05
MISG_ENRLMT_TYPE_IND_06
MISG_ENRLMT_TYPE_IND_07
MISG_ENRLMT_TYPE_IND_08
MISG_ENRLMT_TYPE_IND_09
MISG_ENRLMT_TYPE_IND_10
MISG_ENRLMT_TYPE_IND_11
MISG_ENRLMT_TYPE_IND_12

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This derived variable is created in the ADE TAF to identify cases in which the beneficiary’s enrollment start and end dates are valid, but the enrollment type is “unknown”; the person is not classified as enrolled in either Medicaid or CHIP. Months where the value 0 indicates that the code for enrollment type is not missing, and 1 indicates that it is missing. If the variable that indicates that the enrollment type is missing is null, then the beneficiary was not enrolled at any time during the month.

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MRTL_STUS_CD

| | |
|---------------------|--|
| LABEL: | Marital Status Code — Latest in Year |
| DESCRIPTION: | A code to classify eligible beneficiary's marital/domestic-relationship status; most recent in the calendar and the two prior years. |
| SHORT NAME: | MRTL_STUS_CD |
| LONG NAME: | MRTL_STUS_CD |
| TYPE: | CHAR |
| LENGTH: | 2 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 01 = Legally Married (to opposite sex), spouse present 02 = Legally Married (to opposite sex), spouse absent 03 = Legally Married (to same sex), spouse present 04 = Legally Married (to same sex), spouse absent 05 = Partnered or in Civil Union (to opposite sex), spouse present 06 = Partnered or in Civil Union (to opposite sex), spouse absent 07 = Partnered or in Civil Union (to same sex), spouse present 08 = Partnered or in Civil Union (to same sex), spouse absent 09 = Legally separated (and not married or partnered) 10 = Divorced (and not currently married or partnered) 11 = Separated (and not currently married or partnered) 12 = Widower/Widow (and not currently married or partnered) 13 = Never married/partnered 14 = Other Null/missing = source value is missing or unknown |
| COMMENT: | — |

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MSIS_CASE_NUM

LABEL: Encrypted TMSIS Case Number — Latest in Year

DESCRIPTION: The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs; most recent in the calendar and the two prior years.

The definition of a case varies. There are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which all members of the case have the same case number, but a unique MSIS identification number. A warning for longitudinal research efforts: a person's case number may change over time.

SHORT NAME: MSIS_CASE_NUM

LONG NAME: MSIS_CASE_NUM

TYPE: CHAR

LENGTH: 32

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Alphanumeric character string, 32 characters

(Ex- 2A81866B302C768A539BBE79FFB835FB)

Null/missing = source value is missing or unknown

COMMENT: Although states assign a case number that may be up to 12 digits, this value is encrypted in the CCW.

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MSIS_ID

| | |
|---------------------|--|
| LABEL: | Encrypted State Assigned Beneficiary Unique Identifier |
| DESCRIPTION: | A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled beneficiary and any claims submitted to the system. Also referred to as the Medicaid Statistical Information System Identifier (MSIS_ID). |
| SHORT NAME: | MSIS_ID |
| LONG NAME: | MSIS_ID |
| TYPE: | CHAR |
| LENGTH: | 32 |
| FILE(S): | All demographic and eligibility |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | Alphanumeric character string, 32 characters (Ex: 9Q81866B302C768A539BBE79FFB835FB) Null/missing = source value is missing or unknown |
| COMMENT: | The MSIS ID is unique only within a state for a year; a beneficiary's MSIS ID may change longitudinally. Additional details are provided in the User Guide https://www2.ccwdata.org/web/guest/user-documentation This variable is encrypted in the CCW and may not be joined to any other data sets without CMS permission. |

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OTH_PLAN_MOS

LABEL: Other Plan Months

DESCRIPTION: Number of months the beneficiary was enrolled in other MCO Managed Care Plan in the calendar year.

SHORT NAME: OTH_PLAN_MOS

LONG NAME: OTH_PLAN_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code in any of the 16 possible monthly plan type fields = 20 (Other). There are 192 possible plan type variables in a calendar year: 12 months with 16 managed care plan type variables per month = 192 variables; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12.

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OTH_WVR_1115_MOS

LABEL: 1115 Other Type of Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1115 (“Research and Demonstration Authority”) waiver in the calendar year.

SHORT NAME: OTH_WVR_1115_MOS

LONG NAME: OTH_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)
Null/missing = source value is missing or unknown

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 01 (1115a Other Waiver).

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OTH_WVR_TYPE_MOS

| | |
|---------------------|--|
| LABEL: | Other Waiver Type Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in any other type of waiver in the calendar year |
| SHORT NAME: | OTH_WVR_TYPE_MOS |
| LONG NAME: | OTH_WVR_TYPE_MOS |
| TYPE: | NUM |
| LENGTH: | 2 |
| FILE(S): | Waiver |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) Null/missing = source value is missing or unknown |
| COMMENT: | This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 25–31. |

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PACE_MOS

| | |
|---------------------|---|
| LABEL: | Program of All-Inclusive Care for the Elderly (PACE) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Program of All-Inclusive Care for the Elderly (PACE) Managed Care Plan in the calendar year. |
| SHORT NAME: | PACE_MOS |
| LONG NAME: | PACE_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) Null/missing = source value is missing or unknown |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 17 (Program of All-Inclusive Care for the Elderly [PACE]). |

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PAHP_MOS

| | |
|---------------------|--|
| LABEL: | Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Medical-only Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | PAHP_MOS |
| LONG NAME: | PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) Null/missing = source value is missing or unknown |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 06 (Medical-only PAHP). |

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PHRMCY_PAHP_MOS

| | |
|---------------------|--|
| LABEL: | Pharmacy Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Pharmacy Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | PHRMCY_PAHP_MOS |
| LONG NAME: | PHRMCY_PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) Null/missing = source value is missing or unknown |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 18 (Pharmacy PAHP). |

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PHRMCY_WVR_1115_MOS

LABEL: 1115 Pharmacy Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1115 Pharmacy demonstration waiver in the calendar year.

SHORT NAME: PHRMCY_WVR_1115_MOS

LONG NAME: PHRMCY_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)
Null/missing = source value is missing or unknown

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 22 (1115 Pharmacy demonstration).

Please note that “Pharmacy Plus” is currently more commonly referred to as “Pharmacy demonstration.”

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PIHP_MOS

| | |
|---------------------|--|
| LABEL: | Prepaid Inpatient Health Plan (PIHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Medical-only Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | PIHP_MOS |
| LONG NAME: | PIHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) Null/missing = source value is missing or unknown |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 05 (Medical-only PIHP). |

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PRMRY_LANG_CD

LABEL: Primary Language Code — Latest in Year

DESCRIPTION: A code indicating the language the beneficiary speaks other than English at home; most recent in the calendar and the two prior years.

SHORT NAME: PRMRY_LANG_CD

LONG NAME: PRMRY_LANG_CD

TYPE: CHAR

LENGTH: 3

SOURCE: T-MSIS annual demographic and eligibility TAF

FILE(S): Annual DE base

VALUES:

| | |
|---|---|
| AAR = Afar | CAT = Catalan; Valencian |
| ABK = Abkhazian | CEB = Cebuano |
| ACH = Acoli | CHA = Chamorro |
| AFH = Afrihili | CHI = Chinese |
| AFR = Afrikaans | CHK = Chuukese |
| AKK = Akkadian | CHO = Choctaw |
| ALB = Albanian | CHR = Cherokee |
| ALE = Aleut | COS = Corsican |
| ALG = Algonquian languages | CPE = Creoles and pidgins, English-based |
| AMH = Amharic | CPF = Creoles and pidgins, French-based |
| ANG = English, Old | CPP = Creoles and pidgins, Portuguese-based |
| APA = Apache languages | CRP = Creoles and pidgins |
| ARA = Arabic | CUS = Cushitic languages |
| ARM = Armenian | CZE = Czech |
| ASM = Assamese | DAK = Dakota |
| ATH = Athapascan languages | DAN = Danish |
| AZE = Azerbaijani | DIN = Dinka |
| BAK = Bashkir | DUM = Dutch, Middle (ca.1050-1350) |
| BAQ = Basque | DUT = Dutch; Flemish |
| BEL = Belarusian | DZO = Dzongkha |
| BEN = Bengali | EGY = Egyptian (Ancient) |
| BIH = Bihari languages | EKA = Ekajuk |
| BIS = Bislama | ELX = Elamite |
| BLA = Siksika | ENG = English |
| BNT = Bantu languages | EPO = Esperanto |
| BOS = Bosnian | EST = Estonian |
| BUL = Bulgarian | EWE = Ewe |
| BUR = Burmese | FAO = Faroese |
| CAI = Central American Indian languages | FIJ = Fijian |

FIL = Filipino; Pilipino
 FIN = Finnish
 FIU = Finno-Ugrian languages
 FRE = French
 FRS = Eastern Frisian
 FUL = Fulah
 FUR = Friulian
 GEM = Germanic languages
 GEO = Germanic languages
 GER = German
 GLA = Gaelic; Scottish
 GRC = Greek, Ancient (to 1453)
 GRE = Greek, Modern (1453-)
 GUJ = Gujarati
 HAI = Haida
 HAT = Haitian; Haitian Creole
 HAU = Hausa
 HAW = Hawaiian
 HEB = Hebrew
 HIL = Hiligaynon
 HIN = Hindi
 HMN = Hmong; Mong
 HRV = Croatian
 HUN = Hungarian
 IBO = Igbo
 IDO = Ido
 IKU = Inuktitut
 ILO = Iloko
 INC = Indic languages
 IND = Indonesian
 INE = Indo-European languages
 IPK = Inupiaq
 IRA = Iranian languages
 ITA = Italian
 JPN = Japanese
 KAC = Kachin; Jingpho
 KAN = Kannada
 KAR = Karen languages
 KAU = Kanuri
 KHM = Central Khmer
 KIK = Kikuyu; Gikuyu
 KIN = Kinyarwanda
 KOR = Korean
 KOS = Kosraean
 KUR = Kurdish
 LAO = Lao
 LAT = Latin
 LAV = Latvian
 LIN = Lingala
 LIT = Lithuanian
 MAC = Macedonian
 MAH = Marshallese
 MAL = Malayalam
 MAN = Mandingo
 MAO = Maori
 MAP = Austronesian languages
 MAR = Marathi
 MAY = Malay
 MDR = Mandar
 MIC = Mi'kmaq; Micmac
 MIS = Uncoded languages
 MKH = Mon-Khmer languages
 MLG = Malagasy
 MLT = Maltese
 MON = Mongolian
 MUL = Multiple languages
 MYN = Mayan languages
 NAI = Nias
 NAU = Nauru
 NAV = Navajo; Navaho
 NEP = Nepali
 NEW = Nepal Bhasa; Newari
 NOR = Norwegian
 ORI = Oriya
 ORM = Oromo
 PAN = Panjabi; Punjabi
 PAU = Palauan
 PEO = Persian, Old (ca.600-400 B.C.)
 PER = Persian
 POL = Polish
 PON = Pohnpeian
 POR = Portuguese
 PRO = Provençal, Old (to 1500); Occitan, Old (to 1500)
 PUS = Pushto; Pashto
 QUE = Quechua
 ROM = Romany
 RUM = Romanian; Moldavian; Moldovan
 RUN = Rundi
 RUS = Russian
 SAG = Sango
 SAN = Sanskrit
 SGN = Sign Languages
 SIN = Sinhala; Sinhalese
 SIO = Siouan languages
 SIT = Sino-Tibetan languages

SLA = Slavic languages
SLO = Slovak
SLV = Slovenian
SMO = Samoan
SNA = Shona
SOM = Somali
SPA = Spanish; Castilian
SRP = Serbian
SSA = Nilo-Saharan languages
SSW = Swati
SUN = Sundanese
SWA = Swahili
SWE = Swedish
SYR = Syriac
TAH = Tahitian
TAI = Tai languages
TAM = Tamil
TEL = Telugu
TGK = Tajik
TGL = Tagalog
THA = Thai
TIB = Tibetan
TIG = Tigre
TIR = Tigrinya

TLI = Tlingit
TOG = Tonga (Nyasa)
TON = Tonga (Tonga Islands)
TSN = Tswana
TSO = Tsonga
TUK = Turkmen
TUR = Turkish
TWI = Twi
UIG = Uighur; Uyghur
UKR = Ukrainian
UND = Undetermined
UZB = Uzbek
VIE = Vietnamese
VOL = Volapük
WEL = Welsh
WOL = Wolof
YAP = Yapese
YID = Yiddish
YOR = Yoruba
YPK = Yupik languages
ZND = Zande languages
ZUN = Zuni
Null/missing = source value is missing or unknown

COMMENT: This value is the most recent in the calendar year (or, if not populated, then the most recent value from the two-prior year[s] is used).

Additional language codes may be found for ISO 639 “Codes for the Representation of Names of Language.” Refer to https://www.loc.gov/standards/iso639-2/php/code_list.php

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PRMRY_LANG_GRP_CD

| | |
|---------------------|--|
| LABEL: | Constructed Primary Language Group Code — Latest in Year |
| DESCRIPTION: | Primary language grouped into categories; most recent in the calendar and the two prior years. |
| SHORT NAME: | PRMRY_LANG_GRP_CD |
| LONG NAME: | PRMRY_LANG_GRP_CD |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | C = Chinese D = German E = English F = French G = Greek I = Italian J = Japanese N = Norwegian O = Other P = Polish R = Russian S = Spanish V = Swedish W = Serbo-Croatian Null/missing = source value is missing or unknown |
| COMMENT: | This value uses the most recent PRMRY_LANG_CD in the calendar year (or, if not populated, then most recent value from the two-prior year[s] is used). |

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RACE_ETHNCTY_CD

| | |
|---------------------|--|
| LABEL: | Race and Ethnicity Constructed Code — Latest in Year |
| DESCRIPTION: | A constructed variable indicating the beneficiary's race and ethnicity; most recent in the calendar and the two prior years. |
| SHORT NAME: | RACE_ETHNCTY_CD |
| LONG NAME: | RACE_ETHNCTY_CD |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 1 = White, non-Hispanic 2 = Black, non-Hispanic 3 = Asian, non-Hispanic 4 = American Indian and Alaska Native (AIAN), non-Hispanic 5 = Hawaiian/Pacific Islander 6 = Multiracial, non-Hispanic 7 = Hispanic, all races 8 = Other, non-Hispanic Null/missing = source value is missing or unknown |
| COMMENT: | <p>This variable is constructed in the TAF if either the RACE or ETHNICITY-CODE source variables has a valid value, a non-missing code will be assigned.</p> <p>If the TAF variable (ETHNCTY_CD) indicates beneficiary is Hispanic, value is set to 7 regardless of what is reported in the RACE data element. Otherwise, if there is at least one valid race code, value is set to reflect the reported race code(s). If neither of these conditions is met, but the ETHNCTY_CD indicates the beneficiary is NOT Hispanic, value is set to 8. If both source variables are missing or unknown, constructed variable is set to NULL.</p> |

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RACE_ETHNCTY_EXP_CD

LABEL: Expanded Race and Ethnicity Constructed Code — Latest in Year

DESCRIPTION: A constructed variable that is an expanded code indicating the beneficiary's race and ethnicity; most recent in the calendar and the two prior years.

SHORT NAME: RACE_ETHNCTY_EXP_CD

LONG NAME: RACE_ETHNCTY_EXP_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

| | |
|---|--|
| 1 = White, Non-Hispanic, or Hispanic not reported | 11 = Asian Unknown, Non-Hispanic, or Hispanic not reported |
| 2 = Black, Non-Hispanic, or Hispanic not reported | 12 = Multi-Asian, Non-Hispanic, or Hispanic, not reported |
| 3 = American Indian or Alaskan Native, Non-Hispanic, or Hispanic not reported | 13 = Native Hawaiian, Non-Hispanic, or Hispanic, not reported |
| 4 = Asian Indian, Non-Hispanic, or Hispanic not reported | 14 = Guamanian or Chamorro, Non-Hispanic, or Hispanic not reported |
| 5 = Chinese, Non-Hispanic, or Hispanic not reported | 15 = Samoan, Non-Hispanic, or Hispanic not reported |
| 6 = Filipino, Non-Hispanic, or Hispanic not reported | 16 = Other Pacific Islander, Non-Hispanic, or Hispanic not reported |
| 7 = Japanese, Non-Hispanic, or Hispanic not reported | 17 = Native Hawaiian or Other Pacific Islander Unknown, Non-Hispanic, or Hispanic not reported |
| 8 = Korean, Non-Hispanic, or Hispanic not reported | 18 = Multi-Islander, Non-Hispanic, or Hispanic not reported |
| 9 = Vietnamese, Non-Hispanic, or Hispanic not reported | 19 = Multi-racial, Non-Hispanic, or Hispanic not reported |
| 10 = Other Asian, Non-Hispanic, or Hispanic not reported | 20 = Hispanic, any race |
| | 21 = Other, Non-Hispanic |

Null/missing = source value is missing or unknown

COMMENT: If the ethnicity code variable (ETHNCTY_CD) on the TAF indicates beneficiary is Hispanic, value will be set to 20 regardless of what is reported in the RACE source data element. Otherwise, if there is at least one valid race code, value will be set to reflect the reported race code(s). If both source variables are missing or unknown, then this field will be set to NULL.

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RFRNC_YR

LABEL: Reference Year

DESCRIPTION: This variable represents the year of the data file

SHORT NAME: RFRNC_YR

LONG NAME: RFRNC_YR

TYPE: CHAR

LENGTH: 4

FILE(S): All demographic and eligibility

SOURCE: CCW (derived)

VALUES: YYYY

COMMENT: First year possible is 2014.

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RSTRCTD_BNFTS_CD_01
RSTRCTD_BNFTS_CD_02
RSTRCTD_BNFTS_CD_03
RSTRCTD_BNFTS_CD_04
RSTRCTD_BNFTS_CD_05
RSTRCTD_BNFTS_CD_06
RSTRCTD_BNFTS_CD_07
RSTRCTD_BNFTS_CD_08
RSTRCTD_BNFTS_CD_09
RSTRCTD_BNFTS_CD_10
RSTRCTD_BNFTS_CD_11
RSTRCTD_BNFTS_CD_12

LABEL: Scope of Medicaid or CHIP Benefits — January–December (01–12)

DESCRIPTION: A flag that indicates the scope of Medicaid or Children’s Health Insurance Program (CHIP) benefits to which a beneficiary is entitled, in the month. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|---------------------|---------------------|
| RSTRCTD_BNFTS_CD_01 | RSTRCTD_BNFTS_CD_07 |
| RSTRCTD_BNFTS_CD_02 | RSTRCTD_BNFTS_CD_08 |
| RSTRCTD_BNFTS_CD_03 | RSTRCTD_BNFTS_CD_09 |
| RSTRCTD_BNFTS_CD_04 | RSTRCTD_BNFTS_CD_10 |
| RSTRCTD_BNFTS_CD_05 | RSTRCTD_BNFTS_CD_11 |
| RSTRCTD_BNFTS_CD_06 | RSTRCTD_BNFTS_CD_12 |

LONG NAME:

| | |
|---------------------|---------------------|
| RSTRCTD_BNFTS_CD_01 | RSTRCTD_BNFTS_CD_07 |
| RSTRCTD_BNFTS_CD_02 | RSTRCTD_BNFTS_CD_08 |
| RSTRCTD_BNFTS_CD_03 | RSTRCTD_BNFTS_CD_09 |
| RSTRCTD_BNFTS_CD_04 | RSTRCTD_BNFTS_CD_10 |
| RSTRCTD_BNFTS_CD_05 | RSTRCTD_BNFTS_CD_11 |
| RSTRCTD_BNFTS_CD_06 | RSTRCTD_BNFTS_CD_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

0 = Individual is not eligible for Medicaid or Children’s Health Insurance Program (CHIP) during the month.

1 = Individual is eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits.

2 = Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but only entitled to restricted benefits based on alien status.

3 = Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., Qualified Medicare Beneficiary [QMB], Specified Low-Income Medicare Beneficiary [SLMB], Qualified Disabled Working Individual [QDWI], Qualifying individuals [QI]).

4 = Individual is eligible for Medicaid or CHIP but only entitled to restricted benefits for pregnancy-related services.

5 = Individual is eligible for Medicaid or Medicaid-Expansion CHIP but, for reasons other than alien, dual-eligibility or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy or other criteria).

6 = Individual is eligible for Medicaid or Medicaid-Expansion CHIP but only entitled to restricted benefits for family planning services.

7 = Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005.

A = Individual is eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF), as enacted by the Deficit Reduction Act of 2005. PRTF grants assist States to help provide community alternatives to psychiatric resident treatment facilities for children.

B = Individual is eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account (HOA)

C = Individual is eligible for separate CHIP dental coverage (supplemental dental wraparound benefit to employer-sponsored insurance)

D = Individual is eligible for Medicaid and entitled to benefits under a “Money Follows the Person” (MFP) rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005, to allow States to develop community based long-term care opportunities.

E = Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based on substance abuse, medically needy, or other criteria) that do not meet the standard for Minimum Essential Coverage.

F = Individual is eligible for Medicaid but is only entitled to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID–19 testing-related service for

which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020.

Null/missing = source value is missing or unknown

COMMENT —

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RSTRCTD_BNFTS_CD_LTST

| | |
|---------------------|--|
| LABEL: | Scope of Medicaid or CHIP Benefits — Latest in Year |
| DESCRIPTION: | A flag that indicates the scope of Medicaid or Children’s Health Insurance Program (CHIP) benefits to which a beneficiary is entitled; most recent in the calendar year. |
| SHORT NAME: | RSTRCTD_BNFTS_CD_LTST |
| LONG NAME: | RSTRCTD_BNFTS_CD_LTST |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | <p>0 = Individual is not eligible for Medicaid or Children’s Health Insurance Program (CHIP) during the month.</p> <p>1 = Individual is eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits.</p> <p>2 = Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but only entitled to restricted benefits based on alien status.</p> <p>3 = Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., Qualified Medicare Beneficiary [QMB], Specified Low-Income Medicare Beneficiary [SLMB], Qualified Disabled Working Individual [QDWI], Qualifying individuals [QI]).</p> <p>4 = Individual is eligible for Medicaid or CHIP but only entitled to restricted benefits for pregnancy-related services.</p> <p>5 = Individual is eligible for Medicaid or Medicaid-Expansion CHIP but, for reasons other than alien, dual-eligibility or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy or other criteria).</p> <p>6 = Individual is eligible for Medicaid or Medicaid-Expansion CHIP but only entitled to restricted benefits for family planning services.</p> <p>7 = Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005.</p> <p>A = Individual is eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF), as enacted by the Deficit Reduction Act of 2005. PRTF grants assist States to help provide community alternatives to psychiatric resident treatment facilities for children.</p> <p>B = Individual is eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account (HOA)</p> |

C = Individual is eligible for separate CHIP dental coverage (supplemental dental wraparound benefit to employer-sponsored insurance)

D = Individual is eligible for Medicaid and entitled to benefits under a “Money Follows the Person” (MFP) rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005, to allow States to develop community based long-term care opportunities.

E = Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based on substance abuse, medically needy, or other criteria) that do not meet the standard for Minimum Essential Coverage.

F = Individual is eligible for Medicaid but is only entitled to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID–19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020.

Null/missing = source value is missing or unknown

COMMENT: —

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SEX_CD

LABEL: Sex (Biological) — Latest in Year

DESCRIPTION: The beneficiary's biological sex; most recent in the calendar and the two prior years.

SHORT NAME: SEX_CD

LONG NAME: SEX_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: M = Male
F = Female
Null/missing = source value is missing or unknown

COMMENT: —

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SPLMTL_DSB_HCBS

| | |
|---------------------|---|
| LABEL: | Beneficiary HCBS Record in Supplemental Disability File |
| DESCRIPTION: | A flag to indicate that there is a record in the Disability and Need supplemental file for this person that indicates one or more Home- and Community-Based Services (HCBS) conditions. |
| SHORT NAME: | SPLMTL_DSB_HCBS |
| LONG NAME: | SPLMTL_DSB_HCBS |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | There is a record for a beneficiary in this supplemental file if the beneficiary had any HCBS chronic condition in any month in the calendar year. |

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SPLMTL_DSB_LCKIN

LABEL: Beneficiary Lock-In Record in Supplemental Disability File

DESCRIPTION: A flag to indicate that there is a record in the Disability and Needs supplemental file for this person that includes data on lock-in status.

SHORT NAME: SPLMTL_DSB_LCKIN

LONG NAME: SPLMTL_DSB_LCKIN

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: There is a record for a beneficiary in this supplemental file if the beneficiary was subject to lock-in provisions in any month in the calendar year.

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SPLMTL_DSB_LTSS

| | |
|---------------------|--|
| LABEL: | Beneficiary LTSS Record in Supplemental Disability File |
| DESCRIPTION: | A flag to indicate that there is record in the Disability and Needs supplemental file for this person that includes Long-Term Services and Supports (LTSS) data. |
| SHORT NAME: | SPLMTL_DSB_LTSS |
| LONG NAME: | SPLMTL_DSB_LTSS |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | There is a record for a beneficiary in this supplemental file if the beneficiary participated in the LTSS program in any month in the calendar year. |

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SPLMTL_DSB_OTHR

| | |
|---------------------|--|
| LABEL: | Beneficiary Other Needs Record in Supplemental Disability File |
| DESCRIPTION: | A flag to indicate that there is record in the Disability and Needs supplemental file for this person with monthly values of: HCBS chronic conditions, care level status for Long-Term Services and Supports (LTSS) program, disabilities (concentrating, walking, dressing/bathing, and errands), pregnancy, enrollment in Social Security Disability Insurance (SSDI), receipt of Supplemental Security Income (SSI), SSI State supplement status, SSI status, Birth to Conception status, receipt of Temporary Assistance for Needy Families (TANF) benefits, had some form of third party liability (TPL) insurance coverage and/or had some other form of third party liability (TPL) funding besides insurance coverage. |
| SHORT NAME: | SPLMTL_DSB_OTHR |
| LONG NAME: | SPLMTL_DSB_OTHR |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | This data element is set to value of 1 if the beneficiary had a record in the Disability and Need Supplemental File for a number of other data elements for the beneficiary for any month in the calendar year from the monthly enrollment TAF. |

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SPLMTL_DTS

LABEL: Beneficiary Record in Supplemental Dates File

DESCRIPTION: A flag to indicate that there is record in the Eligibility Dates supplemental file for this person.

SHORT NAME: SPLMTL_DTS

LONG NAME: SPLMTL_DTS

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SPLMTL_HLTH_HOME_SPO

| | |
|---------------------|--|
| LABEL: | Beneficiary Record in Supplemental Health Home and State Plan Option (SPO) File |
| DESCRIPTION: | A flag to indicate that there is a record in the health home (HLTH_HOME) state plan option (SPO) supplemental file for this person that includes health home or Community First, 1915i, 1915J, 1915a, 1932a or 1937 SPO participation. |
| SHORT NAME: | SPLMTL_HLTH_HOME_SPO |
| LONG NAME: | SPLMTL_HLTH_HOME_SPO |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | There is a record in this supplemental file for the beneficiary if the beneficiary participated in the health home program and/or a state plan option in any month in the calendar year. |

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SPLMTL_MC

| | |
|---------------------|---|
| LABEL: | Beneficiary Record in Supplemental Managed Care File |
| DESCRIPTION: | A flag to indicate that there is record in the Managed Care (MC) Enrollment supplemental file for this person that includes Managed Care enrollment data. |
| SHORT NAME: | SPLMTL_MC |
| LONG NAME: | SPLMTL_MC |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | There is a record for a beneficiary in this supplemental file if the beneficiary had any type of managed care enrollment in any month in the calendar year. |

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SPLMTL_MFP

| | |
|---------------------|---|
| LABEL: | Beneficiary Record in Supplemental Money Follows Person (MFP) File |
| DESCRIPTION: | A flag to indicate that there is a record in the Money Follows the Person (MFP) supplemental file for this person that includes MFP data. |
| SHORT NAME: | SPLMTL_MFP |
| LONG NAME: | SPLMTL_MFP |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | There is a record in this supplemental file for the beneficiary if the beneficiary participated in the MFP program in any month in the calendar year. |

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SPLMTL_WVR

| | |
|---------------------|--|
| LABEL: | Beneficiary Record in Supplemental Waiver File |
| DESCRIPTION: | A flag to indicate that there is record in the Waiver supplemental file for this person. |
| SHORT NAME: | SPLMTL_WVR |
| LONG NAME: | SPLMTL_WVR |
| TYPE: | CHAR |
| LENGTH: | 1 |
| FILE(S): | Annual DE base |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0 = No 1 = Yes Null/missing = source value is missing or unknown |
| COMMENT: | There will be a record for a beneficiary in this supplemental file if the beneficiary was covered under any type of waiver in any month in the calendar year. Specifically, this value is set to 1 if there is a non-missing value for any of the monthly waiver ID variables (WVR_ID_##_01–WVR_ID_##_12) or monthly waiver type (WVR_TYPE_CD_##_01–WVR_TYPE_CD_##_12) in any of up to 10 waiver-ID/waiver type values in any month during the year from the monthly enrollment TAF. |

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[SPO_1915A_IND_01](#)
[SPO_1915A_IND_02](#)
[SPO_1915A_IND_03](#)
[SPO_1915A_IND_04](#)
[SPO_1915A_IND_05](#)
[SPO_1915A_IND_06](#)
[SPO_1915A_IND_07](#)
[SPO_1915A_IND_08](#)
[SPO_1915A_IND_09](#)
[SPO_1915A_IND_10](#)
[SPO_1915A_IND_11](#)
[SPO_1915A_IND_12](#)

LABEL: 1915(a) State Plan Option Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary received coverage through the 1915(a) state plan option (SPO). There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------------|------------------|
| SPO_1915A_IND_01 | SPO_1915A_IND_07 |
| SPO_1915A_IND_02 | SPO_1915A_IND_08 |
| SPO_1915A_IND_03 | SPO_1915A_IND_09 |
| SPO_1915A_IND_04 | SPO_1915A_IND_10 |
| SPO_1915A_IND_05 | SPO_1915A_IND_11 |
| SPO_1915A_IND_06 | SPO_1915A_IND_12 |

LONG NAME:

| | |
|------------------|------------------|
| SPO_1915A_IND_01 | SPO_1915A_IND_07 |
| SPO_1915A_IND_02 | SPO_1915A_IND_08 |
| SPO_1915A_IND_03 | SPO_1915A_IND_09 |
| SPO_1915A_IND_04 | SPO_1915A_IND_10 |
| SPO_1915A_IND_05 | SPO_1915A_IND_11 |
| SPO_1915A_IND_06 | SPO_1915A_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SPO_1915I_IND_01
SPO_1915I_IND_02
SPO_1915I_IND_03
SPO_1915I_IND_04
SPO_1915I_IND_05
SPO_1915I_IND_06
SPO_1915I_IND_07
SPO_1915I_IND_08
SPO_1915I_IND_09
SPO_1915I_IND_10
SPO_1915I_IND_11
SPO_1915I_IND_12

LABEL: 1915(i) State Plan Option Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary received coverage through the 1915(i) state plan option (SPO). There are separate variables for each of 12 the months during the year.

SHORT NAME:

| | |
|------------------|------------------|
| SPO_1915I_IND_01 | SPO_1915I_IND_07 |
| SPO_1915I_IND_02 | SPO_1915I_IND_08 |
| SPO_1915I_IND_03 | SPO_1915I_IND_09 |
| SPO_1915I_IND_04 | SPO_1915I_IND_10 |
| SPO_1915I_IND_05 | SPO_1915I_IND_11 |
| SPO_1915I_IND_06 | SPO_1915I_IND_12 |

LONG NAME:

| | |
|------------------|------------------|
| SPO_1915I_IND_01 | SPO_1915I_IND_07 |
| SPO_1915I_IND_02 | SPO_1915I_IND_08 |
| SPO_1915I_IND_03 | SPO_1915I_IND_09 |
| SPO_1915I_IND_04 | SPO_1915I_IND_10 |
| SPO_1915I_IND_05 | SPO_1915I_IND_11 |
| SPO_1915I_IND_06 | SPO_1915I_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SPO_1915J_IND_01
SPO_1915J_IND_02
SPO_1915J_IND_03
SPO_1915J_IND_04
SPO_1915J_IND_05
SPO_1915J_IND_06
SPO_1915J_IND_07
SPO_1915J_IND_08
SPO_1915J_IND_09
SPO_1915J_IND_10
SPO_1915J_IND_11
SPO_1915J_IND_12

LABEL: 1915(j) State Plan Option Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary received coverage through the 1915(j) state plan option (SPO). There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------------|------------------|
| SPO_1915J_IND_01 | SPO_1915J_IND_07 |
| SPO_1915J_IND_02 | SPO_1915J_IND_08 |
| SPO_1915J_IND_03 | SPO_1915J_IND_09 |
| SPO_1915J_IND_04 | SPO_1915J_IND_10 |
| SPO_1915J_IND_05 | SPO_1915J_IND_11 |
| SPO_1915J_IND_06 | SPO_1915J_IND_12 |

LONG NAME:

| | |
|------------------|------------------|
| SPO_1915J_IND_01 | SPO_1915J_IND_07 |
| SPO_1915J_IND_02 | SPO_1915J_IND_08 |
| SPO_1915J_IND_03 | SPO_1915J_IND_09 |
| SPO_1915J_IND_04 | SPO_1915J_IND_10 |
| SPO_1915J_IND_05 | SPO_1915J_IND_11 |
| SPO_1915J_IND_06 | SPO_1915J_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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[SPO_1932A_IND_01](#)
[SPO_1932A_IND_02](#)
[SPO_1932A_IND_03](#)
[SPO_1932A_IND_04](#)
[SPO_1932A_IND_05](#)
[SPO_1932A_IND_06](#)
[SPO_1932A_IND_07](#)
[SPO_1932A_IND_08](#)
[SPO_1932A_IND_09](#)
[SPO_1932A_IND_10](#)
[SPO_1932A_IND_11](#)
[SPO_1932A_IND_12](#)

LABEL: 1932(a) State Plan Option Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate whether the beneficiary received coverage through the 1932(a) state plan option (SPO). There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------------|------------------|
| SPO_1932A_IND_01 | SPO_1932A_IND_07 |
| SPO_1932A_IND_02 | SPO_1932A_IND_08 |
| SPO_1932A_IND_03 | SPO_1932A_IND_09 |
| SPO_1932A_IND_04 | SPO_1932A_IND_10 |
| SPO_1932A_IND_05 | SPO_1932A_IND_11 |
| SPO_1932A_IND_06 | SPO_1932A_IND_12 |

LONG NAME:

| | |
|------------------|------------------|
| SPO_1932A_IND_01 | SPO_1932A_IND_07 |
| SPO_1932A_IND_02 | SPO_1932A_IND_08 |
| SPO_1932A_IND_03 | SPO_1932A_IND_09 |
| SPO_1932A_IND_04 | SPO_1932A_IND_10 |
| SPO_1932A_IND_05 | SPO_1932A_IND_11 |
| SPO_1932A_IND_06 | SPO_1932A_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SSDI_IND

LABEL: Social Security Disability Insurance (SSDI) Indicator — Latest in Year

DESCRIPTION: A flag indicating if the beneficiary is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA); most recent in the calendar year.

SHORT NAME: SSDI_IND

LONG NAME: SSDI_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SSDI_IND_01
 SSDI_IND_02
 SSDI_IND_03
 SSDI_IND_04
 SSDI_IND_05
 SSDI_IND_06
 SSDI_IND_07
 SSDI_IND_08
 SSDI_IND_09
 SSDI_IND_10
 SSDI_IND_11
 SSDI_IND_12

LABEL: Social Security Disability Insurance (SSDI) Indicator — January–December (01–12)

DESCRIPTION: A monthly flag indicating if the beneficiary is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA). There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|-------------|-------------|
| SSDI_IND_01 | SSDI_IND_07 |
| SSDI_IND_02 | SSDI_IND_08 |
| SSDI_IND_03 | SSDI_IND_09 |
| SSDI_IND_04 | SSDI_IND_10 |
| SSDI_IND_05 | SSDI_IND_11 |
| SSDI_IND_06 | SSDI_IND_12 |

LONG NAME:

| | |
|-------------|-------------|
| SSDI_IND_01 | SSDI_IND_07 |
| SSDI_IND_02 | SSDI_IND_08 |
| SSDI_IND_03 | SSDI_IND_09 |
| SSDI_IND_04 | SSDI_IND_10 |
| SSDI_IND_05 | SSDI_IND_11 |
| SSDI_IND_06 | SSDI_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SSI_IND

LABEL: Supplemental Security Income (SSI) Indicator — Latest in Year

DESCRIPTION: A flag indicating if the beneficiary receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA); most recent in the calendar year.

SHORT NAME: SSI_IND

LONG NAME: SSI_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SSI_IND_01
 SSI_IND_02
 SSI_IND_03
 SSI_IND_04
 SSI_IND_05
 SSI_IND_06
 SSI_IND_07
 SSI_IND_08
 SSI_IND_09
 SSI_IND_10
 SSI_IND_11
 SSI_IND_12

LABEL: Supplemental Security Income (SSI) Indicator — January–December (01–12)

DESCRIPTION: A monthly flag indicating if the beneficiary receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA). There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------|------------|
| SSI_IND_01 | SSI_IND_07 |
| SSI_IND_02 | SSI_IND_08 |
| SSI_IND_03 | SSI_IND_09 |
| SSI_IND_04 | SSI_IND_10 |
| SSI_IND_05 | SSI_IND_11 |
| SSI_IND_06 | SSI_IND_12 |

LONG NAME:

| | |
|------------|------------|
| SSI_IND_01 | SSI_IND_07 |
| SSI_IND_02 | SSI_IND_08 |
| SSI_IND_03 | SSI_IND_09 |
| SSI_IND_04 | SSI_IND_10 |
| SSI_IND_05 | SSI_IND_11 |
| SSI_IND_06 | SSI_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: —

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SSI_STATE_SPLMT_CD

LABEL: Supplemental Security Income (SSI) State Supplement Code — Latest in Year

DESCRIPTION: Indicates the beneficiary's SSI State Supplemental status; most recent in the calendar year.

SHORT NAME: SSI_STATE_SPLMT_CD

LONG NAME: SSI_STATE_SPLMT_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 000 = Not Applicable
001 = Mandatory
002 = Optional
Null/missing = source value is missing or unknown

COMMENT: —

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SSI_STATE_SPLMT_CD_01
SSI_STATE_SPLMT_CD_02
SSI_STATE_SPLMT_CD_03
SSI_STATE_SPLMT_CD_04
SSI_STATE_SPLMT_CD_05
SSI_STATE_SPLMT_CD_06
SSI_STATE_SPLMT_CD_07
SSI_STATE_SPLMT_CD_08
SSI_STATE_SPLMT_CD_09
SSI_STATE_SPLMT_CD_10
SSI_STATE_SPLMT_CD_11
SSI_STATE_SPLMT_CD_12

LABEL: Supplemental Security Income (SSI) State Supplement Code — January–December (01–12)

DESCRIPTION: A monthly code indicating the beneficiary's Supplemental Security Income (SSI) State Supplemental status. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|-----------------------|-----------------------|
| SSI_STATE_SPLMT_CD_01 | SSI_STATE_SPLMT_CD_07 |
| SSI_STATE_SPLMT_CD_02 | SSI_STATE_SPLMT_CD_08 |
| SSI_STATE_SPLMT_CD_03 | SSI_STATE_SPLMT_CD_09 |
| SSI_STATE_SPLMT_CD_04 | SSI_STATE_SPLMT_CD_10 |
| SSI_STATE_SPLMT_CD_05 | SSI_STATE_SPLMT_CD_11 |
| SSI_STATE_SPLMT_CD_06 | SSI_STATE_SPLMT_CD_12 |

LONG NAME:

| | |
|-----------------------|-----------------------|
| SSI_STATE_SPLMT_CD_01 | SSI_STATE_SPLMT_CD_07 |
| SSI_STATE_SPLMT_CD_02 | SSI_STATE_SPLMT_CD_08 |
| SSI_STATE_SPLMT_CD_03 | SSI_STATE_SPLMT_CD_09 |
| SSI_STATE_SPLMT_CD_04 | SSI_STATE_SPLMT_CD_10 |
| SSI_STATE_SPLMT_CD_05 | SSI_STATE_SPLMT_CD_11 |
| SSI_STATE_SPLMT_CD_06 | SSI_STATE_SPLMT_CD_12 |

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 000 = Not Applicable
001 = Mandatory
002 = Optional
Null/missing = source value is missing or unknown

COMMENT: —

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SSI_STUS_CD

LABEL: Supplemental Security Income (SSI) Status Code — Latest in Year

DESCRIPTION: Indicates the beneficiary's SSI status; most recent in the calendar year.

SHORT NAME: SSI_STUS_CD

LONG NAME: SSI_STUS_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 000 = Not applicable
001 = SSI
002 = SSI eligible spouse
003 = SSI pending a final determination of disposal of resources exceeding SSI dollar limits
Null/missing = source value is missing or unknown

COMMENT: —

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SSI_STUS_CD_01
 SSI_STUS_CD_02
 SSI_STUS_CD_03
 SSI_STUS_CD_04
 SSI_STUS_CD_05
 SSI_STUS_CD_06
 SSI_STUS_CD_07
 SSI_STUS_CD_08
 SSI_STUS_CD_09
 SSI_STUS_CD_10
 SSI_STUS_CD_11
 SSI_STUS_CD_12

LABEL: Supplemental Security Income (SSI) Status Code — January–December (01–12)

DESCRIPTION: A monthly code indicating the beneficiary's Supplemental Security Income (SSI) status. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|----------------|----------------|
| SSI_STUS_CD_01 | SSI_STUS_CD_07 |
| SSI_STUS_CD_02 | SSI_STUS_CD_08 |
| SSI_STUS_CD_03 | SSI_STUS_CD_09 |
| SSI_STUS_CD_04 | SSI_STUS_CD_10 |
| SSI_STUS_CD_05 | SSI_STUS_CD_11 |
| SSI_STUS_CD_06 | SSI_STUS_CD_12 |

LONG NAME:

| | |
|----------------|----------------|
| SSI_STUS_CD_01 | SSI_STUS_CD_07 |
| SSI_STUS_CD_02 | SSI_STUS_CD_08 |
| SSI_STUS_CD_03 | SSI_STUS_CD_09 |
| SSI_STUS_CD_04 | SSI_STUS_CD_10 |
| SSI_STUS_CD_05 | SSI_STUS_CD_11 |
| SSI_STUS_CD_06 | SSI_STUS_CD_12 |

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 000 = Not applicable
001 = SSI
002 = SSI eligible spouse
003 = SSI pending a final determination of disposal of resources exceeding SSI dollar limits
Null/missing = source value is missing or unknown

COMMENT: —

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STATE_CD

LABEL: Submitting State Alpha Abbreviation

DESCRIPTION: Submitting State (postal abbreviation)

SHORT NAME: STATE_CD

LONG NAME: STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): All demographic and eligibility

SOURCE: CCW and CMS/Census Bureau crosswalk (derived)

VALUES: 2-character postal state code

AK = Alaska
AL = Alabama
AR = Arkansas
AZ = Arizona
CA = California
CO = Colorado
CT = Connecticut
DC = District of Columbia
DE = Delaware
FL = Florida
GA = Georgia
HI = Hawaii
IA = Iowa
ID = Idaho
IL = Illinois
IN = Indiana
KS = Kansas
KY = Kentucky
LA = Louisiana
MA = Massachusetts
MD = Maryland
ME = Maine
MI = Michigan
MN = Minnesota
MO = Missouri
MS = Mississippi
MT = Montana

NC = North Carolina
ND = North Dakota
NE = Nebraska
NH = New Hampshire
NJ = New Jersey
NM = New Mexico
NV = Nevada
NY = New York
OH = Ohio
OK = Oklahoma
OR = Oregon
PA = Pennsylvania
PR = Puerto Rico
RI = Rhode Island
SC = South Carolina
SD = South Dakota
TN = Tennessee
TX = Texas
UT = Utah
VA = Virginia
VI = Virgin Islands
VT = Vermont
WA = Washington
WI = Wisconsin
WV = West Virginia
WY = Wyoming
Null = Unknown

COMMENT: This variable is the two-letter postal abbreviation for the state that submitted the enrollment record.

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STATE_SPEC_ELGBLTY_GRP_CD_01
 STATE_SPEC_ELGBLTY_GRP_CD_02
 STATE_SPEC_ELGBLTY_GRP_CD_03
 STATE_SPEC_ELGBLTY_GRP_CD_04
 STATE_SPEC_ELGBLTY_GRP_CD_05
 STATE_SPEC_ELGBLTY_GRP_CD_06
 STATE_SPEC_ELGBLTY_GRP_CD_07
 STATE_SPEC_ELGBLTY_GRP_CD_08
 STATE_SPEC_ELGBLTY_GRP_CD_09
 STATE_SPEC_ELGBLTY_GRP_CD_10
 STATE_SPEC_ELGBLTY_GRP_CD_11
 STATE_SPEC_ELGBLTY_GRP_CD_12

LABEL: State-Specific Eligibility Group Code — January–December (01–12)

DESCRIPTION: The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values (before January 1, 2014) and ELIGIBILITY-GROUP values (on or after January 1, 2014); in the month. There are separate variables for each of the 12 months during the year.

This field should not include information that already appears elsewhere on the Eligible-File record even if it is part of the MAS and BOE or ELGBLTY_GRP_CD algorithm (e.g., age information computed from BIRTH_DT or BENE_CNTY_CD).

SHORT NAME:

| | |
|------------------------------|------------------------------|
| STATE_SPEC_ELGBLTY_GRP_CD_01 | STATE_SPEC_ELGBLTY_GRP_CD_07 |
| STATE_SPEC_ELGBLTY_GRP_CD_02 | STATE_SPEC_ELGBLTY_GRP_CD_08 |
| STATE_SPEC_ELGBLTY_GRP_CD_03 | STATE_SPEC_ELGBLTY_GRP_CD_09 |
| STATE_SPEC_ELGBLTY_GRP_CD_04 | STATE_SPEC_ELGBLTY_GRP_CD_10 |
| STATE_SPEC_ELGBLTY_GRP_CD_05 | STATE_SPEC_ELGBLTY_GRP_CD_11 |
| STATE_SPEC_ELGBLTY_GRP_CD_06 | STATE_SPEC_ELGBLTY_GRP_CD_12 |

LONG NAME:

| | |
|------------------------------|------------------------------|
| STATE_SPEC_ELGBLTY_GRP_CD_01 | STATE_SPEC_ELGBLTY_GRP_CD_07 |
| STATE_SPEC_ELGBLTY_GRP_CD_02 | STATE_SPEC_ELGBLTY_GRP_CD_08 |
| STATE_SPEC_ELGBLTY_GRP_CD_03 | STATE_SPEC_ELGBLTY_GRP_CD_09 |
| STATE_SPEC_ELGBLTY_GRP_CD_04 | STATE_SPEC_ELGBLTY_GRP_CD_10 |
| STATE_SPEC_ELGBLTY_GRP_CD_05 | STATE_SPEC_ELGBLTY_GRP_CD_11 |
| STATE_SPEC_ELGBLTY_GRP_CD_06 | STATE_SPEC_ELGBLTY_GRP_CD_12 |

TYPE: CHAR

LENGTH: 6

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Maximum six alphanumeric characters (may include spaces)
Null/missing = source value is missing or unknown

COMMENT: —

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STATE_SPEC_ELGBLTY_GRP_CD_LTST

LABEL: State-Specific Eligibility Group Code — Latest in Year

DESCRIPTION: The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values (before January 1, 2014) and ELIGIBILITY-GROUP values (on or after January 1, 2014); most recent in the calendar year.

This field should not include information that already appears elsewhere on the Eligible-File record even if it is part of the MAS and BOE or ELIGIBILITY-GROUP algorithm (e.g., age information computed from DATE-OF-BIRTH or COUNTY-CODE).

SHORT NAME: STATE_SPEC_ELGBLTY_GRP_CD_LTST

LONG NAME: STATE_SPEC_ELGBLTY_GRP_CD_LTST

TYPE: CHAR

LENGTH: 6

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Maximum six alphanumeric characters (may include spaces)

Null/missing = source value is missing or unknown

COMMENT: State-specific composite of eligibility mapping factors used to create the corresponding MAS and BOE values.

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SUBMTG_STATE_CD

LABEL: Submitting State Entity Code

DESCRIPTION: The ANSI Federal Information Processing Standards (FIPS) numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.

SHORT NAME: SUBMTG_STATE_CD

LONG NAME: SUBMTG_STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): All demographic and eligibility

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: FIPS state codes can be found at: <https://www.census.gov/library/reference/code-lists/ansi.html>

2-digit value (with leading zeros)

| | | |
|--------------------------|--------------------|---|
| 01: Alabama | 24: Maryland | 45: South Carolina |
| 02: Alaska | 25: Massachusetts | 46: South Dakota |
| 04: Arizona | 26: Michigan | 47: Tennessee |
| 05: Arkansas | 27: Minnesota | 48: Texas |
| 06: California | 28: Mississippi | 49: Utah |
| 08: Colorado | 29: Missouri | 50: Vermont |
| 09: Connecticut | 30: Montana | 51: Virginia |
| 10: Delaware | 31: Nebraska | 53: Washington |
| 11: District of Columbia | 32: Nevada | 54: West Virginia |
| 12: Florida | 33: New Hampshire | 55: Wisconsin |
| 13: Georgia | 34: New Jersey | 56: Wyoming |
| 15: Hawaii | 35: New Mexico | 72: Puerto Rico |
| 16: Idaho | 36: New York | 78: U.S. Virgin Islands |
| 17: Illinois | 37: North Carolina | 93: Wyoming CHIP |
| 18: Indiana | 38: North Dakota | 94: Montana Third-Party Administrator (TPA) |
| 19: Iowa | 39: Ohio | 97: Pennsylvania CHIP |
| 20: Kansas | 40: Oklahoma | |
| 21: Kentucky | 41: Oregon | |
| 22: Louisiana | 42: Pennsylvania | |
| 23: Maine | 44: Rhode Island | |

COMMENT: Codes represent FIPS state codes, with the exception of '93,' '94,' and '97,' which represent non-Medicaid entities from states that submit CHIP or TPA separately from Medicaid.

For those states with multiple reporting entities, all values of SUBMTG_STATE_CD should be used ('56' and '93' for Wyoming; '30' and '94' for Montana; '42' and '97' for Pennsylvania).

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SUD_PAHP_MOS

| | |
|---------------------|---|
| LABEL: | Substance Use Disorders (SUD) Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a substance use disorders (SUD) Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | SUD_PAHP_MOS |
| LONG NAME: | SUD_PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 11 (substance use disorders [SUD] PAHP). |

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SUD_PIHP_MOS

| | |
|---------------------|---|
| LABEL: | Substance Use Disorders (SUD) Prepaid Inpatient Health Plan (PIHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a substance use disorders (SUD) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | SUD_PIHP_MOS |
| LONG NAME: | SUD_PIHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 10 (substance use disorders [SUD] PIHP). |

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TANF_CASH_CD

LABEL: Temporary Assistance for Needy Families (TANF) Cash Code — Latest in Year

DESCRIPTION: A flag that indicates whether the beneficiary received Federal Temporary Assistance for Needy Families (TANF) benefits; most recent in the calendar year.

SHORT NAME: TANF_CASH_CD

LONG NAME: TANF_CASH_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Individual was not eligible for Medicaid
1 = Individual did not receive TANF benefits
2 = Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible)
Null/missing = source value is missing or unknown

COMMENT: —

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TANF_CASH_CD_01
 TANF_CASH_CD_02
 TANF_CASH_CD_03
 TANF_CASH_CD_04
 TANF_CASH_CD_05
 TANF_CASH_CD_06
 TANF_CASH_CD_07
 TANF_CASH_CD_08
 TANF_CASH_CD_09
 TANF_CASH_CD_10
 TANF_CASH_CD_11
 TANF_CASH_CD_12

LABEL: Temporary Assistance for Needy Families (TANF) Cash Code — January–December (01–12)

DESCRIPTION: A monthly flag that indicates whether the beneficiary received Federal Temporary Assistance for Needy Families (TANF) benefits. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|-----------------|-----------------|
| TANF_CASH_CD_01 | TANF_CASH_CD_07 |
| TANF_CASH_CD_02 | TANF_CASH_CD_08 |
| TANF_CASH_CD_03 | TANF_CASH_CD_09 |
| TANF_CASH_CD_04 | TANF_CASH_CD_10 |
| TANF_CASH_CD_05 | TANF_CASH_CD_11 |
| TANF_CASH_CD_06 | TANF_CASH_CD_12 |

LONG NAME:

| | |
|-----------------|-----------------|
| TANF_CASH_CD_01 | TANF_CASH_CD_07 |
| TANF_CASH_CD_02 | TANF_CASH_CD_08 |
| TANF_CASH_CD_03 | TANF_CASH_CD_09 |
| TANF_CASH_CD_04 | TANF_CASH_CD_10 |
| TANF_CASH_CD_05 | TANF_CASH_CD_11 |
| TANF_CASH_CD_06 | TANF_CASH_CD_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = Individual was not eligible for Medicaid
1 = Individual did not receive TANF benefits
2 = Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible)
Null/missing = source value is missing or unknown

COMMENT: —

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TPL_INSRNC_CVRG_IND

LABEL: Third Party Liability (TPL) Insurance Coverage Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary has some form of third-party liability (TPL) insurance coverage; most recent in the calendar year.

SHORT NAME: TPL_INSRNC_CVRG_IND

LONG NAME: TPL_INSRNC_CVRG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Medicaid/CHIP eligible individual has no TPL insurance coverage
1 = Medicaid/CHIP eligible individual does have TPL insurance coverage
Null/missing = source value is missing or unknown

COMMENT: —

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TPL_INSRNC_CVRG_IND_01
 TPL_INSRNC_CVRG_IND_02
 TPL_INSRNC_CVRG_IND_03
 TPL_INSRNC_CVRG_IND_04
 TPL_INSRNC_CVRG_IND_05
 TPL_INSRNC_CVRG_IND_06
 TPL_INSRNC_CVRG_IND_07
 TPL_INSRNC_CVRG_IND_08
 TPL_INSRNC_CVRG_IND_09
 TPL_INSRNC_CVRG_IND_10
 TPL_INSRNC_CVRG_IND_11
 TPL_INSRNC_CVRG_IND_12

LABEL: Third Party Liability (TPL) Insurance Coverage Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate that the Medicaid/CHIP eligible person has some form of third-party liability (TPL) insurance coverage. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|------------------------|------------------------|
| TPL_INSRNC_CVRG_IND_01 | TPL_INSRNC_CVRG_IND_07 |
| TPL_INSRNC_CVRG_IND_02 | TPL_INSRNC_CVRG_IND_08 |
| TPL_INSRNC_CVRG_IND_03 | TPL_INSRNC_CVRG_IND_09 |
| TPL_INSRNC_CVRG_IND_04 | TPL_INSRNC_CVRG_IND_10 |
| TPL_INSRNC_CVRG_IND_05 | TPL_INSRNC_CVRG_IND_11 |
| TPL_INSRNC_CVRG_IND_06 | TPL_INSRNC_CVRG_IND_12 |

LONG NAME:

| | |
|------------------------|------------------------|
| TPL_INSRNC_CVRG_IND_01 | TPL_INSRNC_CVRG_IND_07 |
| TPL_INSRNC_CVRG_IND_02 | TPL_INSRNC_CVRG_IND_08 |
| TPL_INSRNC_CVRG_IND_03 | TPL_INSRNC_CVRG_IND_09 |
| TPL_INSRNC_CVRG_IND_04 | TPL_INSRNC_CVRG_IND_10 |
| TPL_INSRNC_CVRG_IND_05 | TPL_INSRNC_CVRG_IND_11 |
| TPL_INSRNC_CVRG_IND_06 | TPL_INSRNC_CVRG_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Medicaid/CHIP eligible individual has no TPL insurance coverage
1 = Medicaid/CHIP eligible individual does have TPL insurance coverage
Null/missing = source value is missing or unknown

COMMENT: —

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TPL_OTHR_CVRG_IND

LABEL: Third Party Liability (TPL) — Other Coverage Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary has some form of third-party liability (TPL) funding besides insurance coverage; most recent in the calendar year.

SHORT NAME: TPL_OTHR_CVRG_IND

LONG NAME: TPL_OTHR_CVRG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Medicaid/CHIP eligible individual has no other TPL funding available
1 = Medicaid/CHIP eligible individual does have other TPL funding available
Null/missing = source value is missing or unknown

COMMENT: —

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TPL_OTHR_CVRG_IND_01
 TPL_OTHR_CVRG_IND_02
 TPL_OTHR_CVRG_IND_03
 TPL_OTHR_CVRG_IND_04
 TPL_OTHR_CVRG_IND_05
 TPL_OTHR_CVRG_IND_06
 TPL_OTHR_CVRG_IND_07
 TPL_OTHR_CVRG_IND_08
 TPL_OTHR_CVRG_IND_09
 TPL_OTHR_CVRG_IND_10
 TPL_OTHR_CVRG_IND_11
 TPL_OTHR_CVRG_IND_12

LABEL: Third Party Liability — Other Coverage Indicator — January–December (01–12)

DESCRIPTION: A monthly flag to indicate that the Medicaid/CHIP eligible person has some other form of third-party liability (TPL) funding besides insurance coverage. There are separate variables for each of the 12 months during the year.

SHORT NAME:

| | |
|----------------------|----------------------|
| TPL_OTHR_CVRG_IND_01 | TPL_OTHR_CVRG_IND_07 |
| TPL_OTHR_CVRG_IND_02 | TPL_OTHR_CVRG_IND_08 |
| TPL_OTHR_CVRG_IND_03 | TPL_OTHR_CVRG_IND_09 |
| TPL_OTHR_CVRG_IND_04 | TPL_OTHR_CVRG_IND_10 |
| TPL_OTHR_CVRG_IND_05 | TPL_OTHR_CVRG_IND_11 |
| TPL_OTHR_CVRG_IND_06 | TPL_OTHR_CVRG_IND_12 |

LONG NAME:

| | |
|----------------------|----------------------|
| TPL_OTHR_CVRG_IND_01 | TPL_OTHR_CVRG_IND_07 |
| TPL_OTHR_CVRG_IND_02 | TPL_OTHR_CVRG_IND_08 |
| TPL_OTHR_CVRG_IND_03 | TPL_OTHR_CVRG_IND_09 |
| TPL_OTHR_CVRG_IND_04 | TPL_OTHR_CVRG_IND_10 |
| TPL_OTHR_CVRG_IND_05 | TPL_OTHR_CVRG_IND_11 |
| TPL_OTHR_CVRG_IND_06 | TPL_OTHR_CVRG_IND_12 |

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Medicaid/CHIP eligible individual has no other TPL funding available
1 = Medicaid/CHIP eligible individual does have other TPL funding available
Null/missing = source value is missing or unknown

COMMENT: —

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TRDTNL_PCCM_MOS

| | |
|---------------------|--|
| LABEL: | Traditional Primary Care Case Management (PCCM) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Traditional Primary Care Case Management (PCCM) Managed Care Plan in the calendar year. |
| SHORT NAME: | TRDTNL_PCCM_MOS |
| LONG NAME: | TRDTNL_PCCM_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 02 (Traditional PCCM Provider arrangement). |

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TRNSPRTN_PAHP_MOS

| | |
|---------------------|--|
| LABEL: | Transportation Prepaid Ambulatory Health Plan (PAHP) Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a Transportation Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year. |
| SHORT NAME: | TRNSPRTN_PAHP_MOS |
| LONG NAME: | TRNSPRTN_PAHP_MOS |
| TYPE: | NUM |
| LENGTH: | 3 |
| FILE(S): | Managed Care |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 15 (Transportation PAHP). |

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VET_IND

LABEL: Veteran Indicator — Latest in Year

DESCRIPTION: A flag indicating if the beneficiary is a non-citizen who is exempt from the five-year bar on benefits because they are a veteran or an active member of the military, naval, or air service; most recent in the calendar and **the two** prior years.

SHORT NAME: VET_IND

LONG NAME: VET_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

COMMENT: This value is the most recent in the calendar year (or, if not populated, then most recent value from the two prior year[s] is used).

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WVR_1115_TYPE_CD

| | |
|---------------------|---|
| LABEL: | 1115 Waiver Type Code — Latest in Year |
| DESCRIPTION: | A code to indicate the type of 1115 waiver under which the beneficiary received coverage; most recent in the calendar year. |
| SHORT NAME: | WVR_1115_TYPE_CD |
| LONG NAME: | WVR_1115_TYPE_CD |
| TYPE: | CHAR |
| LENGTH: | 2 |
| FILE(S): | Waiver |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 01 = 1115(a) Other demonstration 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy plus waiver 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 =1115 Family planning demonstration 25 =1115 Substance use demonstration 26 =1115 Premium Assistance demonstration 27 =1115 Beneficiary engagement demonstration 28 =1115 Former foster care youth from another state 29 =1115 Managed long-term services and support 30 =1115 Delivery system reform 89 =Two or more 1115 waivers in the latest month Null/missing = not one of the 1115 waivers, or source value is missing or unknown |
| COMMENT: | The value is from the last populated '1115 Waiver Type Code'. There are up to 10 waiver type codes for 1115 waivers in total; i.e., where the monthly waiver type code= 01 or 22-30). The value is set to '89' if there are two or more 1115 waivers in the latest month. |

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WVR_1915B_MOS

LABEL: 1915(b) Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1915(b) waiver in the calendar year.

SHORT NAME: WVR_1915B_MOS

LONG NAME: WVR_1915B_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 02–05 or 32, all of which represent a 1915[b] Waiver.

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WVR_1915BC_MOS

| | |
|---------------------|--|
| LABEL: | 1915(b)(c) Waiver Months |
| DESCRIPTION: | Number of months the beneficiary was enrolled in a concurrent (combined) Section 1915(b)(c) waiver in the calendar year. |
| SHORT NAME: | WVR_1915BC_MOS |
| LONG NAME: | WVR_1915BC_MOS |
| TYPE: | NUM |
| LENGTH: | 2 |
| FILE(S): | Waiver |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 0–12 (Number of months) |
| COMMENT: | This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 20 (1915b/c Waiver). |

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WVR_1915C_MOS

LABEL: 1915(c) Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1915(c) (Home- and Community-Based Care) waiver in the calendar year.

SHORT NAME: WVR_1915C_MOS

LONG NAME: WVR_1915C_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 06–19 or 33, all of which represent a 1915[c] Waiver.

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WVR_1915C_TYPE_CD

| | |
|---------------------|--|
| LABEL: | 1915(c) Waiver Type Code — Latest in Year |
| DESCRIPTION: | A code to indicate the type of 1915(c) waiver under which the beneficiary received coverage; most recent in the calendar year. |
| SHORT NAME: | WVR_1915C_TYPE_CD |
| LONG NAME: | WVR_1915C_TYPE_CD |
| TYPE: | CHAR |
| LENGTH: | 2 |
| FILE(S): | Waiver |
| SOURCE: | T-MSIS annual demographic and eligibility TAF |
| VALUES: | 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 33 = 1915(c) waiver (T-MSIS DD v2.1) 89 = Two or more 1915(c) waivers in the latest month Null/missing = not one of the 1915 waivers, or source value is missing or unknown |
| COMMENT: | The value is from the last populated '1915C Waiver Type Code'. There are up to 10 waiver type codes for 1915(c) waivers in total; i.e., where the monthly waiver type = 06–19 or 33. The value is set to '89' if there are two or more 1915c waivers in the latest month. |

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WVR_ID_01_01
WVR_ID_01_02
WVR_ID_01_03
WVR_ID_01_04
WVR_ID_01_05
WVR_ID_01_06
WVR_ID_01_07
WVR_ID_01_08
WVR_ID_01_09
WVR_ID_01_10
WVR_ID_01_11
WVR_ID_01_12

LABEL: Waiver ID (1st Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 1st of up to 10 waiver IDs in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_01_01 | WVR_ID_01_07 |
| WVR_ID_01_02 | WVR_ID_01_08 |
| WVR_ID_01_03 | WVR_ID_01_09 |
| WVR_ID_01_04 | WVR_ID_01_10 |
| WVR_ID_01_05 | WVR_ID_01_11 |
| WVR_ID_01_06 | WVR_ID_01_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_01_01 | WVR_ID_01_07 |
| WVR_ID_01_02 | WVR_ID_01_08 |
| WVR_ID_01_03 | WVR_ID_01_09 |
| WVR_ID_01_04 | WVR_ID_01_10 |
| WVR_ID_01_05 | WVR_ID_01_11 |
| WVR_ID_01_06 | WVR_ID_01_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_01_MM corresponds to the waiver type code (WVR_TYPE_CD_01_MM) for the same month.

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[WVR_ID_02_01](#)
[WVR_ID_02_02](#)
[WVR_ID_02_03](#)
[WVR_ID_02_04](#)
[WVR_ID_02_05](#)
[WVR_ID_02_06](#)
[WVR_ID_02_07](#)
[WVR_ID_02_08](#)
[WVR_ID_02_09](#)
[WVR_ID_02_10](#)
[WVR_ID_02_11](#)
[WVR_ID_02_12](#)

LABEL: Waiver ID (2nd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 2nd of up to 10 waiver IDs in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_02_01 | WVR_ID_02_07 |
| WVR_ID_02_02 | WVR_ID_02_08 |
| WVR_ID_02_03 | WVR_ID_02_09 |
| WVR_ID_02_04 | WVR_ID_02_10 |
| WVR_ID_02_05 | WVR_ID_02_11 |
| WVR_ID_02_06 | WVR_ID_02_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_02_01 | WVR_ID_02_07 |
| WVR_ID_02_02 | WVR_ID_02_08 |
| WVR_ID_02_03 | WVR_ID_02_09 |
| WVR_ID_02_04 | WVR_ID_02_10 |
| WVR_ID_02_05 | WVR_ID_02_11 |
| WVR_ID_02_06 | WVR_ID_02_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_02_MM corresponds to the waiver type code (WVR_TYPE_CD_02_MM) for the same month.

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[WVR_ID_03_01](#)
[WVR_ID_03_02](#)
[WVR_ID_03_03](#)
[WVR_ID_03_04](#)
[WVR_ID_03_05](#)
[WVR_ID_03_06](#)
[WVR_ID_03_07](#)
[WVR_ID_03_08](#)
[WVR_ID_03_09](#)
[WVR_ID_03_10](#)
[WVR_ID_03_11](#)
[WVR_ID_03_12](#)

LABEL: Waiver ID (3rd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 3rd of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_03_01 | WVR_ID_03_07 |
| WVR_ID_03_02 | WVR_ID_03_08 |
| WVR_ID_03_03 | WVR_ID_03_09 |
| WVR_ID_03_04 | WVR_ID_03_10 |
| WVR_ID_03_05 | WVR_ID_03_11 |
| WVR_ID_03_06 | WVR_ID_03_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_03_01 | WVR_ID_03_07 |
| WVR_ID_03_02 | WVR_ID_03_08 |
| WVR_ID_03_03 | WVR_ID_03_09 |
| WVR_ID_03_04 | WVR_ID_03_10 |
| WVR_ID_03_05 | WVR_ID_03_11 |
| WVR_ID_03_06 | WVR_ID_03_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_03_MM corresponds to the waiver type code (WVR_TYPE_CD_03_MM) for the same month.

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[WVR_ID_04_01](#)
[WVR_ID_04_02](#)
[WVR_ID_04_03](#)
[WVR_ID_04_04](#)
[WVR_ID_04_05](#)
[WVR_ID_04_06](#)
[WVR_ID_04_07](#)
[WVR_ID_04_08](#)
[WVR_ID_04_09](#)
[WVR_ID_04_10](#)
[WVR_ID_04_11](#)
[WVR_ID_04_12](#)

LABEL: Waiver ID (4th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 4th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_04_01 | WVR_ID_04_07 |
| WVR_ID_04_02 | WVR_ID_04_08 |
| WVR_ID_04_03 | WVR_ID_04_09 |
| WVR_ID_04_04 | WVR_ID_04_10 |
| WVR_ID_04_05 | WVR_ID_04_11 |
| WVR_ID_04_06 | WVR_ID_04_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_04_01 | WVR_ID_04_07 |
| WVR_ID_04_02 | WVR_ID_04_08 |
| WVR_ID_04_03 | WVR_ID_04_09 |
| WVR_ID_04_04 | WVR_ID_04_10 |
| WVR_ID_04_05 | WVR_ID_04_11 |
| WVR_ID_04_06 | WVR_ID_04_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_04_MM corresponds to the waiver type code (WVR_TYPE_CD_04_MM) for the same month.

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[WVR_ID_05_01](#)
[WVR_ID_05_02](#)
[WVR_ID_05_03](#)
[WVR_ID_05_04](#)
[WVR_ID_05_05](#)
[WVR_ID_05_06](#)
[WVR_ID_05_07](#)
[WVR_ID_05_08](#)
[WVR_ID_05_09](#)
[WVR_ID_05_10](#)
[WVR_ID_05_11](#)
[WVR_ID_05_12](#)

LABEL: Waiver ID (5th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 5th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_05_01 | WVR_ID_05_07 |
| WVR_ID_05_02 | WVR_ID_05_08 |
| WVR_ID_05_03 | WVR_ID_05_09 |
| WVR_ID_05_04 | WVR_ID_05_10 |
| WVR_ID_05_05 | WVR_ID_05_11 |
| WVR_ID_05_06 | WVR_ID_05_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_05_01 | WVR_ID_05_07 |
| WVR_ID_05_02 | WVR_ID_05_08 |
| WVR_ID_05_03 | WVR_ID_05_09 |
| WVR_ID_05_04 | WVR_ID_05_10 |
| WVR_ID_05_05 | WVR_ID_05_11 |
| WVR_ID_05_06 | WVR_ID_05_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_05_MM corresponds to the waiver type code (WVR_TYPE_CD_05_MM) for the same month.

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[WVR_ID_06_01](#)
[WVR_ID_06_02](#)
[WVR_ID_06_03](#)
[WVR_ID_06_04](#)
[WVR_ID_06_05](#)
[WVR_ID_06_06](#)
[WVR_ID_06_07](#)
[WVR_ID_06_08](#)
[WVR_ID_06_09](#)
[WVR_ID_06_10](#)
[WVR_ID_06_11](#)
[WVR_ID_06_12](#)

LABEL: Waiver ID (6th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 6th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_06_01 | WVR_ID_06_07 |
| WVR_ID_06_02 | WVR_ID_06_08 |
| WVR_ID_06_03 | WVR_ID_06_09 |
| WVR_ID_06_04 | WVR_ID_06_10 |
| WVR_ID_06_05 | WVR_ID_06_11 |
| WVR_ID_06_06 | WVR_ID_06_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_06_01 | WVR_ID_06_07 |
| WVR_ID_06_02 | WVR_ID_06_08 |
| WVR_ID_06_03 | WVR_ID_06_09 |
| WVR_ID_06_04 | WVR_ID_06_10 |
| WVR_ID_06_05 | WVR_ID_06_11 |
| WVR_ID_06_06 | WVR_ID_06_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_06_MM corresponds to the waiver type code (WVR_TYPE_CD_06_MM) for the same month.

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[WVR_ID_07_01](#)
[WVR_ID_07_02](#)
[WVR_ID_07_03](#)
[WVR_ID_07_04](#)
[WVR_ID_07_05](#)
[WVR_ID_07_06](#)
[WVR_ID_07_07](#)
[WVR_ID_07_08](#)
[WVR_ID_07_09](#)
[WVR_ID_07_10](#)
[WVR_ID_07_11](#)
[WVR_ID_07_12](#)

LABEL: Waiver ID (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 7th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_07_01 | WVR_ID_07_07 |
| WVR_ID_07_02 | WVR_ID_07_08 |
| WVR_ID_07_03 | WVR_ID_07_09 |
| WVR_ID_07_04 | WVR_ID_07_10 |
| WVR_ID_07_05 | WVR_ID_07_11 |
| WVR_ID_07_06 | WVR_ID_07_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_07_01 | WVR_ID_07_07 |
| WVR_ID_07_02 | WVR_ID_07_08 |
| WVR_ID_07_03 | WVR_ID_07_09 |
| WVR_ID_07_04 | WVR_ID_07_10 |
| WVR_ID_07_05 | WVR_ID_07_11 |
| WVR_ID_07_06 | WVR_ID_07_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_07_MM corresponds to the waiver type code (WVR_TYPE_CD_07_MM) for the same month.

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[WVR_ID_08_01](#)
[WVR_ID_08_02](#)
[WVR_ID_08_03](#)
[WVR_ID_08_04](#)
[WVR_ID_08_05](#)
[WVR_ID_08_06](#)
[WVR_ID_08_07](#)
[WVR_ID_08_08](#)
[WVR_ID_08_09](#)
[WVR_ID_08_10](#)
[WVR_ID_08_11](#)
[WVR_ID_08_12](#)

LABEL: Waiver ID (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 8th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_08_01 | WVR_ID_08_07 |
| WVR_ID_08_02 | WVR_ID_08_08 |
| WVR_ID_08_03 | WVR_ID_08_09 |
| WVR_ID_08_04 | WVR_ID_08_10 |
| WVR_ID_08_05 | WVR_ID_08_11 |
| WVR_ID_08_06 | WVR_ID_08_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_08_01 | WVR_ID_08_07 |
| WVR_ID_08_02 | WVR_ID_08_08 |
| WVR_ID_08_03 | WVR_ID_08_09 |
| WVR_ID_08_04 | WVR_ID_08_10 |
| WVR_ID_08_05 | WVR_ID_08_11 |
| WVR_ID_08_06 | WVR_ID_08_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_08_MM corresponds to the waiver type code (WVR_TYPE_CD_08_MM) for the same month.

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[WVR_ID_09_01](#)
[WVR_ID_09_02](#)
[WVR_ID_09_03](#)
[WVR_ID_09_04](#)
[WVR_ID_09_05](#)
[WVR_ID_09_06](#)
[WVR_ID_09_07](#)
[WVR_ID_09_08](#)
[WVR_ID_09_09](#)
[WVR_ID_09_10](#)
[WVR_ID_09_11](#)
[WVR_ID_09_12](#)

LABEL: Waiver ID (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 9th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_09_01 | WVR_ID_09_07 |
| WVR_ID_09_02 | WVR_ID_09_08 |
| WVR_ID_09_03 | WVR_ID_09_09 |
| WVR_ID_09_04 | WVR_ID_09_10 |
| WVR_ID_09_05 | WVR_ID_09_11 |
| WVR_ID_09_06 | WVR_ID_09_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_09_01 | WVR_ID_09_07 |
| WVR_ID_09_02 | WVR_ID_09_08 |
| WVR_ID_09_03 | WVR_ID_09_09 |
| WVR_ID_09_04 | WVR_ID_09_10 |
| WVR_ID_09_05 | WVR_ID_09_11 |
| WVR_ID_09_06 | WVR_ID_09_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_09_MM corresponds to the waiver type code (WVR_TYPE_CD_09_MM) for the same month.

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WVR_ID_10_01
WVR_ID_10_02
WVR_ID_10_03
WVR_ID_10_04
WVR_ID_10_05
WVR_ID_10_06
WVR_ID_10_07
WVR_ID_10_08
WVR_ID_10_09
WVR_ID_10_10
WVR_ID_10_11
WVR_ID_10_12

LABEL: Waiver ID (10th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 10th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|--------------|--------------|
| WVR_ID_10_01 | WVR_ID_10_07 |
| WVR_ID_10_02 | WVR_ID_10_08 |
| WVR_ID_10_03 | WVR_ID_10_09 |
| WVR_ID_10_04 | WVR_ID_10_10 |
| WVR_ID_10_05 | WVR_ID_10_11 |
| WVR_ID_10_06 | WVR_ID_10_12 |

LONG NAME:

| | |
|--------------|--------------|
| WVR_ID_10_01 | WVR_ID_10_07 |
| WVR_ID_10_02 | WVR_ID_10_08 |
| WVR_ID_10_03 | WVR_ID_10_09 |
| WVR_ID_10_04 | WVR_ID_10_10 |
| WVR_ID_10_05 | WVR_ID_10_11 |
| WVR_ID_10_06 | WVR_ID_10_12 |

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_10_MM corresponds to the waiver type code (WVR_TYPE_CD_10_MM) for the same month.

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[WVR_TYPE_CD_01_01](#)
[WVR_TYPE_CD_01_02](#)
[WVR_TYPE_CD_01_03](#)
[WVR_TYPE_CD_01_04](#)
[WVR_TYPE_CD_01_05](#)
[WVR_TYPE_CD_01_06](#)
[WVR_TYPE_CD_01_07](#)
[WVR_TYPE_CD_01_08](#)
[WVR_TYPE_CD_01_09](#)
[WVR_TYPE_CD_01_10](#)
[WVR_TYPE_CD_01_11](#)
[WVR_TYPE_CD_01_12](#)

LABEL: Waiver Type Code (1st Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 1st of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_01_01 | WVR_TYPE_CD_01_07 |
| WVR_TYPE_CD_01_02 | WVR_TYPE_CD_01_08 |
| WVR_TYPE_CD_01_03 | WVR_TYPE_CD_01_09 |
| WVR_TYPE_CD_01_04 | WVR_TYPE_CD_01_10 |
| WVR_TYPE_CD_01_05 | WVR_TYPE_CD_01_11 |
| WVR_TYPE_CD_01_06 | WVR_TYPE_CD_01_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_01_01 | WVR_TYPE_CD_01_07 |
| WVR_TYPE_CD_01_02 | WVR_TYPE_CD_01_08 |
| WVR_TYPE_CD_01_03 | WVR_TYPE_CD_01_09 |
| WVR_TYPE_CD_01_04 | WVR_TYPE_CD_01_10 |
| WVR_TYPE_CD_01_05 | WVR_TYPE_CD_01_11 |
| WVR_TYPE_CD_01_06 | WVR_TYPE_CD_01_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver
- Null/missing = source value is missing or unknown

COMMENT:

For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_01_MM corresponds to the waiver ID (WVR_ID_01_MM) for the same month.

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[WVR_TYPE_CD_02_01](#)
[WVR_TYPE_CD_02_02](#)
[WVR_TYPE_CD_02_03](#)
[WVR_TYPE_CD_02_04](#)
[WVR_TYPE_CD_02_05](#)
[WVR_TYPE_CD_02_06](#)
[WVR_TYPE_CD_02_07](#)
[WVR_TYPE_CD_02_08](#)
[WVR_TYPE_CD_02_09](#)
[WVR_TYPE_CD_02_10](#)
[WVR_TYPE_CD_02_11](#)
[WVR_TYPE_CD_02_12](#)

LABEL: Waiver Type Code (2nd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 2nd of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_02_01 | WVR_TYPE_CD_02_07 |
| WVR_TYPE_CD_02_02 | WVR_TYPE_CD_02_08 |
| WVR_TYPE_CD_02_03 | WVR_TYPE_CD_02_09 |
| WVR_TYPE_CD_02_04 | WVR_TYPE_CD_02_10 |
| WVR_TYPE_CD_02_05 | WVR_TYPE_CD_02_11 |
| WVR_TYPE_CD_02_06 | WVR_TYPE_CD_02_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_02_01 | WVR_TYPE_CD_02_07 |
| WVR_TYPE_CD_02_02 | WVR_TYPE_CD_02_08 |
| WVR_TYPE_CD_02_03 | WVR_TYPE_CD_02_09 |
| WVR_TYPE_CD_02_04 | WVR_TYPE_CD_02_10 |
| WVR_TYPE_CD_02_05 | WVR_TYPE_CD_02_11 |
| WVR_TYPE_CD_02_06 | WVR_TYPE_CD_02_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
 - 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
 - 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
 - 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
 - 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
 - 06 = 1915(c) — Aged and Disabled
 - 07 = 1915(c) — Aged
 - 08 = 1915(c) — Physical Disabilities
 - 09 = 1915(c) — Intellectual Disabilities
 - 10 = 1915(c) — Intellectual and Developmental Disabilities
 - 11 = 1915(c) — Brain Injury
 - 12 = 1915(c) — HIV/AIDS
 - 13 = 1915(c) — Technology Dependent or Medically Fragile
 - 14 = 1915(c) — Disabled (other)
 - 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
 - 16 = 1915(c) — Autism/Autism spectrum disorder
 - 17 = 1915(c) — Developmental Disabilities
 - 18 = 1915(c) — Mental Illness — Age 18 or Older
 - 19 = 1915(c) — Mental Illness — Under Age 18
 - 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
 - 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
 - 22 = 1115 Pharmacy demonstration
 - 23 = 1115 Disaster-related demonstration
 - 24 = 1115 Family planning demonstration
 - 25 = 1115 Substance use demonstration
 - 26 = 1115 Premium Assistance demonstration
 - 27 = 1115 Beneficiary engagement demonstration
 - 28 = 1115 Former foster care youth from another state
 - 29 = 1115 Managed long-term services and support
 - 30 = 1115 Delivery system reform
 - 31 = 1332 Demonstration
 - 32 = 1915(b) waiver
 - 33 = 1915(c) waiver
- Null/missing = source value is missing or unknown

COMMENT:

For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_02_MM corresponds to the waiver ID (WVR_ID_02_MM) for the same month.

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WVR_TYPE_CD_03_01
WVR_TYPE_CD_03_02
WVR_TYPE_CD_03_03
WVR_TYPE_CD_03_04
WVR_TYPE_CD_03_05
WVR_TYPE_CD_03_06
WVR_TYPE_CD_03_07
WVR_TYPE_CD_03_08
WVR_TYPE_CD_03_09
WVR_TYPE_CD_03_10
WVR_TYPE_CD_03_11
WVR_TYPE_CD_03_12

LABEL: Waiver Type Code (3rd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 3rd of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_03_01 | WVR_TYPE_CD_03_07 |
| WVR_TYPE_CD_03_02 | WVR_TYPE_CD_03_08 |
| WVR_TYPE_CD_03_03 | WVR_TYPE_CD_03_09 |
| WVR_TYPE_CD_03_04 | WVR_TYPE_CD_03_10 |
| WVR_TYPE_CD_03_05 | WVR_TYPE_CD_03_11 |
| WVR_TYPE_CD_03_06 | WVR_TYPE_CD_03_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_03_01 | WVR_TYPE_CD_03_07 |
| WVR_TYPE_CD_03_02 | WVR_TYPE_CD_03_08 |
| WVR_TYPE_CD_03_03 | WVR_TYPE_CD_03_09 |
| WVR_TYPE_CD_03_04 | WVR_TYPE_CD_03_10 |
| WVR_TYPE_CD_03_05 | WVR_TYPE_CD_03_11 |
| WVR_TYPE_CD_03_06 | WVR_TYPE_CD_03_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_03_MM corresponds to the waiver ID (WVR_ID_03_MM) for the same month.

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WVR_TYPE_CD_04_01
WVR_TYPE_CD_04_02
WVR_TYPE_CD_04_03
WVR_TYPE_CD_04_04
WVR_TYPE_CD_04_05
WVR_TYPE_CD_04_06
WVR_TYPE_CD_04_07
WVR_TYPE_CD_04_08
WVR_TYPE_CD_04_09
WVR_TYPE_CD_04_10
WVR_TYPE_CD_04_11
WVR_TYPE_CD_04_12

LABEL: Waiver Type Code (4th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 4th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_04_01 | WVR_TYPE_CD_04_07 |
| WVR_TYPE_CD_04_02 | WVR_TYPE_CD_04_08 |
| WVR_TYPE_CD_04_03 | WVR_TYPE_CD_04_09 |
| WVR_TYPE_CD_04_04 | WVR_TYPE_CD_04_10 |
| WVR_TYPE_CD_04_05 | WVR_TYPE_CD_04_11 |
| WVR_TYPE_CD_04_06 | WVR_TYPE_CD_04_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_04_01 | WVR_TYPE_CD_04_07 |
| WVR_TYPE_CD_04_02 | WVR_TYPE_CD_04_08 |
| WVR_TYPE_CD_04_03 | WVR_TYPE_CD_04_09 |
| WVR_TYPE_CD_04_04 | WVR_TYPE_CD_04_10 |
| WVR_TYPE_CD_04_05 | WVR_TYPE_CD_04_11 |
| WVR_TYPE_CD_04_06 | WVR_TYPE_CD_04_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
 - 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
 - 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
 - 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
 - 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
 - 06 = 1915(c) — Aged and Disabled
 - 07 = 1915(c) — Aged
 - 08 = 1915(c) — Physical Disabilities
 - 09 = 1915(c) — Intellectual Disabilities
 - 10 = 1915(c) — Intellectual and Developmental Disabilities
 - 11 = 1915(c) — Brain Injury
 - 12 = 1915(c) — HIV/AIDS
 - 13 = 1915(c) — Technology Dependent or Medically Fragile
 - 14 = 1915(c) — Disabled (other)
 - 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
 - 16 = 1915(c) — Autism/Autism spectrum disorder
 - 17 = 1915(c) — Developmental Disabilities
 - 18 = 1915(c) — Mental Illness — Age 18 or Older
 - 19 = 1915(c) — Mental Illness — Under Age 18
 - 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
 - 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
 - 22 = 1115 Pharmacy demonstration
 - 23 = 1115 Disaster-related demonstration
 - 24 = 1115 Family planning demonstration
 - 25 = 1115 Substance use demonstration
 - 26 = 1115 Premium Assistance demonstration
 - 27 = 1115 Beneficiary engagement demonstration
 - 28 = 1115 Former foster care youth from another state
 - 29 = 1115 Managed long-term services and support
 - 30 = 1115 Delivery system reform
 - 31 = 1332 Demonstration
 - 32 = 1915(b) waiver
 - 33 = 1915(c) waiver
- Null/missing = source value is missing or unknown

COMMENT:

For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_04_MM corresponds to the waiver ID (WVR_ID_04_MM) for the same month.

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[WVR_TYPE_CD_05_01](#)
[WVR_TYPE_CD_05_02](#)
[WVR_TYPE_CD_05_03](#)
[WVR_TYPE_CD_05_04](#)
[WVR_TYPE_CD_05_05](#)
[WVR_TYPE_CD_05_06](#)
[WVR_TYPE_CD_05_07](#)
[WVR_TYPE_CD_05_08](#)
[WVR_TYPE_CD_05_09](#)
[WVR_TYPE_CD_05_10](#)
[WVR_TYPE_CD_05_11](#)
[WVR_TYPE_CD_05_12](#)

LABEL: Waiver Type Code (5th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 5th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_05_01 | WVR_TYPE_CD_05_07 |
| WVR_TYPE_CD_05_02 | WVR_TYPE_CD_05_08 |
| WVR_TYPE_CD_05_03 | WVR_TYPE_CD_05_09 |
| WVR_TYPE_CD_05_04 | WVR_TYPE_CD_05_10 |
| WVR_TYPE_CD_05_05 | WVR_TYPE_CD_05_11 |
| WVR_TYPE_CD_05_06 | WVR_TYPE_CD_05_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_05_01 | WVR_TYPE_CD_05_07 |
| WVR_TYPE_CD_05_02 | WVR_TYPE_CD_05_08 |
| WVR_TYPE_CD_05_03 | WVR_TYPE_CD_05_09 |
| WVR_TYPE_CD_05_04 | WVR_TYPE_CD_05_10 |
| WVR_TYPE_CD_05_05 | WVR_TYPE_CD_05_11 |
| WVR_TYPE_CD_05_06 | WVR_TYPE_CD_05_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_05_MM corresponds to the waiver ID (WVR_ID_05_MM) for the same month.

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[WVR_TYPE_CD_06_01](#)
[WVR_TYPE_CD_06_02](#)
[WVR_TYPE_CD_06_03](#)
[WVR_TYPE_CD_06_04](#)
[WVR_TYPE_CD_06_05](#)
[WVR_TYPE_CD_06_06](#)
[WVR_TYPE_CD_06_07](#)
[WVR_TYPE_CD_06_08](#)
[WVR_TYPE_CD_06_09](#)
[WVR_TYPE_CD_06_10](#)
[WVR_TYPE_CD_06_11](#)
[WVR_TYPE_CD_06_12](#)

LABEL: Waiver Type Code (6th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 6th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_06_01 | WVR_TYPE_CD_06_07 |
| WVR_TYPE_CD_06_02 | WVR_TYPE_CD_06_08 |
| WVR_TYPE_CD_06_03 | WVR_TYPE_CD_06_09 |
| WVR_TYPE_CD_06_04 | WVR_TYPE_CD_06_10 |
| WVR_TYPE_CD_06_05 | WVR_TYPE_CD_06_11 |
| WVR_TYPE_CD_06_06 | WVR_TYPE_CD_06_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_06_01 | WVR_TYPE_CD_06_07 |
| WVR_TYPE_CD_06_02 | WVR_TYPE_CD_06_08 |
| WVR_TYPE_CD_06_03 | WVR_TYPE_CD_06_09 |
| WVR_TYPE_CD_06_04 | WVR_TYPE_CD_06_10 |
| WVR_TYPE_CD_06_05 | WVR_TYPE_CD_06_11 |
| WVR_TYPE_CD_06_06 | WVR_TYPE_CD_06_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_06_MM corresponds to the waiver ID (WVR_ID_06_MM) for the same month.

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WVR_TYPE_CD_07_01
WVR_TYPE_CD_07_02
WVR_TYPE_CD_07_03
WVR_TYPE_CD_07_04
WVR_TYPE_CD_07_05
WVR_TYPE_CD_07_06
WVR_TYPE_CD_07_07
WVR_TYPE_CD_07_08
WVR_TYPE_CD_07_09
WVR_TYPE_CD_07_10
WVR_TYPE_CD_07_11
WVR_TYPE_CD_07_12

LABEL: Waiver Type Code (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 7th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_07_01 | WVR_TYPE_CD_07_07 |
| WVR_TYPE_CD_07_02 | WVR_TYPE_CD_07_08 |
| WVR_TYPE_CD_07_03 | WVR_TYPE_CD_07_09 |
| WVR_TYPE_CD_07_04 | WVR_TYPE_CD_07_10 |
| WVR_TYPE_CD_07_05 | WVR_TYPE_CD_07_11 |
| WVR_TYPE_CD_07_06 | WVR_TYPE_CD_07_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_07_01 | WVR_TYPE_CD_07_07 |
| WVR_TYPE_CD_07_02 | WVR_TYPE_CD_07_08 |
| WVR_TYPE_CD_07_03 | WVR_TYPE_CD_07_09 |
| WVR_TYPE_CD_07_04 | WVR_TYPE_CD_07_10 |
| WVR_TYPE_CD_07_05 | WVR_TYPE_CD_07_11 |
| WVR_TYPE_CD_07_06 | WVR_TYPE_CD_07_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_07_MM corresponds to the waiver ID (WVR_ID_07_MM) for the same month.

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[WVR_TYPE_CD_08_01](#)
[WVR_TYPE_CD_08_02](#)
[WVR_TYPE_CD_08_03](#)
[WVR_TYPE_CD_08_04](#)
[WVR_TYPE_CD_08_05](#)
[WVR_TYPE_CD_08_06](#)
[WVR_TYPE_CD_08_07](#)
[WVR_TYPE_CD_08_08](#)
[WVR_TYPE_CD_08_09](#)
[WVR_TYPE_CD_08_10](#)
[WVR_TYPE_CD_08_11](#)
[WVR_TYPE_CD_08_12](#)

LABEL: Waiver Type Code (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 8th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_08_01 | WVR_TYPE_CD_08_07 |
| WVR_TYPE_CD_08_02 | WVR_TYPE_CD_08_08 |
| WVR_TYPE_CD_08_03 | WVR_TYPE_CD_08_09 |
| WVR_TYPE_CD_08_04 | WVR_TYPE_CD_08_10 |
| WVR_TYPE_CD_08_05 | WVR_TYPE_CD_08_11 |
| WVR_TYPE_CD_08_06 | WVR_TYPE_CD_08_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_08_01 | WVR_TYPE_CD_08_07 |
| WVR_TYPE_CD_08_02 | WVR_TYPE_CD_08_08 |
| WVR_TYPE_CD_08_03 | WVR_TYPE_CD_08_09 |
| WVR_TYPE_CD_08_04 | WVR_TYPE_CD_08_10 |
| WVR_TYPE_CD_08_05 | WVR_TYPE_CD_08_11 |
| WVR_TYPE_CD_08_06 | WVR_TYPE_CD_08_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_08_MM corresponds to the waiver ID (WVR_ID_08_MM) for the same month.

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[WVR_TYPE_CD_09_01](#)
[WVR_TYPE_CD_09_02](#)
[WVR_TYPE_CD_09_03](#)
[WVR_TYPE_CD_09_04](#)
[WVR_TYPE_CD_09_05](#)
[WVR_TYPE_CD_09_06](#)
[WVR_TYPE_CD_09_07](#)
[WVR_TYPE_CD_09_08](#)
[WVR_TYPE_CD_09_09](#)
[WVR_TYPE_CD_09_10](#)
[WVR_TYPE_CD_09_11](#)
[WVR_TYPE_CD_09_12](#)

LABEL: Waiver Type Code (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 9th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_09_01 | WVR_TYPE_CD_09_07 |
| WVR_TYPE_CD_09_02 | WVR_TYPE_CD_09_08 |
| WVR_TYPE_CD_09_03 | WVR_TYPE_CD_09_09 |
| WVR_TYPE_CD_09_04 | WVR_TYPE_CD_09_10 |
| WVR_TYPE_CD_09_05 | WVR_TYPE_CD_09_11 |
| WVR_TYPE_CD_09_06 | WVR_TYPE_CD_09_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_09_01 | WVR_TYPE_CD_09_07 |
| WVR_TYPE_CD_09_02 | WVR_TYPE_CD_09_08 |
| WVR_TYPE_CD_09_03 | WVR_TYPE_CD_09_09 |
| WVR_TYPE_CD_09_04 | WVR_TYPE_CD_09_10 |
| WVR_TYPE_CD_09_05 | WVR_TYPE_CD_09_11 |
| WVR_TYPE_CD_09_06 | WVR_TYPE_CD_09_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration.
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_09_MM corresponds to the waiver ID (WVR_ID_09_MM) for the same month.

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WVR_TYPE_CD_10_01
WVR_TYPE_CD_10_02
WVR_TYPE_CD_10_03
WVR_TYPE_CD_10_04
WVR_TYPE_CD_10_05
WVR_TYPE_CD_10_06
WVR_TYPE_CD_10_07
WVR_TYPE_CD_10_08
WVR_TYPE_CD_10_09
WVR_TYPE_CD_10_10
WVR_TYPE_CD_10_11
WVR_TYPE_CD_10_12

LABEL: Waiver Type Code (10th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 10th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_10_01 | WVR_TYPE_CD_10_07 |
| WVR_TYPE_CD_10_02 | WVR_TYPE_CD_10_08 |
| WVR_TYPE_CD_10_03 | WVR_TYPE_CD_10_09 |
| WVR_TYPE_CD_10_04 | WVR_TYPE_CD_10_10 |
| WVR_TYPE_CD_10_05 | WVR_TYPE_CD_10_11 |
| WVR_TYPE_CD_10_06 | WVR_TYPE_CD_10_12 |

LONG NAME:

| | |
|-------------------|-------------------|
| WVR_TYPE_CD_10_01 | WVR_TYPE_CD_10_07 |
| WVR_TYPE_CD_10_02 | WVR_TYPE_CD_10_08 |
| WVR_TYPE_CD_10_03 | WVR_TYPE_CD_10_09 |
| WVR_TYPE_CD_10_04 | WVR_TYPE_CD_10_10 |
| WVR_TYPE_CD_10_05 | WVR_TYPE_CD_10_11 |
| WVR_TYPE_CD_10_06 | WVR_TYPE_CD_10_12 |

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

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Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_10_MM corresponds to the waiver ID (WVR_ID_10_MM) for the same month.

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