

**Medicaid Analytic Extract
Eligibility Anomaly Tables, 2008**

October 21, 2011



MATHEMATICA
Policy Research

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ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

Abbreviations

ID = identifier or identification number or Idaho

Pharm = pharmacy

Psych = psychiatric

State Abbreviations

AL = Alabama

AK = Alaska

AZ = Arizona

AR = Arkansas

CA = California

CO = Colorado

CT = Connecticut

DE = Delaware

DC = District of Columbia

FL = Florida

GA = Georgia

HI = Hawaii

ID = Idaho

IL = Illinois

IN = Indiana

IA = Iowa

KS = Kansas

KY = Kentucky

LA = Louisiana

ME = Maine

MD = Maryland

MA = Massachusetts

MI = Michigan

MN = Minnesota

MS = Mississippi

MO = Missouri

MT = Montana

NE = Nebraska

NV = Nevada

NH = New Hampshire

NJ = New Jersey

NM = New Mexico

NY = New York

NC = North Carolina

ND = North Dakota

OH = Ohio

OK = Oklahoma

OR = Oregon

PA = Pennsylvania

RI = Rhode Island

SC = South Carolina

SD = South Dakota

TN = Tennessee

TX = Texas

ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

UT = Utah
VT = Vermont
VA = Virginia
WA = Washington
WV = West Virginia
WI = Wisconsin
WY = Wyoming

Acronyms

ACF = Administration for Children and Families
AFDC = Aid to Families with Dependent Children
AIDS = acquired immunodeficiency syndrome
ASO = administrative services only
BCCPT = Breast and Cervical Cancer Prevention and Treatment program
BCCPTA = Breast and Cervical Cancer Prevention and Treatment Act
BHO = behavioral health organization
BHP = behavioral health plan
CAP = Community Alternatives Program
CDM = chronic disease management
CMS = Centers for Medicare & Medicaid Services
COBOL = Common Business-Oriented Language
DME = durable medical equipment
DMIE = Demonstration to Maintain Independence and Employment
DMO = disease management organization
DMP = disease management plan
DMR = Department of Mental Retardation
DOB = date of birth
DOD = date of death
DMF = Death Master File
DRG = diagnosis related group
DYFS = Division of Youth and Family Services
DX = diagnosis code
EDB = Medicare Enrollment Database
EPSDT = Early Periodic Screening, Diagnosis, and Treatment program
ESI = employer-sponsored insurance
FAIM = Family Assets for Independence in Minnesota
FCN = Family Care Network
FFS = fee-for-service
FFY = federal fiscal year
FIPS = Federal Information Processing Standards
FP = family planning
FPACT = Family Planning, Access, Care and Treatment program
FPL = federal poverty line
FQHC = Federally Qualified Health Center
FY = fiscal year
HCBS = home- and community-based services
HCBW = Home and Community Based Waiver programs
HCFA = Health Care Financing Administration
HCPC = Health Care Common Procedure Code
HPCS = Health Care Common Procedure Coding System

ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

HIFA = Health Insurance Flexibility and Accountability
HIO = health insuring organization
HIPAA = Health Insurance Portability and Accountability Act
HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome
HMO = health maintenance organization
ICF/DD = intermediate care facility for people with developmental disabilities
ICF/MR = intermediate care facility for the mentally retarded
IFS = Individual and Family Support waiver
IHS = Indian Health Service
IP = inpatient hospital claims file; inpatient
ISSH = Idaho State School and Hospital
KFF = Kaiser Family Foundation
LT = institutionalized long-term care claims file
LTC = long-term care
MAX = Medicaid Analytic Extract
MAXTOS = MAX type of service
MC = managed care
MCCN = Managed Care Community Networks
M-CHIP = Medicaid-expansion Children's Health Insurance Program
MFP = Money Follows the Person
MH = mental hospital
MI/SED = mental illness / serious emotional disturbance
MMIS = Medicaid Management Information System
MR/DD = mental retardation/developmental disability
MPAP = Maryland Pharmacy Assistance Program
MPDP = Maryland Pharmacy Discount Program
MSIS = Medicaid Statistical Information System
NDC = National Drug Code
NET = non-emergency transportation
NF = nursing facility
NR = not reported
NYC = New York City
OPD = Outpatient department
OT = other, non-institutional claims file; occupational therapy
PACE = Program of All-Inclusive Care for the Elderly
PAHP = Prepaid Ambulatory Health Plans
PASRR = Pre-admission Screening and Resident Review
PCCM = primary care case management
PCN = primary care network
PEP = Physician's Enhanced Program
PHP = prepaid health plan
PIHP = prepaid inpatient health plan
PMAP = Prepaid Medical Assistance Project
PRTF = psychiatric residential treatment facility
PS = person summary file
PSN = provider service network
QDWI = Qualified Disabled and Working Individuals
QI = Qualified Individuals
QI-1 = Qualified Individuals 1
QI-2 = Qualified Individuals 2

ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

QMB = Qualified Medicare Beneficiary
RBF = Restricted Benefits Flag
RHC = Rural Health Clinic
RID = recipient identification number
RNIP = Relief to Needy Indian Persons
RX = prescription drug claims file
S-CHIP = Separate Children's Health Insurance Program
SED = serious emotional disturbance
SLF = supportive living facilities
SLMB = Specified Low-Income Medicare Beneficiary
SSA = Social Security Administration
SSI = Supplemental Security Income
SSN = Social Security Number
TANF = Temporary Assistance for Needy Families
TBI = traumatic brain injury
TEFRA = Tax Equity and Fiscal Responsibility Act of 1982
TMA = transitional medical assistance
TOC = type of claim
TOS = type of service
TPL = Third-Party Liability
UB = uniform billing form/code
UEG = uniform eligibility group
UHN = Universal Health Network
VHAP = Vermont Health Access Plan

Table 1. Missing Medicaid Eligibility Information and S-CHIP Only Enrollment in MAX 2008

Missing Medicaid Eligibility Information ^a and S-CHIP Only Enrollment in MAX 2008										
	Total Number of MAX PS File Records	Total Expenditures	Number of Records Missing Medicaid Eligibility Information ^b	Percent of Records Missing Medicaid Eligibility Information ^{b c}	Total Medicaid Paid for People Missing Medicaid Eligibility ^b	Avg Medicaid Paid for People Missing Medicaid Eligibility ^b	Number of S-CHIP Only Enrollees	Percent of Records for S-CHIP Only Enrollees	Total Number of Medicaid Enrollees ^d	Total Medicaid Paid for Medicaid Enrollees ^d
Alabama	928,272	\$ 3,389,826,932	11,842	1.3	\$ 15,303,221	\$ 1,292	0	0.0	916,430	\$ 3,374,523,711
Alaska	128,385	\$ 983,192,417	595	0.5	\$ 5,830,499	\$ 9,799	0	0.0	127,790	\$ 977,361,918
Arizona	1,681,279	\$ 7,675,858,379	14,281	0.8	\$ 42,027,791	\$ 2,943	62,921	3.7	1,604,077	\$ 7,633,830,588
Arkansas	783,320	\$ 3,333,899,911	16,662	2.1	\$ 32,810,684	\$ 1,969	0	0.0	766,658	\$ 3,301,089,227
California	11,183,571	\$ 32,934,876,834	318,247	2.8	\$ 212,337,707	\$ 667	0	0.0	10,865,324	\$ 32,722,539,127
Colorado	666,240	\$ 2,938,782,318	14,159	2.1	\$ 15,598,768	\$ 1,102	70,193	10.5	581,888	\$ 2,923,183,550
Connecticut	562,239	\$ 3,897,153,268	70	0.0	\$ 89,638	\$ 1,281	0	0.0	562,169	\$ 3,897,063,630
Delaware	199,084	\$ 1,164,800,319	1,793	0.9	\$ 1,968,783	\$ 1,098	0	0.0	197,291	\$ 1,162,831,536
District of Columbia	174,457	\$ 1,689,300,423	2,136	1.2	\$ 9,109,496	\$ 4,265	0	0.0	172,321	\$ 1,680,190,927
Florida	3,170,489	\$ 12,686,059,945	73,792	2.3	\$ 107,396,578	\$ 1,455	0	0.0	3,096,697	\$ 12,578,663,367
Georgia	2,017,823	\$ 6,942,691,177	16,424	0.8	\$ 57,855,951	\$ 3,523	268,980	13.3	1,732,419	\$ 6,884,835,226
Hawaii	252,266	\$ 1,042,477,743	8,280	3.3	\$ 3,862,742	\$ 467	0	0.0	243,986	\$ 1,038,615,001
Idaho	243,016	\$ 1,264,800,193	1,123	0.5	\$ 1,203,255	\$ 1,071	12,485	5.1	229,408	\$ 1,263,596,938
Illinois	2,774,091	\$ 9,993,388,394	4,685	0.2	\$ 20,074,581	\$ 4,285	119,141	4.3	2,650,265	\$ 9,973,313,813
Indiana	1,154,292	\$ 5,081,156,847	1,224	0.1	\$ 1,900,786	\$ 1,553	15,227	1.3	1,137,841	\$ 5,079,256,061
Iowa	499,396	\$ 2,666,685,874	2,963	0.6	\$ 6,153,471	\$ 2,077	0	0.0	496,433	\$ 2,660,532,403
Kansas	362,794	\$ 2,213,825,419	3,966	1.1	\$ 9,454,182	\$ 2,384	0	0.0	358,828	\$ 2,204,371,237
Kentucky	926,354	\$ 5,096,094,315	7,189	0.8	\$ 12,072,789	\$ 1,679	21,225	2.3	897,940	\$ 5,084,021,526
Louisiana	1,219,892	\$ 5,106,343,565	11,829	1.0	\$ 39,249,888	\$ 3,318	4,548	0.4	1,203,515	\$ 5,067,093,677
Maine ^e	361,611	\$ 211,658,459	1,216	0.3	\$ 893,940	\$ 735	3,849	1.1	356,546	\$ 210,764,519
Maryland	900,240	\$ 5,771,511,989	1,302	0.1	\$ 3,551,637	\$ 2,728	0	0.0	898,938	\$ 5,767,960,352

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Massachusetts ^f	1,633,841	\$ 8,883,913,912	3,764	0.2	\$ 6,498,973	\$ 1,727	59,773	3.7	1,570,304	\$ 8,877,414,939
Michigan	2,034,731	\$ 7,025,293,210	7,911	0.4	\$ 13,478,711	\$ 1,704	0	0.0	2,026,820	\$ 7,011,814,499
Minnesota	846,213	\$ 6,374,810,942	764	0.1	\$ 1,481,259	\$ 1,939	20,186	2.4	825,263	\$ 6,373,329,683
Mississippi	740,415	\$ 3,096,430,669	215	0.0	\$ 540,908	\$ 2,516	0	0.0	740,200	\$ 3,095,889,761
Missouri	1,096,123	\$ 5,389,679,221	2,421	0.2	\$ 3,978,579	\$ 1,643	20,614	1.9	1,073,088	\$ 5,385,700,642
Montana	131,160	\$ 658,595,636	2,229	1.7	\$ 2,793,933	\$ 1,253	18,442	14.1	110,489	\$ 655,801,703
Nebraska	265,282	\$ 1,494,357,133	349	0.1	\$ 1,713,319	\$ 4,909	0	0.0	264,933	\$ 1,492,643,814
Nevada	279,492	\$ 1,137,281,402	1,645	0.6	\$ 5,894,971	\$ 3,584	251	0.1	277,596	\$ 1,131,386,431
New Hampshire	157,524	\$ 947,443,772	100	0.1	\$ 135,091	\$ 1,351	6,923	4.4	150,501	\$ 947,308,681
New Jersey	1,276,190	\$ 7,804,658,020	9,986	0.8	\$ 54,597,143	\$ 5,467	115,232	9.0	1,150,972	\$ 7,750,060,877
New Mexico	565,298	\$ 2,749,491,592	3,536	0.6	\$ 2,408,899	\$ 681	0	0.0	561,762	\$ 2,747,082,693
New York	5,112,507	\$ 42,419,679,526	18,585	0.4	\$ 248,078,331	\$ 13,348	0	0.0	5,093,922	\$ 42,171,601,195
North Carolina	1,902,108	\$ 9,054,540,585	1,531	0.1	\$ 2,662,779	\$ 1,739	119,529	6.3	1,781,048	\$ 9,051,877,806
North Dakota	79,323	\$ 552,335,076	948	1.2	\$ 198,822	\$ 210	3,742	4.7	74,633	\$ 552,136,254
Ohio	2,212,338	\$ 12,343,341,162	13,234	0.6	\$ 41,478,579	\$ 3,134	0	0.0	2,199,104	\$ 12,301,862,583
Oklahoma	811,952	\$ 3,403,256,065	2,603	0.3	\$ 10,275,285	\$ 3,947	0	0.0	809,349	\$ 3,392,980,780
Oregon	577,932	\$ 2,573,762,494	3,026	0.5	\$ 2,298,307	\$ 760	41,463	7.2	533,443	\$ 2,571,464,187
Pennsylvania	2,233,017	\$ 13,324,863,581	8,319	0.4	\$ 25,995,154	\$ 3,125	0	0.0	2,224,698	\$ 13,298,868,427
Rhode Island	218,104	\$ 1,578,567,131	4,626	2.1	\$ 130,313	\$ 28	0	0.0	213,478	\$ 1,578,436,818
South Carolina	919,466	\$ 3,616,310,839	1,039	0.1	\$ 1,387,460	\$ 1,335	2,746	0.3	915,681	\$ 3,614,923,379

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South Dakota	136,061	\$ 671,786,476	23	0.0	\$ 7,418	\$ 323	1,785	1.3	134,253	\$ 671,779,058
Tennessee	1,542,353	\$ 6,286,614,030	29,904	1.9	\$ 87,593,942	\$ 2,929	0	0.0	1,512,449	\$ 6,199,020,088
Texas	4,488,332	\$ 17,228,264,218	113,275	2.5	\$ 58,069,133	\$ 513	0	0.0	4,375,057	\$ 17,170,195,085
Utah ^g	350,893	\$ 1,156,094,147	13,543	3.9 ^h	\$ 12,037,936	\$ 889	39,492	11.3	297,858	\$ 1,144,056,211
Vermont	176,697	\$ 919,223,495	2,766	1.6	\$ 3,797,257	\$ 1,373	2,267	1.3	171,664	\$ 915,426,238
Virginia	1,006,083	\$ 5,241,434,305	1,451	0.1	\$ 6,481,155	\$ 4,467	56,726	5.6	947,906	\$ 5,234,953,150
Washington	1,243,536	\$ 5,156,036,562	49,613	4.0	\$ 148,766,315	\$ 2,999	0	0.0	1,193,923	\$ 5,007,270,247
West Virginia	404,206	\$ 2,138,573,898	763	0.2	\$ 1,276,636	\$ 1,673	0	0.0	403,443	\$ 2,137,297,262
Wisconsin ⁱ	1,133,714	\$ 4,685,444,693	13,579	1.2	\$ 15,805,155	\$ 1,164	15,194	1.3	1,104,941	\$ 4,669,639,538
Wyoming	78,645	\$ 518,587,977	506	0.6	\$ 1,953,870	\$ 3,861	0	0.0	78,139	\$ 516,634,107
Total	63,842,647	\$ 294,515,056,490	826,032	1.3	\$ 1,360,562,020	\$ 1,647	1,102,934	1.7	61,913,681	\$ 293,154,494,470

Note: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a MAX PS file includes records for people who may not be Medicaid enrollees, including S-CHIP only enrollees.

^b Excludes S-CHIP only enrollees.

^c Values greater than 2.0 percent are above the expected level and are considered anomalous.

^d Excludes people with missing Medicaid eligibility information or S-CHIP only.

^e ME was unable to accurately report its IP/LT/OT claims as it did not have a fully functional MMIS. The MAX 2008 files only contain the RX and eligibility information.

^f MA was unable to accurately report its claims as it did not have a fully functional MMIS. The MAX 2008 files only contain claims adjudicated through Q2 FY2009.

^g UT was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q1 FY2009.

^h UT claims lacking eligibility information were primarily capitation claims.

ⁱ WI was unable to report all of its claims by the prescribed deadline. The MAX 2008 files only contain claims adjudicated through Q3 FY2009.

Table 2. SSN Reporting in MAX 2008

	Total Number of Medicaid Enrollee Records	Number of Enrollee Records with Invalid or Missing SSNs ^a	Percent of Enrollee Records with Invalid or Missing SSNs ^a	Duplicate SSNs	
				Number of SSNs with More Than One MSIS ID	Percent of Enrollee Records with Duplicate SSNs ^b
Alabama	916,430	38,749	4.2	492	0.11
Alaska	127,790	3,726	2.9	59	0.09
Arizona	1,604,077	164,569	10.3	237	0.03
Arkansas	766,658	11,376	1.5	4,504	1.17
California	10,865,324	3,856,549 ^c	35.5	0	0.00
Colorado	581,888	38,282	6.6	112	0.04
Connecticut	562,169	19,855	3.5	1,134	0.40
Delaware	197,291	15,047	7.6	61	0.06
District of Columbia	172,321	8,512	4.9	123	0.14
Florida	3,096,697	89,652	2.9	418	0.03
Georgia	1,732,419	127,995	7.4	522	0.06
Hawaii	243,986	4,752	1.9	201	0.16
Idaho	229,408	9,478	4.1	20	0.02
Illinois	2,650,265	55,388	2.1	26,233 ^d	1.98
Indiana	1,137,841	33,088	2.9	78	0.01
Iowa	496,433	10,428	2.1	605	0.24
Kansas	358,828	6,123	1.7	22	0.01
Kentucky	897,940	15,334	1.7	0	0.00
Louisiana	1,203,515	49,013	4.1	0	0.00
Maine	356,546	2,009	0.6	39	0.02
Maryland	898,938	37,219	4.1	460	0.10
Massachusetts	1,570,304	137,813 ^e	8.8	350	0.04

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				Number of SSNs with More Than One MSIS ID	Percent of Enrollee Records with Duplicate SSNs ^b
Michigan	2,026,820	93,513	4.6	107	0.01
Minnesota	825,263	15,215	1.8	0	0.00
Mississippi	740,200	22,296	3.0	264	0.07
Missouri	1,073,088	20,543	1.9	493	0.09
Montana	110,489	9,008 ^f	8.2	11	0.02
Nebraska	264,933	13,131	5.0	30	0.02
Nevada	277,596	22,705	8.2	0	0.00
New Hampshire	150,501	1,862	1.2	11	0.01
New Jersey	1,150,972	70,865	6.2	0	0.00
New Mexico	561,762	11,637	2.1	0	0.00
New York	5,093,922	376,996 ^g	7.4	59,943	2.35
North Carolina	1,781,048	48,019	2.7	857	0.10
North Dakota	74,633	920	1.2	11	0.03
Ohio	2,199,104	63,233	2.9	12,717 ^h	1.16
Oklahoma	809,349	41,542	5.1	2,987	0.74
Oregon	533,443	37,026	6.9	613	0.23
Pennsylvania	2,224,698	22,363	1.0	33	0.00
Rhode Island	213,478	2,226	1.0	0	0.00
South Carolina	915,681	39,184	4.3	33	0.01
South Dakota	134,253	4,181	3.1	2,116	3.15
Tennessee	1,512,449	25,721	1.7	698	0.09
Texas	4,375,057	239,832	5.5	12,154	0.56

Table 2. SSN Reporting in MAX 2008

	Total Number of Medicaid Enrollee Records	Number of Enrollee Records with Invalid or Missing SSNs ^a	Percent of Enrollee Records with Invalid or Missing SSNs ^a	Duplicate SSNs	
				Number of SSNs with More Than One MSIS ID	Percent of Enrollee Records with Duplicate SSNs ^b
Utah	297,858	11,046	3.7	44	0.03
Vermont	171,664	526	0.3	0	0.00
Virginia	947,906	44,650	4.7	46	0.01
Washington	1,193,923	20,438	1.7	143	0.02
West Virginia	403,443	2,396	0.6	37	0.02
Wisconsin	1,104,941	27,816	2.5	662 ⁱ	0.12
Wyoming	78,139	4,005	5.1	36	0.09
Total	61,913,681	6,027,853	9.7	129,716	0.42

Notes: Excludes people with missing Medicaid eligibility or S-CHIP only.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a Records with missing SSNs tend to be children and aliens who only qualified for emergency services. Values greater than 5.0 percent are above the expected level and are considered anomalous.

^b Records with duplicate SSNs tend to be children.

^c Over 65 percent of those with missing SSNs in CA only qualified for family planning benefits.

^d In IL, more than one enrollee record can have the same SSN due to the state's system of assigning Medicaid ID numbers for uninsured children who are provided emergency services. These children are initially assigned temporary ID numbers; a permanent ID is assigned once they are enrolled in Medicaid for full benefits. Thus, two records may exist with the same SSN. SSN duplication can also occur when an individual's Medicaid coverage is cancelled and later renewed with a different ID number.

^e MA does not require enrollees to provide SSNs.

^f MT's SSN information is not fully reliable. Many individuals had their Medicaid ID numbers or other numbers entered in the SSN field by mistake. The state estimates that up to 30 percent of the SSNs may not be reliable.

^g About 25 percent of enrollees missing SSNs in NY did not have a date of birth and were probably newborns.

^h Some of the SSN duplication in OH occurs because several thousand children in foster care have two records with different MSIS IDs and the same SSNs; researchers may want to combine these records.

ⁱ WI implemented a new MMIS and changed the format of MSIS IDs starting in October 2008.

Table 3. Personal Identifiers and Demographic Characteristics for Medicaid Enrollees in MAX 2008

	Date of Birth and Date of Death				Sex		Race and Ethnicity				County Code		
	Number of Enrollees Missing Date of Birth	Percent of Enrollees Missing Date of Birth ^a	No Medicaid Date of Death Data Reported in MAX	Number of MAX Reported Deaths Prior to 2008	Number of DMF Reported Deaths Prior to 2008 ^b	Number of Enrollees with Missing Sex	Percent of Enrollees with Missing Sex ^a	Percent of Enrollees with Missing Race ^c	Percent of Enrollees Who are Hispanic/ Latino	Percent of Hispanic/ Latino Enrollees with Missing Race	Inconsistency Between Separate and Combined Race and Ethnicity Variables	Percent of Enrollees with Missing Code ^a	Unusual Reporting
Alabama	0	0.0		11	985	3,663	0.4	7.7	4.8	100.0		0.0	100 = some foster children
Alaska	0	0.0		49	51	11	0.0	6.1	3.7	100.0		0.3	County codes are correct but not 3-digit odd numbers
Arizona	11	0.0		0	100	0	0.0	50.0	46.3	100.0		0.0	012 = La Paz county
Arkansas	11	0.0		41	1,130	39	0.0	25.1 ^d	5.2	100.0		0.0	
California	11	0.0	X	0	1,930	0	0.0	62.2	56.2	100.0		0.0	
Colorado	11	0.0		0	136	0	0.0	65.2	30.4	100.0		0.0	014 = Broomfield county
Connecticut	0	0.0		0	269	0	0.0	0.0	31.2	0.0		0.4	
Delaware	0	0.0		0	42	11	0.0	15.4	15.4	100.0		1.1	
District of Columbia	11	0.0		139	304	11	0.0	12.1	9.3	100.0		0.3	
Florida	0	0.0		221	1,129	13,830	0.4	36.1	28.0	100.0		0.2	
Georgia	11	0.0		16	1,594	87	0.0	6.2	0.5	100.0		0.4	000 = out of state
Hawaii	0	0.0		11	142	0	0.0	5.3	5.3	100.0		0.0	
Idaho	0	0.0		0	55	0	0.0	0.6	0.6	100.0		2.5	
Illinois	16	0.0		0	2,670	0	0.0	22.3	21.3	74.3		0.4	
Indiana	0	0.0		0	74	0	0.0	11.2	9.8	100.0		0.0	
Iowa	0	0.0		369	466	0	0.0	39.4	6.4	100.0		0.0	
Kansas	0	0.0		0	634	11	0.0	4.5	17.1	10.2		0.0	
Kentucky	0	0.0		11	233	11	0.0	5.4	2.7	0.8		0.0	
Louisiana	0	0.0		0	526	131	0.0	7.6	2.1	100.0		0.0	
Maine	11	0.0	X	0	1,241	0	0.0	15.7	0.2	38.3		1.0	
Maryland	13	0.0		29	458	0	0.0	15.3	10.3	100.0		0.1	510 = city of Baltimore
Massachusetts	0	0.0		0	954	0	0.0	43.3	15.2	100.0		0.7	
Michigan	193	0.0	X	0	2,392	195	0.0	7.0 ^e	5.5	100.0		0.1	
Minnesota	17	0.0		11	148	0	0.0	7.5	8.5	35.0		0.0	
Mississippi	0	0.0		0	451	981	0.1	8.1	1.7	100.0		0.4	
Missouri	20	0.0		0	365	17	0.0	2.5	4.1	11.3		0.2	510 = city of St. Louis; 186 = city of St. Genevieve
Montana	0	0.0		108	80	0	0.0	3.3	3.2	100.0		0.0	
Nebraska	6,834	2.6		11	11	4,616 ^f	1.7	17.9	15.3	91.0		2.1	
Nevada	92	0.0		13	78	828	0.3	2.7	31.2	1.9		2.5	510 = Carson City
New Hampshire	0	0.0		253	270	0	0.0	5.5 ^e	4.7	100.0		2.7	

Table 3. Personal Identifiers and Demographic Characteristics for Medicaid Enrollees in MAX 2008

	Date of Birth and Date of Death				Sex		Race and Ethnicity				County Code		
	Number of Enrollees Missing Date of Birth	Percent of Enrollees Missing Date of Birth ^a	No Medicaid Date of Death Data Reported in MAX	Number of MAX Reported Deaths Prior to 2008	Number of DMF Reported Deaths Prior to 2008 ^b	Number of Enrollees with Missing Sex	Percent of Enrollees with Missing Sex ^a	Percent of Enrollees with Missing Race ^c	Percent of Enrollees Who are Hispanic/ Latino	Percent of Hispanic/ Latino Enrollees with Missing Race	Inconsistency Between Separate and Combined Race and Ethnicity Variables	Percent of Enrollees with Missing Code ^a	Unusual Reporting
New Jersey	11	0.0		0	933	13	0.0	29.2	18.9	100.0		0.2	
New Mexico	11	0.0		0	67	11	0.0	56.7	54.1	100.0		0.1	006 = Cibola; 028 = Los Alamos
New York	94,171	1.8		11	4,415	74,336 ^f	1.5	9.2	27.3	9.9		0.3	061 = New York City boroughs, including Bronx County (005), Kings County (047), Queens County (081), and Richmond County (085)
North Carolina	11	0.0		2,564	2,585	0	0.0	14.3	10.0	78.2		0.0	
North Dakota	0	0.0		0	11	11	0.0	0.0	3.6	0.0		0.0	
Ohio	11	0.0		11	3,717	29	0.0	3.3	3.3	100.0		0.0	
Oklahoma	0	0.0		0	849	0	0.0	1.3	11.2	0.9		0.3	
Oregon	0	0.0		51	139	0	0.0	23.4	17.2	79.9		0.0	
Pennsylvania	89	0.0		4,088	3,683	0	0.0	11.4	11.4	74.7		0.0	
Rhode Island	11	0.0		0	35	0	0.0	53.5	17.6	100.0		7.4	000 = enrollees living out of state
South Carolina	11	0.0		988	937	27	0.0	10.1	5.2	100.0		0.0	
South Dakota	0	0.0		0	34	0	0.0	0.0	3.3	0.1		1.7	999 = unknown/out of state
Tennessee	0	0.0		0	298	11	0.0	8.6	4.6	100.0		1.3	999 = missing/unknown
Texas	11	0.0		11	4,144	109	0.0	57.0	53.7	100.0		0.0	
Utah	11	0.0		11	17	489	0.2	0.4	21.0	0.3		0.0	
Vermont	0	0.0		11	28	0	0.0	33.7	0.4	100.0		3.4	
Virginia	11	0.0	X ^g	115	361	24	0.0	13.8	10.6	100.0		1.1	Even-numbered 510-840 = residents of independent cities
Washington	13	0.0		29	160	20	0.0	30.7	9.9	100.0	X	0.7	
West Virginia	0	0.0		11	125	0	0.0	1.5	0.0	100.0		5.2	
Wisconsin	11	0.0		12	107	0	0.0	20.8	8.7	78.9		0.5	078 = Menominee County
Wyoming	0	0.0		56	71	11	0.0	0.7	13.2	0.0		0.0	
Total	101,645	0.2	4	9,262	41,634	99,531	0.2	27.0	23.8	86.8	1	0.3	

Notes: Excludes people with missing Medicaid eligibility information or S-CHIP only.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a Values greater than 2.0 percent are above the expected level and are considered anomalous.

^b The date of death came from the SSA Death Master File, version November 2, 2010.

^c Values greater than 10.0 percent are above the expected level and are considered anomalous. States may code only ethnicity (and no race information) for Hispanic/Latino populations, which may contribute to the percentage of enrollees with unknown race in some states.

^d A transition in AR's system for race/ethnicity reporting resulted in more people being reported with an unknown race/ethnicity.

^e MI and NH do not separately report race information for Hawaiian/Pacific Islanders.

^f In NE and NY, enrollees with missing date of birth and sex are probably newborns with MSIS IDs, but no date of birth yet reported.

^g VA reported only about 0.01 percent of enrollees as having died during 2008, a much lower percentage than in most states. VA date of death data are probably incomplete.

Table 4. Children's Health Insurance Program (CHIP) Reporting in MAX 2008 ^a

	Medicaid Expansion CHIP (M-CHIP)		Separate CHIP (S-CHIP)		Unborn Children	Inconsistencies Between MAX and SEDS Reporting	
	Child	Adult	Child ^a	Adult ^a		Program	Reason for Inconsistencies
Alabama			NR				
Alaska	X						
Arizona			X	NR			
Arkansas	X	NR			NR		
California	X		NR		NR		
Colorado			X	X		S-CHIP	Not reported in SEDS
Connecticut			NR				
Delaware	X		NR				
District of Columbia	X						
Florida	X		NR ^b				
Georgia			X				
Hawaii	X ^c						
Idaho	X		X	NR			
Illinois	X		X	X	X ^d		
Indiana	X		X				
Iowa	X		NR				
Kansas			NR				
Kentucky	X		X			S-CHIP and M-CHIP	Underreported in SEDS
Louisiana	X		X ^e		X ^d		
Maine	X		X				
Maryland	X						
Massachusetts	X		X		X ^d	All CHIP children	Underreported in SEDS

Table 4. Children's Health Insurance Program (CHIP) Reporting in MAX 2008 ^a

	Medicaid Expansion CHIP (M-CHIP)		Separate CHIP (S-CHIP)		Unborn Children	Inconsistencies Between MAX and SEDS Reporting	
	Child	Adult	Child ^a	Adult ^a		Program	Reason for Inconsistencies
Michigan	X	X ^f	NR		NR		
Minnesota	X		X	X	X ^d		
Mississippi			NR				
Missouri	X		X			M-CHIP	Overreported in MAX
Montana			X				
Nebraska	X						
Nevada			NR	X			
New Hampshire	X		X				
New Jersey	X	X	X	X			
New Mexico	X	X				M-CHIP adults	Overreported in SEDS (January - September)
New York			NR				
North Carolina	X		X				
North Dakota	X		X				
Ohio	X						
Oklahoma	X				NR ^g		
Oregon			X	NR	X ^d		
Pennsylvania			NR				
Rhode Island	X	X			NR		
South Carolina	X		X ^h				
South Dakota	X		X				
Tennessee	X		NR		NR		
Texas				NR	NR		

Table 4. Children's Health Insurance Program (CHIP) Reporting in MAX 2008 ^a

	Medicaid Expansion CHIP (M-CHIP)		Separate CHIP (S-CHIP)		Unborn Children	Inconsistencies Between MAX and SEDS Reporting	
	Child	Adult	Child ^a	Adult ^a		Program	Reason for Inconsistencies
Utah			X				
Vermont			X			S-CHIP children	Underreported in SEDS (April - June)
Virginia	X		X	X			
Washington			NR		NR		
West Virginia			NR				
Wisconsin	X	X ⁱ	X ^e		X ^j		
Wyoming			NR				
Total X	33	5	24	6			
Total NR	0	1	16	4			
Total with Program	33	6	40	10			

Note: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

NR = not reported

^a All states receive enhanced federal matching funds to extend health care coverage to uninsured low-income children under the Children's Health Insurance Program (CHIP). Some states have also opted to cover adults under their CHIP programs. States have the option of using CHIP funding to expand Medicaid coverage (M-CHIP), to set up separate CHIP (S-CHIP) programs, or to provide both. S-CHIP children and adults, although sometimes reported in MSIS and MAX, are not Medicaid enrollees. Researchers may want to exclude S-CHIP only enrollees from their Medicaid analyses.

^b FL's S-CHIP enrollment data were incomplete and therefore excluded from MAX.

^c HI M-CHIP enrollment increased when the state started to correctly report an M-CHIP group that was previously mistakenly reported as non-CHIP Medicaid enrollees.

^d IL, LA, MA, MN, and OR report unborn children under the pregnant mother's date of birth. These enrollees appear as adults in MAX. This reporting is inconsistent with SEDS reporting, which classifies these enrollees as children.

^e LA and WI enacted S-CHIP programs for children in 2008.

^f MI's adult M-CHIP program periodically opens and closes enrollment.

^g OK enacted its S-CHIP program (Soon-To-Be-Sooners) for unborn children in July 2008.

^h SC enacted its S-CHIP program for children in May 2008.

ⁱ In February 2008, CHIP enrollment in WI increased with the implementation of the state's BadgerCare Plus program. In addition, WI discontinued using CHIP funds for adults effective May 1, 2008.

^j WI started reporting unborn children under the pregnant mother's date of birth in January. However, all S-CHIP reporting essentially stopped in October.

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2008

	Indicators of Potential Reporting Anomalies					Dual-related Coverage Options		
	Total Number of EDB Duals ^a	Number of Non-EDB Duals (Duals Reported in MAX, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) ^b	Percent of Enrollees >64 Who Were Not EDB Duals ^c	Percent EDB Only Duals (Duals not Reported in MAX, Found in EDB) ^d	Other Known Reporting Anomalies	Missing Data	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e Pharm Plus Program ^f
Alabama	205,966	3,104	52.3	2.7	0.6	QI enrollment fluctuates due to lag in program reauthorization		
Alaska	14,080	127	2.2	10.6	6.3	Due to a high SSI state supplement income standard, the vast majority of dual eligibles are eligible for full benefits		
Arizona	156,167	1,148	22.0	8.6	2.2			100
Arkansas	123,806	1,985	39.9	3.7	5.2	State reports some duals in the 'other' classification because they do not have the income information needed to classify them properly		80 ⁹
California	1,209,317	13,199	2.2	13.4	0.7			100
Colorado	84,588	734	23.8	9.5	2.3	About 5,000 partial duals assigned to UEG 11-12. State data are unclear about whether these individuals were full or partial duals		
Connecticut	104,935	980	23.7	6.3	0.7			
Delaware	24,689	208	51.3	5.1	3.9			
District of Columbia	22,597	601	15.7	11.8	1.8			100
Florida	600,313	11,322	42.4	6.4	0.5	Number of EDB duals noticeably increased in July 2008 (possibly caused by late submission of MSIS files)		88
Georgia	272,019	4,629	43.5	4.7	2.7	GA does not automatically code dually eligible SSI recipients as QMB plus duals; instead, most are coded as 'other' full duals (8 in byte 2 of the Dual Code)		
Hawaii	33,119	365	9.1	4.6	1.2			100
Idaho	32,786	443	28.8	2.3	2.7			
Illinois	327,622	6,995	11.6	9.7	1.6	Partial dual eligibles (codes 1, 3, or 6 in byte 2 of the Dual Code) in UEG 11-12 do not qualify for full Medicaid due to IL's 209(b) status		100

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2008

	Indicators of Potential Reporting Anomalies					Dual-related Coverage Options		
	Total Number of EDB Duals ^a	Number of Non-EDB Duals (Duals Reported in MAX, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) ^b	Percent of Enrollees >64 Who Were Not EDB Duals ^c	Percent EDB Only Duals (Duals not Reported in MAX, Found in EDB) ^d	Other Known Reporting Anomalies	Missing Data	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e Pharm Plus Program ^f
Indiana	163,894	855	33.8	3.6	4.8			
Iowa	81,339	958	16.2	2.6	1.0			
Kansas	65,952	427	24.6	5.7	3.2			
Kentucky	173,947	6,449	38.9	3.0	0.9	Pregnant women with income up to 185 percent FPL who are eligible for Medicare are reported as full duals in UEG 35		
Louisiana	179,611	2,652	40.6	3.3	0.4			
Maine	92,950	2,264	41.8	3.8	0.8			100
Maryland	112,198	656	31.8	11.0	1.6			
Massachusetts	260,338	3,348	2.7	15.3	2.7		QI-1s (Dual Code 56)	100 ^h
Michigan	270,695	4,492	11.3	4.4	3.8			100
Minnesota	151,048	419	8.2	5.4	10.9 ⁱ			95
Mississippi	153,508	1,670	45.2	2.0	2.2	No SLMB Plus duals (dual code 54) reported		
Missouri	179,113	1,165	9.6	4.9	0.7			
Montana	18,579	127	12.7	1.4	0.4	Underreported partial duals (codes 1, 3, or 6 in byte 2 of the Dual Code) by about 4,500		
Nebraska	42,225	153	9.4	5.8	1.1	No SLMB Plus full duals (dual code 54) reported		100
Nevada	41,565	264	45.3	2.8	1.7			
New Hampshire	29,525	404	28.3	7.4	1.9			
New Jersey	206,930	20,284	13.3	9.0	0.5	Medically needy duals (3,000-4,000) in nursing homes with no drug benefit reported to Dual Code 59		100
New Mexico	56,451	807	29.1	4.8	2.1		SLMB-only and QI-1 (dual codes 53 and 56) enrollees	
New York	754,597	13,320	10.7	12.1	1.7			

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2008

	Indicators of Potential Reporting Anomalies					Dual-related Coverage Options		
	Total Number of EDB Duals ^a	Number of Non-EDB Duals (Duals Reported in MAX, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) ^b	Percent of Enrollees >64 Who Were Not EDB Duals ^c	Percent EDB Only Duals (Duals not Reported in MAX, Found in EDB) ^d	Other Known Reporting Anomalies	Missing Data	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e Pharm Plus Program ^f
North Carolina	316,331	6,076	18.8	2.4	1.8			100
North Dakota	15,520	34	25.9	1.2	0.4	Most duals are Other full duals (Dual Code 58)		
Ohio	311,679	4,920	30.1	8.4	3.3	Shift in enrollment between dual codes 53 and 54 between September and October 2008; Some partial duals reported to UEGs 11-12		
Oklahoma	114,365	1,216	16.3	3.6	0.9	In October 2008, about 11,000 duals shifted from QMB-plus (Code 2 in byte 2 of the dual code) to 'other' full dual (Code 8 in byte 2) when OK changed how they reported full duals with 100% FPL		100
Oregon	93,337	597	31.4	3.5	2.2			
Pennsylvania	391,552	3,869	15.1	7.0	0.4			100
Rhode Island	40,375	340	13.6	4.6	0.7	Fewer full duals reported to UEG 31-32 than expected		100
South Carolina	149,016	6,291	12.6	2.8	0.8			100
South Dakota	20,851	115	32.8	1.1	0.8			
Tennessee	286,785	1,957	23.7	2.7	1.7	Reported QI-1 duals to Dual Code 53 (SLMB only)		
Texas	634,830	15,376	35.4	3.7	0.6	Most 1929(b) enrollees reported as partial duals and assigned to UEGs 41-42 if they qualify for Medicare cost-sharing only, with the remaining enrollees assigned 9 in byte 2 of the Dual Code (if duals) or 0 in byte 2 of the Dual Code (if not duals) ^j		
Utah	31,973	113	8.5	3.6	3.5	Possible under-reporting of SLMB-only, SLMB-plus, and QI duals (Dual codes 53, 54, and 56, respectively). In October, QMB-plus and Other full duals (Dual Codes 52 and 58, respectively) decline and non-duals (Dual Code 50) increase, particularly the number of reported non-duals otherwise confirmed as duals by the Medicare enrollment database (EDB).		100

Table 5. Reporting of Dual Enrollment in Medicaid and Medicare in MAX 2008

	Indicators of Potential Reporting Anomalies					Dual-related Coverage Options		
	Total Number of EDB Duals ^a	Number of Non-EDB Duals (Duals Reported in MAX, Not Found in EDB)	Percent of EDB Duals with Restricted Benefits (EDB DUAL=51,53, 55,56) ^b	Percent of Enrollees >64 Who Were Not EDB Duals ^c	Percent EDB Only Duals (Duals not Reported in MAX, Found in EDB) ^d	Other Known Reporting Anomalies	Missing Data	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e Pharm Plus Program ^f
Vermont	32,624	155	22.9	2.3	1.4	Some Pharm Plus waiver enrollees reported to dual code 59		X
Virginia	173,035	1,423	30.2	5.5	0.8		80	
Washington	156,507	960	23.3	7.2	2.7			
West Virginia	79,691	663	38.4	1.8	0.3			
Wisconsin	213,815	950	7.9	1.8	0.2	Pharm Plus waiver enrollees receive Dual Code 59. Starting in October, WI's dual code assignments became unreliable when the state implemented a new MMIS, causing large shifts from Dual Codes 52 and 54 to 58. Some disabled enrollees in UEG 32 have full benefits as part of a program that allows them to pay premiums for full Medicaid coverage.		X
Wyoming	10,264	66	32.0	1.7	1.4			
Total	9,319,019	151,675	20.7	7.4	1.6			2

Notes: Excludes people with missing Medicaid eligibility or S-CHIP only.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a EDB duals are Medicaid enrollees whose enrollment in Medicare has been confirmed with a link to the Medicare Enrollment Data Base (EDB).

^b Many duals are eligible for only restricted Medicaid benefits related to Medicare cost sharing. Some of these so-called "partial duals" only qualify for payment of Part B premiums, while others also qualify for Medicare copayments and deductibles. Values greater than 40.0 percent are flagged as potentially anomalous.

^c The vast majority of aged Medicaid enrollees are also enrolled in Medicare. However, sometimes aged individuals do not qualify for Medicare, or they are entitled, but not enrolled. States with over 10.0 percent of enrollees age 65 and older not identified as EDB duals are flagged as potentially anomalous.

^d Values greater than 5.0 percent are above the expected level and are considered anomalous.

^e States have the option to extend full Medicaid benefits to aged and disabled persons (including nonduals) whose income does not exceed the FPL. If a state has implemented an expansion for the aged and disabled, the % FPL used for the expansion is noted.

^f States can have 1115 waivers that extend prescription drug coverage (so-called Pharm Plus states) to some partial duals, in addition to covering Medicare cost-sharing expenses.

^g AR only extended this optional coverage to the aged, not the disabled.

^h MA used 133 percent FPL for the disabled.

ⁱ MN's high proportion of EDB-only duals was primarily due to individuals who only qualified for limited benefits prior to full eligibility determination.

^j TX's 1929(b) program represents aged and disabled individuals who only qualify for a very limited set of personal care services and no prescription drugs.

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2008 ^a

	Medicaid Eligibility For SSI Recipients						Reporting Anomalies
	Automatic Eligibility ^b	SSI Criteria ^b	Section 209 (b) ^b	State-Administered SSI Supplement ^c	Medically Needy Eligibility ^d	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e	
Alabama	X			X			Few enrollees reported to UEG 44-45 due to state coding limitations.
Alaska		X		X			
Arizona	X			X		100	
Arkansas	X				X	80 ^g	
California	X				X	100	About 5,000 individuals who should have been reported to UEG 41, 42, and 45 were not reported.
Colorado	X			X			
Connecticut			X	X	X		Some SSI recipients reported to UEG 41-42, instead of UEG 11-12.
Delaware	X						
District of Columbia	X				X	100	In October 2008, UEG 41 increased and UEG 21 dropped when DC remapped some state eligibility groups.
Florida	X			X	X	88	Misreporting from July through December 2008 likely meant over-reporting in UEG 31-32 that should have been reported to 41-42.
Georgia	X			X	X		
Hawaii			X		X	100	Poverty-related pregnant women reported to UEG 55 instead of UEG 35 due to state coding limitations.
Idaho		X		X			Ongoing shift from UEG 14 and 44 to 34 evident in early 2008 as ID implemented its Medicaid Modernization Plan.
Illinois			X	X	X	100	Many enrollees in UEG 45 have most monthly fields 9-filled for January through September 2008. These are parents of S-CHIP children who were previously covered by IL's expired KidCare 1115 waiver.
Indiana			X	X			
Iowa	X				X		
Kansas		X			X		
Kentucky	X			X	X		In 2008, KY remapped aged, blind, and disabled individuals in long-term care and managed care extended eligibility programs from UEG 21-22 to 41-42. Spenddown foster care children moved to UEG 24. Children and caretaker relatives losing eligibility for transitional Medicaid moved from UEG 24-25 to UEG 44-45. TANF enrollees moved to UEG 14-15. Disabled individuals over age 65 were moved to UEG categories for the aged.

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2008 ^a

	Medicaid Eligibility For SSI Recipients							Reporting Anomalies
	Automatic Eligibility ^b	SSI Criteria ^b	Section 209 (b) ^b	State-Administered SSI Supplement ^c	Medically Needy Eligibility ^d	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e	Special Income Level for Institutionalized ^f	
Louisiana	X			X	X		X	Most low-income infants are reported to UEG 44 because the state deems these newborns eligible for Medicaid until age 1.
Maine	X			X	X	100	X	ME used poverty-related and M-CHIP expansions (UEG 34) to establish Medicaid eligibility for most children.
Maryland	X			X	X		X	In July 2008, MD expanded eligibility for the section 1931 eligibility group to 116 percent of the FPL. This led to increased enrollment in UEG 14-15 and decreased enrollment in UEG 24-25, 34-35, and 55. MD reported individuals who receive refugee medical assistance although these enrollees may not be covered through Title XIX.
Massachusetts	X				X	100 ^h		
Michigan	X				X	100	X	
Minnesota			X	X	X	95		
Mississippi	X						X	Section 1931 and TMA enrollees reported to UEG 14-15 due to state coding limitations. MS reports no one to UEG 44-45.
Missouri			X	X				Section 1931 and TMA enrollees reported to UEG 14-15 due to state coding limitations.
Montana	X				X		X	
Nebraska		X		X	X	100	X	
Nevada		X					X	Enrollment in UEG 16-17 ended in 2008.
New Hampshire			X	X	X		X	In January 2008, NH started reporting BCCPTA enrollees to UEG 3A. In October 2008, many enrollees shifted from UEG 21-22 to UEG 41-42 when NH implemented a policy change that allowed Medically Needy enrollees to qualify under Categorically Needy coverage.
New Jersey	X				X	100	X	
New Mexico	X			X			X	
New York	X				X			In 2008, enrollment in several UEGs fluctuated because NY began providing emergency services to large numbers of qualified aliens subject to the five year ban on eligibility, eliminated the asset test for QMB and SLMB dual eligibles, and began reporting partial duals trying to spend down to full Medicaid.
North Carolina	X			X	X	100		

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2008 ^a

	Medicaid Eligibility For SSI Recipients						Reporting Anomalies	
	Automatic Eligibility ^b	SSI Criteria ^b	Section 209 (b) ^b	State-Administered SSI Supplement ^c	Medically Needy Eligibility ^d	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e		Special Income Level for Institutionalized ^f
North Dakota			X		X			In January 2008, ND started reporting BCCPTA enrollees to UEG 3A; these individuals were not previously reported. In June 2008, enrollment in UEG 24 dropped and enrollment in UEGs 34 and 44 increased when ND implemented continuous eligibility for children and many children who were identified as medically needy were determined to be eligible under poverty-level or other eligibility rules.
Ohio			X	X			X	Some Section 1931 children and adults may be reported to UEG 44-45 in error, instead of UEG 14-15.
Oklahoma			X	X		100	X	
Oregon		X		X			X	
Pennsylvania	X				X	100	X	In January 2008, there was a shift from UEG 32 to UEG 42 when PA corrected its reporting of the state's Medicaid Buy-In/TWIA enrollees. There was also a significant increase in PA's total Medicaid enrollment for children that month (mostly UEG 16 and 44) when the state started reporting children that had previously been omitted from MSIS.
Rhode Island	X				X	100	X	Some Section 1931 enrollees reported to UEG 44-45 instead of UEG 14-15, due to state coding limitations.
South Carolina	X			X		100	X	
South Dakota	X			X			X	
Tennessee	X				X		X	UEG 11-12 enrollment greater than expected due to long-standing court case requiring TN to maintain Medicaid eligibility for persons leaving SSI. Ongoing shift from UEG 44-45 to 14-15 due to policy change in July 2007 that required TANF recipients to reapply for coverage.
Texas	X			X	X		X	TX has a very limited 1929(b) program reported to UEG 41-42 for enrollees who only qualify for a limited set of personal services and no prescription drugs.
Utah		X			X	100	X	UEG 55 declined from October to December 2008.
Vermont	X				X		X	
Virginia			X	X	X	80	X	VA used poverty-related expansions (UEG 34) to establish Medicaid eligibility for most children. Also, both Section 1931 and TMA adults are reported to UEG 45 due to state coding limitations.
Washington	X			X	X		X	Enrollment in UEG 55 declined in 2008 due to recertifications of family planning benefits that found duplicated clients who were subsequently removed.
West Virginia	X				X		X	Most children reported to UEG 44.

Table 6. Other Key Medicaid Eligibility Provisions Related to Uniform Eligibility Group (UEG) Reporting in MAX 2008 ^a

	Medicaid Eligibility For SSI Recipients							Reporting Anomalies
	Automatic Eligibility ^b	SSI Criteria ^b	Section 209 (b) ^b	State-Administered SSI Supplement ^c	Medically Needy Eligibility ^d	Full Benefit Poverty-Related Expansion for Aged and Disabled (FPL %) ^e	Special Income Level for Institutionalized ^f	
Wisconsin	X			X	X		X	In February 2008, several UEGs in WI shift with the implementation of the BadgerCare Plus program. Overall child and adult enrollment increased as part of this program expansion. UEG assignments became unreliable starting in October when the state implemented a new MMIS causing some enrollees to be mapped to incorrect UEG assignments.
Wyoming	X			X			X	
Total	33	7	11	30	34	20	39	

Note: Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a Medicaid eligibility expansions that result from 1115 waivers are reported in Table 7. CHIP eligibility provisions are presented in Table 4.

^b States have three options with regard to Medicaid eligibility for SSI recipients. In most states, SSI recipients are automatically enrolled in Medicaid without a separate Medicaid application. In SSI criteria states, SSI recipients are eligible for Medicaid but have to apply separately for the program. Section 209(b) states require a separate Medicaid application for SSI recipients and use more restrictive Medicaid eligibility requirements for SSI recipients than those of the SSI program. In Section 209(b) and SSI criteria states, the number of SSI enrollees reported to UEG 11-12 may be lower than the number of SSI recipients reported by SSA.

^c Source: State Assistance Program for SSI Recipients, January 2008, SSA Publication No 13-11975. In states with state-administered SSI supplements, the number of enrollees reported to UEG 11-12 may be higher than the number of SSI recipients reported by SSA. SSI recipients should be reported to UEG 11-12.

^d States can expand Medicaid eligibility by opting to implement medically needy programs that allow higher income and/or resource standards for persons otherwise ineligible for Medicaid. In determining countable income, medically needy programs must allow individuals to "spend down" income on incurred medical expenses. Medically needy enrollees should be reported to UEG 21-25.

^e States have the option to extend full Medicaid benefits to aged and disabled persons (including nonduals) whose income does not exceed the FPL. If a state has implemented an expansion for the aged and disabled, the % FPL used for the expansion is noted. Individuals using this eligibility pathway should be reported to UEG 31-32.

^f States have the option to set a special income standard at up to 300 percent of the SSI level (\$1,911 per month in 2008) for individuals in nursing facilities and other institutions. Individuals using this eligibility pathway should be reported to UEG 41-42.

^g AR only extended this optional coverage to the aged, not the disabled.

^h MA used 133 percent FPL for the disabled.

Table 7. Section 1115 Waiver Reporting and Eligibility Expansions in MAX 2008

Waiver Expands Medicaid Eligibility and/or Extends Targeted Coverage to a Special Population														
State	MAX 1115 Waiver ID(s)	June 2008 Enrollment	December 2008 Enrollment	Aged Expansion	Disabled Expansion	Children Expansion	Pregnant Women Expansion	Parents/ Caretakers Expansion	Childless Adult Expansion	Special Population: Family Planning Only Enrollees	Special Population: HIV Positive Individuals	Special Population: Prescription Drug Only Enrollees	Non-Expansion Waiver Components	
Alabama	FP	69,535	72,757							X				
Alaska	CP	2,588	2,868											X
Arizona	A1	1,169,007	1,229,246					NR ^a	X	X				X
Arkansas	A1	405,531	403,253					NR ^a	NR ^a					X
Arkansas	A9	80,260	70,638			X								
Arkansas	B1	61,120	59,347							X				
Arkansas	B2 ^b	0	0											X
Arkansas	B3	3,013	3,138		X	X								
California	01	1,592,264	1,609,770							X				
California	17	28,896	30,159											X
Colorado	No 1115 waiver													
Connecticut	No 1115 waiver													
Delaware	01	118,543	121,603					X	X	X				X
District of Columbia	01	1,358	1,351						X					
District of Columbia	06	252	334								X			
Florida	01 ^c	0	0											X
Florida	03 ^d	48,301	71,700							X				
Florida	22 ^d	0	194,435											X
Florida	23 ^d	22,165	32,451	X	X									
Georgia	No 1115 waiver													
Hawaii	H1	156,526	165,933		X	X	X	X	X					X
Idaho	No ID	NR	NR											NR
Illinois	A3	42,583	43,000							X				
Indiana	4A, 4B, 4C	625,929	676,509					X	X					X

[illegible]

Waiver Expands Medicaid Eligibility and/or Extends Targeted Coverage to a Special Population													
State	MAX 1115 Waiver ID(s)	June 2008 Enrollment	December 2008 Enrollment	Aged Expansion	Disabled Expansion	Children Expansion	Pregnant Women Expansion	Parents/ Caretakers Expansion	Childless Adult Expansion	Special Population: Family Planning Only Enrollees	Special Population: HIV Positive Individuals	Special Population: Prescription Drug Only Enrollees	Non-Expansion Waiver Components
Iowa	W1	22,421	25,521							X			
Iowa	X1, H1	25,043	28,799			X	X	X	X				X
Kansas	No 1115 waiver												
Kentucky	MC	140,321	145,532										X
Louisiana	FP	47,566	54,529							X			
Maine	10	297	304								X		
Maine	11	13,748	11,019						X				
Maryland	HC	568,356	600,276		X			X	X	X			X
Massachusetts	B, C, D, E, F, H, I, M, N, 1, 2, 3 ^f	1,088,591	1,088,567		X	X	X	X	X		X		X
Michigan	AB ^g	68,020	50,902						X				
Michigan	FP	29,582	37,863							X			
Minnesota	B1	340,589	339,769			X	X	X					X
Minnesota	FP	15,623	16,130							X			
Mississippi	01	38,333	36,594							X			
Mississippi	02	5,016	5,104	X ^h	X ^h								
Missouri	D1	20,214	18,133							X			
Montana	MB	7,434	7,251										X
Nebraska	No 1115 waiver												
Nevada	No 1115 waiver												
New Hampshire	No 1115 waiver												
New Jersey	08 ⁱ	72,678	79,335				X	X					
New Jersey	11	737	746										X
New Mexico	01	9,887	10,310			X ^j							X ^k

[illegible]

Table 7. Section 1115 Waiver Reporting and Eligibility Expansions in MAX 2008

Waiver Expands Medicaid Eligibility and/or Extends Targeted Coverage to a Special Population														
State	MAX 1115 Waiver ID(s)	June 2008 Enrollment	December 2008 Enrollment	Aged Expansion	Disabled Expansion	Children Expansion	Pregnant Women Expansion	Parents/ Caretakers Expansion	Childless Adult Expansion	Special Population: Family Planning Only Enrollees	Special Population: HIV Positive Individuals	Special Population: Prescription Drug Only Enrollees	Non-Expansion Waiver Components	
Wisconsin	A1, B1 ^a	34,374	40,735			X		X						
Wisconsin	C1	62,657	60,510									X		
Wisconsin	D1	49,590	50,227							X				
Wisconsin	E1	2,958	0											X
Wyoming	No 1115 waiver													
Total X				5	10	12	9	17	17	24	3	2		25
Total NR/incomplete/ov				0	0	1	0	2	1	3	0	0		1
Total				5	10	13	9	19	18	27	3	2		26

Notes: Some 1115 waivers have multiple waiver IDs to identify various waiver components. See the MAX 2008 waiver crosswalk for additional details of state waiver reporting in MAX.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

NR = not reported

^a Group is not reported in MAX due to limitations in the state's data system (AZ, AR, and OR).

^b Enrollment in AR's Waiver ID B2 ended as of April 2008.

^c Effective March 1, 2008 FL administers this program through a 1915(j) state plan.

^d FL was unable to report waiver enrollment in its June 2008 MSIS files. This was partially fixed in MAX but waiver enrollment remained lower than expected.

^e FL did not report enrollment in this waiver prior to July 2008 even though it was implemented in 2006. The state indicated that some individuals in the missing waiver reporting may have been reported to the state's 1915(b) Medipass waiver (Waiver ID 05).

^f MA started reporting enrollment of a new population to this waiver in 2008. These individuals receive premium assistance to purchase Commonwealth Care managed care (Waiver ID N). Although the program operated before 2008, these enrollees were not reported to MSIS until 2008.

^g MI manages enrollment in this waiver to maintain an enrollment cap.

^h About 10 percent of enrollees in this MS waiver for aged and disabled nonduals in 2008 were reported as dual eligibles, probably related to issues of timely Medicare enrollment information.

ⁱ NJ reported enrollment in the Cash and Counseling 1115 waiver (ID 11) through December 2008, but the waiver expired in April 2008.

^j NM does not directly expand coverage to children with this waiver; however, the required cost-sharing for M-CHIP enrollees under this waiver allows children to be enrolled that would otherwise not.

^k NM also uses this waiver to provide S-CHIP coverage to children.

^l In 2008, OK expanded coverage to college students ages 19-22 with incomes up to 200% FPL; however, the enrollment data were not complete in MAX.

^m OR terminated this waiver in January 2008.

ⁿ TN closed new enrollment to these groups in 2005 but approximately 500-700 per month remain in 2008.

^o Although TX did not report enrollment for this waiver, approximately 85,000 persons reported to UEG 35 each month should have been reported as enrolled.

^p This UT waiver also offers premium assistance to some low-income working adults and S-CHIP-eligible children of these adults.

^q WI's Waiver ID B1 rolled into Waiver ID A1 in February 2008 with the implementation of BadgerCare Plus; however, reporting to A1 is inconsistent and possibly unreliable in 2008.

Table 8. Reporting of Medicaid Enrollees with Restricted Medicaid Benefits in MAX 2008

	Aliens with Emergency Coverage Only (RBF=2)	Duals with Medicare Cost- Sharing Only (RBF=3)	Pregnancy Related Services Only (RBF=4)	Family Planning Only (RBF=6)	Alternative Benchmark Plan (RBF=7)	Money Follows the Person (RBF = 8)	PRTF Grant (RBF = A)	Health Opportunity Account (RBF = B)	Pharm Plus Non-Duals (RBF=X)	Pharm Plus Duals with Medicare Cost Sharing (RBF=Y)	Pharm Plus Duals Without Medicare Cost Sharing (RBF=Z)	Other (RBF=5)	Description of Other (RBF=5) Group
Alabama	X	X	X	X									
Alaska	X ^a	X	X ^a										
Arizona	X	X		X									
Arkansas		X		X									
California	X	X	X	X								X	Hospice enrollees with some restrictions
Colorado	X	X											
Connecticut		X											
Delaware	X	X		X		X ^b							
District of Columbia	X	X	X										
Florida	X	X	X	X								X	Many medically needy enrollees with slightly reduced benefits
Georgia	X	X	X ^c			X ^b	X ^d					X	Presumptively eligible women in UEG 3A
Hawaii	X	X				X ^b							
Idaho		X	X		X								
Illinois	X	X	X	X									
Indiana	X	X	X				X	X				X	Starting October 2008, pregnant women and aliens eligible only for emergency services; IN is unable to separately identify these enrollees after this date.
Iowa	X	X	X	X ^e		X ^b							
Kansas	X	X			X ^f	X ^b	X ^d						
Kentucky	X	X	X		NR ^g	X ^b							
Louisiana	X	X	X	X								X	Many medically needy eligibles and some poverty-related pregnant women with substance abuse care restrictions
Maine	X	X	X										
Maryland	X	X		X		X ^b						X	1115 adults with limited benefits
Massachusetts	X	X	X									X ^h	Enrollees in UEG 44-45 and 54-55 with slightly reduced benefits package
Michigan	X	X		X		X ^b						X	Adult M-CHIP enrollees, with no inpatient coverage
Minnesota	X	X	X	X								X	Aged with "access" services only and some children and adults with unknown benefits. Through September 2008, some aliens eligible only for emergency services may have been reported to RBF 5. MN moved these individuals to RBF 2 in October 2008.
Mississippi	X	X	X	X			NR					X	Low-income infants in UEG 34 with no dental or eyeglass coverage
Missouri		X	X	X		X ^b							

Table 8. Reporting of Medicaid Enrollees with Restricted Medicaid Benefits in MAX 2008

	Aliens with Emergency Coverage Only (RBF=2)	Duals with Medicare Cost- Sharing Only (RBF=3)	Pregnancy Related Services Only (RBF=4)	Family Planning Only (RBF=6)	Alternative Benchmark Plan (RBF=7)	Money Follows the Person (RBF = 8)	PRTF Grant (RBF = A)	Health Opportunity Account (RBF = B)	Pharm Plus Non-Duals (RBF=X)	Pharm Plus Duals with Medicare Cost Sharing (RBF=Y)	Pharm Plus Duals Without Medicare Cost Sharing (RBF=Z)	Other (RBF=5)	Description of Other (RBF=5) Group
Montana		X					X ^d					X	1115 parents and caretaker relatives, BCCPTA enrollees, "Team Care" recipients with some benefit restrictions. Some individuals in UEGs 11-12, 22, 34-35, 42, 44, and 48 may have been incorrectly assigned RBF 5.
Nebraska	X ^a	X				X ^b							
Nevada	X	X	X									X	Enrollees receiving 'Medicaid/Ineligible Institutional Benefits'
New Hampshire		X				X							
New Jersey	X	X	X			X ^b						X	1915(c) waiver enrollees, nursing home recipients with dual code 59 not eligible for Rx benefits, and M-CHIP parents in 1115 Family Care waiver who receive limited package of benefits
New Mexico	X	X	X	X								X	M-CHIP adults with slightly reduced benefits
New York	X ^l	X	X	X								X	Family Health Plus enrollees with no LTC coverage and other enrollees with some capitated services
North Carolina	X	X	X	X								X	Many medically needy enrollees with slightly reduced benefits. Starting September 2008, inmates of prisons and inpatient psychiatric facilities who receive inpatient care through Medicaid.
North Dakota	X	X				X ^b							
Ohio		X				X ^b							
Oklahoma	X	X	X	X								X	Enrollees eligible for only tuberculosis-related services
Oregon	X	X		NR		X ^b						X	1115 expansion adults with slightly reduced benefits
Pennsylvania	X ^k	X	X	X		X ^b						X	Medically needy enrollees with slightly reduced benefits
Rhode Island	X	X	X	X								X	Medically needy enrollees with slightly reduced benefits
South Carolina	X	X		X			X	X ^l					
South Dakota	X	X	X										
Tennessee	X	X	X										
Texas	X	X	X	NR ^m		X ⁿ						X	1929(b) program enrollees using LTC at home and some medically needy with slightly reduced benefits
Utah	X	X										X	Primary Care 1115 waiver enrollees with slightly reduced benefits
Vermont		X							X	X	X	X	Small number of 1115 LTC waiver enrollees only eligible for 3 home health services; some persons in PC Plus waiver who switched from fee-for-service.
Virginia	X	X		X	NR ^o	X ^b	X					X	Many medically needy enrollees with slightly reduced benefits
Washington	X	X		X								X	Medically needy enrollees

Table 8. Reporting of Medicaid Enrollees with Restricted Medicaid Benefits in MAX 2008

	Aliens with Emergency Coverage Only (RBF=2)	Duals with Medicare Cost- Sharing Only (RBF=3)	Pregnancy Related Services Only (RBF=4)	Family Planning Only (RBF=6)	Alternative Benchmark Plan (RBF=7)	Money Follows the Person (RBF = 8)	PRTF Grant (RBF = A)	Health Opportunity Account (RBF = B)	Pharm Plus Non-Duals (RBF=X)	Pharm Plus Duals with Medicare Cost Sharing (RBF=Y)	Pharm Plus Duals Without Medicare Cost Sharing (RBF=Z)	Other (RBF=5)	Description of Other (RBF=5) Group
West Virginia	X	X			X								
Wisconsin P	X	X	X	X	X ^q	X ^b			X	X	X	X	Enrollees receiving only Tuberculosis-Related Services directly related to the care of tuberculosis.
Wyoming	X	X	X									X	<10 enrollees each month, benefit restrictions unknown
Total X	43	51	30	24	4	19	6	2	2	2	2	27	
Total NR/incomplete	0	0	0	2	2	0	1	0	0	0	0	0	
Total	43	51	30	26	6	19	7	2	2	2	2	27	

Notes: Excludes people with missing Medicaid eligibility or S-CHIP only.

^a Reporting incomplete throughout 2008 (AK and NE).

^b DE, GA, HI, IA, KS, KY, MD, MI, MO, ND, NE, NJ, OH, OR, PA, VA, and WI started reporting MFP programs during 2008.

^c In GA, only presumptively eligible pregnant women in UEG 35 were assigned RBF 4.

^d GA, KS, and MT started reporting PRTF programs during 2008.

^e In IA, some people covered under the Family Planning waiver also receive other Medicaid coverage. These enrollees do not receive RBF 6.

^f Starting in September 2007, KS offered an alternative benefit package to enrollees in the working disabled group; however, these enrollees were reported to RBF 1 (full Medicaid benefits) until October 2008.

^g In May 2006, KY began to use 4 alternative benefit packages; however, all enrollees continued to be assigned RBF 1 (full Medicaid benefits) through 2008.

^h Starting January 2008, MA reports individuals who receive premium assistance to purchase private health insurance through MA's 1115 waiver (Waiver ID N) to RBF W.

ⁱ In MO, MFP enrollment was missing between July and September 2008.

^j In July 2008, NY started providing emergency medical services to thousands of qualified aliens subject to the 5-year ban on eligibility. They are assigned to RBF 2.

^k In 2008, PA improved its identification of aliens with emergency coverage only, which increased enrollment in RBF 2.

^l SC started reporting a Health Opportunity Account program in 2008.

^m Although TX did not report its family planning waiver, approximately 85,000 persons reported to UEG 35 each month should have been reported as enrolled and having RBF 6 (family planning only).

ⁿ In TX, MFP enrollment was missing between April and June 2008.

^o VA has a disease management program that was approved by CMS as an alternative benefit package; however, these enrollees are reported to RBF 1 (full Medicaid benefits) through 2008.

^p RBF assignments became unreliable starting in October when WI implemented a new MMIS causing some enrollees to be mapped to incorrect RBF assignments.

^q In February 2008, WI implemented a state plan amendment to offer an alternative benefit package to pregnant women 200-250% FPL.

Table 9. Reporting of Managed Care Enrollment in MAX 2008

	Percent with HMO/HIO or PACE Enrollment							Other Managed Care Enrollment Reporting							Inconsistencies Between MAX and CMS June 2008 Managed Care Data
	All Full- Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)	Other Plan (MC=8) Description	
Alabama	1.6	11.1	4.4	0.0	0.0	11.6 ^a	7.5					X	X	PHP Network - inpatient care for those without Medicare Part A	Global fee prenatal/delivery plan not reported in MAX; United Medicare Complete HMO for duals not reported in CMS data
Alaska	0.0	0.0	0.0	0.0	0.0	0.0	0.0								
Arizona	88.0 ^b	60.6	71.6	92.5	89.8	69.0	NA		X	X			X	Children's Rehabilitative Services (CRS)	LTC plans reported as HMOs in CMS data; BHO plan underreported in CMS data; CRS program reported as Other in MAX but is not reported in CMS data
Arkansas	0.0	0.0	0.0	0.0	0.0	0.0	0.1				X	X	X	Transportation	PCCM reporting is 12% lower than in CMS data
California	58.7	17.6	25.1	71.2	73.4	18.4	22.5	X			X		X	Hybrid PCCM	Senior Care Action Network reported as HMO in MAX but "Other" in CMS data; hybrid FFS/PHP dental plans and hybrid PCCM plans reported in MAX but not CMS
Colorado	11.4	10.2	12.5	11.7	9.9	8.1	5.0		X		X	X			PCCM enrollment is 122% greater than in CMS data; Rocky Mountain Health Plan not reported as HMO in MAX (due to ASO arrangements) but is in CMS data
Connecticut	30.1	0.0	0.0	39.6	35.0	0.1	0.1								CT's HMOs ceased providing services to Medicaid enrollees from December 2007 through July 2008, so there was no HMO enrollment during this period.
Delaware	83.4	11.4	61.5	88.7	90.4	13.0	3.6					X ^c	X	Transportation	CMS data do not include Transportation plan and DE's non-capitated PCCM reported as Other
District of Columbia	68.5	0.2	11.9	91.5	92.8	2.3	0.9						X	Transportation	Health Services for Children with Special Needs plan reported as HMO in MAX but PIHP in CMS data. Transportation plan is not reported in CMS data.
Florida	43.8	14.7	30.0	53.8	39.4	12.7	23.4	X	X		X	X ^d	X ^e	DMP	Transportation plan not reported in MAX data; Provider Service Network reported as Other in CMS data but as PCCM in MAX; LTC and Medical-Only Prepaid Inpatient Health Plans reported in CMS data but not MAX

Table 9. Reporting of Managed Care Enrollment in MAX 2008

	Percent with HMO/HIO or PACE Enrollment							Other Managed Care Enrollment Reporting							Inconsistencies Between MAX and CMS June 2008 Managed Care Data
	All Full- Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)	Other Plan (MC=8) Description	
Georgia	72.4	0.0	5.3	91.5	86.7	1.2	0.8		X			X	X	Transportation	PASRR program not reported in CMS data; PCCM enrollment is 13% greater than in CMS data
Hawaii	79.6	1.4	12.2	98.1	95.0	3.1	0.6		X		X ^f				BHOs reported as PIHP and Other plan types in CMS data
Idaho	0.0	0.0	0.0	0.0	0.0	0.0	0.0	X				X	X	Medicaid-Medicare Coordinated Plan	
Illinois	7.1	0.2	0.1	9.4	7.2	0.2	0.1				X	X	X	Primary Health Providers & Managed Care Community Networks (MCCNs)	MCCNs reported as HMOs in CMS data but as 'Other' managed care in MAX. PCCM counts in MAX are about 30 percent higher than CMS data
Indiana	74.2	0.1	14.6	90.0	85.6	2.0	0.7					X			
Iowa	1.6	0.0	0.1	2.3	1.7	0.0	0.0		X		X	X			
Kansas	57.2	0.7	2.3	77.8	77.5	1.3	1.8		X ^g		X	X			
Kentucky	21.9	10.1	18.2	25.2	21.8	13.2	2.4					X	X	Transportation	Transportation plan reported as a PAHP in CMS data
Louisiana	0.0	0.1	0.0	0.0	0.0	0.1	0.1				X	X			
Maine	0.0	0.0	0.0	0.0	0.0	0.0	0.0					X ^h			
Maryland	83.8	1.5	60.1	96.4	84.8	7.9	32.7				X				PAC program is reported as HMO in MAX but as PAHP in CMS data
Massachusetts	41.4	11.3	17.0	61.5	42.1	7.4	3.4		X		X	X			Senior Care Options plans are reported as PACE plans in MAX but as HMO in CMS data. BHO program reported as a PIHP in CMS data.
Michigan	71.1	2.8	51.9	82.1	77.7	8.1	3.2	X	X		X				Dental plan not reported in CMS data. BHO program reported as PIHP in CMS data
Minnesota	71.6	65.1	11.3	86.4	81.7	42.7	45.8								
Mississippi	0.0	0.0	0.0	0.0	0.0	0.0	0.0						X	Transportation ⁱ	
Missouri	48.7	0.2	2.0	66.5	62.9	0.6	1.2				X		NR	Transportation	Transportation plan not reported in MAX data.
Montana	0.0	0.0	0.0	0.0	0.1	0.0	0.0				X	X ^j			PCCM enrollment may be underreported in CMS data
Nebraska	17.4	1.4	9.9	20.5	19.7	0.9	0.2		X			X			

Table 9. Reporting of Managed Care Enrollment in MAX 2008

	Percent with HMO/HIO or PACE Enrollment							Other Managed Care Enrollment Reporting							Inconsistencies Between MAX and CMS June 2008 Managed Care Data
	All Full- Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)	Other Plan (MC=8) Description	
Nevada	58.1	0.1	2.1	71.6	70.8	0.9	0.0						X	Transportation	
New Hampshire	0.0	0.0	0.0	0.0	0.0	0.0	0.0								DMP plan not reported in MAX data
New Jersey	75.9	9.6	45.8	92.0	90.6	12.0	17.7								
New Mexico	76.2	3.5	52.7	82.0	83.4	7.1	29.5		X	X ^k	X				PACE plan not reported in MAX until August 2008
New York	69.7	12.7	34.6	81.3	84.1	6.7	5.0		X	X	X	X			
North Carolina	0.0	0.0	0.0	0.0	0.0	0.0	0.0		X		X	X			
North Dakota	0.0	0.2	0.0	0.0	0.0	0.1	0.0				X ^l	X	X ^m	Disease Management	Experience Health is reported as Other in MAX but as PAHP in CMS data
Ohio	78.4	5.9	46.9	91.0	91.6	6.3	2.9				NR				PACE not reported in MAX data
Oklahoma	0.0	0.0	0.0	0.0	0.0	0.0	0.0				X	X	X	Hybrid PCCM & Transportation	Hybrid PCCM and Transportation reported as PAHPs in CMS data
Oregon	79.5	52.3	68.1	84.6	85.0	57.8	53.9	X	X		X	X			
Pennsylvania	63.4	7.8	55.0	74.9	73.9	6.9	26.2		X	X	X	X	X ⁿ	Transportation	DMP reported separately in CMS but combined with HMO in MAX data. Also, transportation enrollment in MAX is higher than CMS data because MAX includes all enrollees eligible for transportation services instead of service users only.
Rhode Island	69.7	0.7	14.8	94.2	92.0	2.1	3.1	X ^o			X				
South Carolina	39.2	0.7	25.4	48.1	41.9	1.4	0.9				X	X	X	Transportation	Transportation reported in MAX but not CMS data; HMO enrollment underreported in CMS data
South Dakota	0.0	0.0	0.0	0.0	0.0	0.0	0.0					X			SD's dental MC program ended in 2007 but CMS data report it as active in 2008
Tennessee	56.2 ^p	54.8	46.6	61.0	55.2	53.8	54.7		X		X				Non-risk bearing plans reported in CMS but not MAX data
Texas	52.2	28.6	38.1	60.2	39.5	31.3	12.2		X		X ^q	X			DMP not reported in MAX data
Utah	0.0	0.0	0.0	0.0	0.0	0.0	0.0		X	X		X	X	Transportation	Non-risk based HMOs reported as PIHPs in CMS data but not MAX data. PCCM counts in CMS data are about 30 percent higher than MAX.

Table 9. Reporting of Managed Care Enrollment in MAX 2008

	Percent with HMO/HIO or PACE Enrollment							Other Managed Care Enrollment Reporting							Inconsistencies Between MAX and CMS June 2008 Managed Care Data
	All Full- Benefit Enrollees	Aged	Disabled	Child	Adult	EDB Duals	1915(c) Waiver Enrollees	Dental (MC=2)	BHO (MC=3)	LTC (MC=5)	PACE (MC=6)	PCCM (MC=7)	Other (MC=8)	Other Plan (MC=8) Description	
Vermont	0.0	0.5	0.0	0.0	0.0	0.2	NA				X	X			Global Commitment to Health program is reported as HMO in CMS data but as FFS in MAX
Virginia	65.0	4.0	40.8	77.9	74.5	3.1	4.1				X	X			Uncapitated transportation reported in CMS but not MAX data
Washington	64.7	1.6	6.6	83.7	77.5	2.2	NA		X		X	X			DMP reported as PCCM in MAX but PAHP in CMS data; PCCM enrollment is 17% greater than in CMS data
West Virginia	53.6	0.0	2.0	82.0	71.4	0.7	0.4					X			
Wisconsin	64.6	4.5	3.6	82.8	81.7	4.3	1.6		X	X	X		X	Voluntary "Independent Care Plan"	LTC and WI's Independent Care Plan are both reported as HMO in CMS data
Wyoming	0.0	0.0	0.0	0.0	0.0	0.0	0.0								
Total X	--	--	--	--	--	--	--	6	20	6	29	31	19		
Total NR	--	--	--	--	--	--	--	0	0	0	1	0	1		
Total	50.0	12.7	25.7	58.5	60.3	12.4	11.4	6	20	6	30	31	20		

Notes: Excludes people with missing eligibility information, S-CHIP only, family planning only, aliens with only restricted benefits, duals with restricted benefits only, and prescription drug only enrollees.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

NR = not reported

^a AL's United Medicare Complete covers copayments and deductibles for dual eligibles.

^b AZ's family planning only capitated plans were erroneously reported as HMOs; all HMO enrollees should have also previously had enrollment in the state's BHO plan (Plan ID 079999, Plan Type 3) but this was corrected in MAX 2008; reporting of AZ's Children's Rehabilitative Services (CRS) plan (Plan ID 999111, Plan Type 08) was previously missing but this was corrected in MAX 2008.

^c DE does not make capitation payments for PCCM enrollees. Instead, the state pays for PCCM services on a fee-for-service basis when they occur.

^d FL reports people in both Plan Type 07 (PCCM) and Plan Type 3 (BHO) as only having BHO, resulting in undercounting of PCCM enrollment in the first six months of 2008.

^e FL continued to have a disease management plan despite not being reported in MAX until July 2008 (Plan IDs may not be reliable after reporting started).

^f HI's PACE program began reporting enrollment in October 2008.

^g In July 2007, KS implemented BHO plans. These plans are reported in MAX 2008 claims data but are incompletely reported in enrollment data until October 2008.

^h PCCM enrollment among aged and disabled enrollees increased in September 2008 when ME expanded this coverage.

ⁱ MS did not report capitation payments for the transportation program in 2008 claims data.

^j MT suspended new PCCM enrollment from January 2007 through November 2008. Unexplained increase in PCCM enrollment in June 2008.

^k Starting in August 2008, NM reports all CoLTS enrollees to Plan Type 05 (LTC); however, they do not all receive LTC services. The state is unable to determine who does and does not receive LTC.

^l ND started reporting a PACE program in September 2008; however, it was implemented prior to this time (date unknown).

^m ND's Experience Health program started in October 2007 but was not reported in MAX until April 2008.

ⁿ PA started reporting a transportation managed care program in October 2008; however, it was implemented prior to this time (date unknown).

^o RI started reporting Plan Type 02 (dental) enrollment started in MAX in January 2008, but these data were not reliable until late 2008.

^p TN continued to roll out Medicaid HMO coverage on a regional basis in 2008.

^q TX had a PACE program but was not able to report it in MAX until October 2008.

Table 10. Private Health Insurance Coverage and TANF Status in MAX 2008

Private Health Insurance Coverage among Medicaid Enrollees			TANF Status
	June Percent Enrollees with Private Health Insurance (PVT INS CD = 2-4) ^a	Other Reporting Anomalies	TANF code 9-Filled ^b Inconsistencies between MAX and ACF TANF December 2008 Data
Alabama	7.4		X
Alaska	62.9	Higher rate due to Native Americans with Indian Health Service coverage and erroneous reporting of Medicare as private health insurance	X
Arizona	4.0		
Arkansas	6.5	AR data not reliable	X
California	4.2		CA 9-filled the TANF code for enrollees in L.A. County. MAX lower due to L.A. County data
Colorado	3.3		X
Connecticut	8.6		X
Delaware	4.3		X
District of Columbia	2.0		MAX higher due to inclusion of state-funded TANF enrollees
Florida	6.6		X
Georgia	4.3		X
Hawaii	10.6		X
Idaho	10.0	ID data 9-filled for most duals	X
Illinois	5.6		MAX higher due to inclusion of TANF "0-grant" enrollees
Indiana	9.3		X
Iowa	14.5		X
Kansas	10.5		X
Kentucky	9.2	Private health insurance reporting unreliable before October 2008	
Louisiana	5.3	Private health insurance reporting may be unreliable in 2008	X
Maine	12.9		X
Maryland	4.5		X

Table 10. Private Health Insurance Coverage and TANF Status in MAX 2008

Private Health Insurance Coverage among Medicaid Enrollees			TANF Status
	June Percent Enrollees with Private Health Insurance (PVT INS CD = 2-4) ^a	Other Reporting Anomalies	TANF code 9-Filled ^b Inconsistencies between MAX and ACF TANF December 2008 Data
Massachusetts	24.7	Starting January 2008, individuals who receive premium assistance under MA's 1115 waiver are reported to Private Insurance code 4.	
Michigan	8.3		X
Minnesota	10.5	Enrollment in state-purchased insurance dropped and private insurance enrollment increased in October 2008	X
Mississippi	2.6		X
Missouri	5.6		
Montana	9.9		X
Nebraska	2.5		MAX higher due to inclusion of state-funded TANF enrollees
Nevada	8.5		X
New Hampshire	7.9		
New Jersey	8.1		
New Mexico	5.1		X
New York	7.0		
North Carolina	7.5		
North Dakota	19.2		
Ohio	13.2	Percent of enrollees with private insurance dropped substantially throughout the year	
Oklahoma	7.8		X
Oregon	4.8		MAX reported enrollment drop starting October 2008
Pennsylvania	8.4		MAX higher
Rhode Island	15.4	RI insurance data not reliable	X
South Carolina	5.9		X
South Dakota	12.9		X

Table 10. Private Health Insurance Coverage and TANF Status in MAX 2008

Private Health Insurance Coverage among Medicaid Enrollees			TANF Status	
	June Percent Enrollees with Private Health Insurance (PVT INS CD = 2-4) ^a	Other Reporting Anomalies	TANF code 9-Filled ^b	Inconsistencies between MAX and ACF TANF December 2008 Data
Tennessee	4.3	Percent reported with private insurance rose in 2008 due to enhanced efforts by TN to identify third party coverage	X	
Texas	6.9			MAX higher
Utah	12.2	Between 1,600-2,000 enrollees reported each month with Private Insurance code 9 (status unknown).	X	
Vermont	15.6	In October 2007, VT implemented an ESI program as part of the Global Commitment 1115 waiver, causing enrollment to Private Insurance code 3 to increase through 2008		MAX enrollment included state-funded 'Reach-Up' clients who were not reported to ACF
Virginia	6.9		X	
Washington	10.7			
West Virginia	8.0	Most enrollees with 9-filled codes are partial duals	X	
Wisconsin	22.3	Private insurance reporting dropped in October when WI stopped counting dual code 59 enrollees (Pharm Plus enrollees) in the count.	X	
Wyoming	7.3		X	
Total	7.6		32	

Notes: Excludes people with missing Medicaid eligibility information or S-CHIP only.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a Values less than 2.0 or greater than 15.0 percent are outside of the expected range and are considered anomalous.

^b The majority of states do not report TANF status information for Medicaid enrollees in MAX (TANF code is 9-filled).

Table 11. Section 1915(c) Home and Community-Based Services (HCBS) Waiver Reporting in MAX 2008 ^a

Number Enrolled in 1915(c) Waiver, by Waiver Type (Most Recent)														
State	Number Ever Enrolled in a 1915(c) Waiver	Aged and Disabled (WVR TYPE = G)	Aged (WVR TYPE = H)	Physically Disabled (WVR TYPE = I)	People with Brain Injuries (WVR TYPE = J)	People with HIV/AIDS (WVR TYPE = K)	People with MR/DD (WVR TYPE = L)	People with MI/SED (WVR TYPE = M)	Technology Dependent/ Medically Fragile (WVR TYPE = N)	People with Autism/ Autism Spectrum Disorder (WVR TYPE = P)	Percent of HCBS Service Recipients with no 1915(c) Waiver Enrollment ^b	Percent of 1915 (c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) ^c	Waiver Type (ID) for Active 1915(c) Waivers Not Reported in MAX 2008	Reporting Anomalies
Alabama	14,936	8,625	0	599	0	59	5,649	0	11	0	1.0	1.7		
Alaska	4,078	0	1,530	1,140	0	0	1,186	0	222	0	18.2	3.6		
Arizona	0	0	0	0	0	0	0	0	0	0	0.0	0.0		
Arkansas	14,089	467	7,348	2,493	0	0	3,781	0	0	0	0.3	22.6		
California	95,815	778	12,653	1,651	0	2,314	78,419	0	0	0	1.5	6.0		
Colorado	31,508	19,340 ^d	0	1,292	271	73	7,920	2,500	47	65 ^e	3.4	3.7		I(KB) increased in 2008 due to administrative change
Connecticut	21,532	0	11,918	885	405	0	8,324	0	0	0	2.1	3.2		
Delaware	2,903	1,287	0	0	26	723	867	0	0	0	0.9	4.3		
District of Columbia	3,876	2,566	0	0	0	11	1,306	0	0	0	5.7	16.5		
Florida	62,384	12,702	18,033	11	311	1,741	29,592	0	0	0	12.3 ^f	27.2		Underreporting of several 1915(c) waivers prior to July 2008, including G(13), K(14), J(15), L(16). FL was unable to report waiver enrollment in its June 2008 MSIS files. This was partially fixed in MAX but waiver enrollment remained lower than expected.
Georgia	25,806	12,732	0	865	0	0	11,212	0	997	0	0.1	8.2		Enrollment shifts between type L waivers (CH and MR) during October-November 2008
Hawaii	5,136	2,487	0	0	0	58	2,541	0	50	0	5.1	9.3		
Idaho	11,450	8,979	0	0	0	0	2,471	0	0	0	0.3	8.9		L(06) active waiver with no enrollment between April-December 2008
Illinois	122,564	6,042	45,358	45,230	6,656	2,145	16,534	0	599	0	8.2	35.3		H(B2) aged waiver covers 60-64 year olds. Large shift across 1915 (c) waivers in October 2008.
Indiana	19,632	8,466	0	0	139	0	10,653	0	0	374	13.2	2.8		

Table 11. Section 1915(c) Home and Community-Based Services (HCBS) Waiver Reporting in MAX 2008 ^a

State	Number Enrolled in 1915(c) Waiver, by Waiver Type (Most Recent)												Waiver Type (ID) for Active 1915(c) Waivers Not Reported in MAX 2008	Reporting Anomalies
	Number Ever Enrolled in a 1915(c) Waiver	Aged and Disabled (WVR TYPE = G)	Aged (WVR TYPE = H)	Physically Disabled (WVR TYPE = I)	People with Brain Injuries (WVR TYPE = J)	People with HIV/AIDS (WVR TYPE = K)	People with MR/DD (WVR TYPE = L)	People with MI/SED (WVR TYPE = M)	Technology Dependent/ Medically Fragile (WVR TYPE = N)	People with Autism/ Spectrum Disorder (WVR TYPE = P)	Percent of HCBS Service Recipients with no 1915(c) Waiver Enrollment ^b	Percent of 1915 (c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) ^c		
Iowa	28,317	0	12,391	3,801	1,224	54	10,847	0	0	0	3.7	3.2		HCBS also provided to emotionally disturbed children through Section 1115 Iowa Care waiver (ID H1, Type 1)
Kansas	31,033	0	8,061	9,356	331	0	8,032	4,869	337	47	4.6	19.5		
Kentucky	16,281	12,631	0	0	186	0	3,407	0	57	0	59.7 ^g	3.8		
Louisiana	14,646	5,498	0	0	0	0	9,148	0	0	0	39.2	3.2		
Maine	5,647	898	0	669	0	0	2,920	0	0	1,160	0.0	100.0 ^h		
Maryland	20,216	6,989	0	449	33	0	11,605	0	221	919	2.0	20.9		
Massachusetts	19,443	0	7,945	0	88	0	11,410	0	0	0	4.3	1.2	P(No ID)	
Michigan	10,520	9,991	0	0	0	0	479	50	0	0	0.0	4.2		
Minnesota	58,208	0 ⁱ	25,103	16,882	1,524	0	14,699	0	0	0	0.6	31.9 ^j		Many 1915(c) enrollees also enrolled in 1915(b/c). These individuals may be double-counted.
Mississippi	15,457	12,689	0	0	723	0	2,045	0	0	0	0.0	2.9		
Missouri	29,727	19,843	0	595	0	115	9,174	0	0	0	0.7	73.1		Waiver ID C6 was underreported in January - March.
Montana	4,666	2,241	0	0	0	0	2,316	109	0	0	43.5	50.8 ^k		MT reports many non-disabled children and adults to multiple 1915 (c) waivers, including G(MD) and L (ME, MF)
Nebraska	9,470	5,604	0	0	22	0	3,844	0	0	0	0.2	4.0		
Nevada	4,417	0	2,058	634	0	0	1,725	0	0	0	2.1	2.1		
New Hampshire	7,922	3,654	0	0	165	0	4,103	0	0	0	0.7	5.8	L(C1)	
New Jersey	22,614	10,863	0	289	354	399	10,709	0	0	0	0.5	2.8		
New Mexico	8,226	4,138 ^l	0	0	0	15	3,895	0	178	0	9.1	0.8		
New York	97,642	24,623	0	414	2,903	0	68,092	1,601	11	0	1.6	34.3	L(13), M(12), N(14)	M(03) active, but not reported until October 2008. G(11) active, but not reported until July 2008.

Table 11. Section 1915(c) Home and Community-Based Services (HCBS) Waiver Reporting in MAX 2008 ^a

State	Number Enrolled in 1915(c) Waiver, by Waiver Type (Most Recent)												Waiver Type (ID) for Active 1915(c) Waivers Not Reported in MAX 2008	Reporting Anomalies
	Number Ever Enrolled in a 1915(c) Waiver	Aged and Disabled (WVR TYPE = G)	Aged (WVR TYPE = H)	Physically Disabled (WVR TYPE = I)	People with Brain Injuries (WVR TYPE = J)	People with HIV/AIDS (WVR TYPE = K)	People with MR/DD (WVR TYPE = L)	People with MI/SED (WVR TYPE = M)	Technology Dependent/ Medically Fragile (WVR TYPE = N)	People with Autism/ Spectrum Disorder (WVR TYPE = P)	Percent of HCBS Service Recipients with no 1915(c) Waiver Enrollment ^b	Percent of 1915 (c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) ^c		
North Carolina	24,912	13,746	0	0	0	0	10,349	0	817	0	3.8	2.7		NC shifted MR/DD enrollees from the CAP 1915(c) waiver (ID MR) to the CAP-Tier 2 waiver (ID CM) in October 2008.
North Dakota	4,240	387	0	0	0	0	3,849	0	11	0	27.8	4.4		
Ohio	62,714	33,099	0	7,775	0	0	21,840	0	0	0	10.0	4.2		
Oklahoma	30,770	25,118	0	0	0	0	5,652	0	0	0	0.1	4.1		
Oregon	36,941	26,711	0	59	0	0	10,075	0	96	0	12.7 ^f	21.7		I(AF) active starting March 2008, but not reported until October.
Pennsylvania	63,934	21,034	0	10,621	640	0	31,546	0	93	0	0.2	17.4		
Rhode Island	7,016	2,570	610	43	0	0	3,769	24	0	0	17.7	60.0 ^m		Overreporting of G(W4) because the state reports three separate 1915(c) waivers to the same ID
South Carolina	23,141	14,905	0	0	695	1,130	6,035	0	41	335	0.2	4.9		
South Dakota	4,241	1,190	0	124	0	0	2,927	0	0	0	0.3	44.4		
Tennessee	14,297	5,762	0	0	0	0	8,535	0	0	0	0.1	11.3		
Texas	67,275	41,979	0	160	0	0	20,566	0	4,570	0	45.0 ⁿ	4.5		G (No ID), O (No ID)
Utah	6,263	685	688	128	100	0	4,530	0	132	0	0.1	15.3		
Vermont	0 ^o	0	0	0	0	0	0	0	0	0	100.0	0.0		
Virginia	27,729	18,473	32	0	0	65	8,759	0	400	0	34.7	2.7		
Washington	0	0	0	0	0	0	0	0	0	0	100.0	0.0		G, L (All Waiver IDs)
West Virginia	10,287	6,073	0	0	0	0	4,214	0	0	0	5.5	4.9		

Table 11. Section 1915(c) Home and Community-Based Services (HCBS) Waiver Reporting in MAX 2008 ^a

State	Number Enrolled in 1915(c) Waiver, by Waiver Type (Most Recent)										Percent of HCBS Service Recipients with no 1915(c) Waiver Enrollment ^b	Percent of 1915 (c) Waiver Enrollees with No Waiver claim (PGM TYPE = 6 or 7) ^c	Waiver Type (ID) for Active 1915(c) Waivers Not Reported in MAX 2008	Reporting Anomalies
	Number Ever Enrolled in a 1915(c) Waiver	Aged and Disabled (WVR TYPE = G)	Aged (WVR TYPE = H)	Physically Disabled (WVR TYPE = I)	People with Brain Injuries (WVR TYPE = J)	People with HIV/AIDS (WVR TYPE = K)	People with MR/DD (WVR TYPE = L)	People with MI/SED (WVR TYPE = M)	Technology Dependent/ Medically Fragile (WVR TYPE = N)	People with Autism/ Autism Spectrum Disorder (WVR TYPE = P)				
Wisconsin	24,474	9,770	0	213	307	0	13,357	827	0	0	0.0	100.0 ^P	G(K1), G(U1), L September due to state reporting limitations. The state did not report any 1915(c) enrollment from January-March 2008.	Enrollment in WI's Waiver ID G1 is undercounted in June and
Wyoming	4,103	1,832	0	0	172	0	2,072	27	0	0	0.1	3.2		
Total	1,252,498	427,467	153,728	106,378	17,275	8,902	516,980	10,007	8,890	2,900	q	18.8		

Notes: Excludes people with missing Medicaid eligibility information or S-CHIP only. Section 1915(c) home and community-based service waivers enable states to waive certain Medicaid restrictions to provide long-term care to people in the community who would otherwise be eligible for Medicaid nursing home care. Reported enrollment in this table reflects the most recent waiver in which a person was enrolled during the year. No individuals were reported to WVR TYPE = O (unspecified or unknown 1915 (c) populations) in 2008.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a See the MAX 2008 waiver crosswalk for additional details on state waiver reporting in MAX.

^b Values greater than 10.0 percent are above the expected level and are considered anomalous.

^c Values greater than 15.0 percent are above the expected level and are considered anomalous.

^d Prior to 2008, services provided by the Elderly, Blind, and Disabled waiver (ID EB, Type G) were provided by CO's 1115 Consumer Directed Attendant Support waiver (ID AS, Type 1). This 1115 waiver expired in 2007 and was never reported in MAX.

^e CO indicated that it underreported to this waiver from October through December 2008.

^f For individuals enrolled in more than three waivers during a month, FL and OR do not report enrollment according to the CMS recommended hierarchy. This may cause underreporting of 1915(c) waiver enrollment if there were people enrolled in more than three waivers in a month.

^g Until October 2008, KY reported community health claims as waiver claims, which led to individuals having 1915(c) waiver claims but no waiver enrollment.

^h ME's claims for HCBS were unreliable and not included in MAX 2008.

ⁱ Prior to 2008, MN incorrectly reported MN Senior Health Options/MN Disability Health Options (MSHO/MDHO) managed care enrollees to a 1915(c) MSHO waiver (ID M1, Waiver Type G) and also to other 1915(c) waivers. This led to duplicate 1915(c) enrollment reporting. The MSHO/MDHO 1915(c) waiver was discontinued in 2008.

^j Through September 2008, MN reported Senior Care managed care enrollees to a 1915(b/c) waiver regardless of HCBS use. This explains the relatively high percentage of 1915(c) waiver enrollees with no waiver claims. Senior Care enrollees with no HCBS were moved to a 1915(b) waiver (Waiver ID EB) starting in October 2008.

^k MT acknowledged that reporting to its 1915(c) waivers may be incorrect in 2008 due to system limitations.

^l Enrollment declined when NM shifted these enrollees to the new CoLTS 1915(b/c) managed long-term care waiver.

^m RI's over-reported enrollment of waiver ID W4 may explain why there was some inconsistency between reported Section 1915(c) waiver enrollment and service use in RI.

ⁿ TX has 1929(b) enrollees who receive HCBS but are not enrolled in 1915(c) HCBS waivers. This along with unreported 1915(c) waivers may explain inconsistencies between reported Section 1915(c) waiver enrollment and service use.

^o Since 2006, VT provides 1915(c) services through 1115 waivers.

^p Because WI submits waiver claims retroactively in MSIS and WI had not yet submitted the file containing the retroactive records by the prescribed deadline for MAX file production, no 1915(c) claims (Pgm Type=6,7) were reported for WI.

^q Total value for percent of HCBS Service Recipients with no 1915(c) waiver enrollment will be available in future versions.

Table 12. Section 1915(b) and Section 1915(b/c) Waiver Reporting in MAX 2008

State	Number with any 1915(b) Waiver Enrollment ^a		Number with any 1915(b/c) Waiver Enrollment ^a	
	1915(b) (WVR TYPE = 2)	Reporting Anomalies	1915(b/c) Combination (WVR TYPE = 4)	Reporting Anomalies
Alabama	612,278		0	
Alaska	0		0	
Arizona	0		0	
Arkansas	569,196		0	
California	8,346,048		0	
Colorado	543,960		0	
Connecticut	162,608	No enrollment reported to 1915(b) Husky A waiver (ID M1) from December 2007-July 2008. CT paid HMOs on a semi-FFS basis during this period.	0	
Delaware	0		0	
District of Columbia	0		0	
Florida	2,782,480	Enrollment overreported for waiver ID 18 ^b	488	Prior to July 2008, enrollment underreported for IDs 17 and 20 ^b
Georgia	2,261		0	
Hawaii	0		0	
Idaho	0		0	
Illinois	0		0	
Indiana	151,579	In January 2008, the TANF component of the 1915(b) Hoosier Healthwise waiver was incorporated into the new section 1115 Healthy Indiana Plan waiver (Waiver Type 1) and given Waiver ID 4A.	0	
Iowa	380,975		0	
Kansas	0	Children & Family Services Behavioral & Rehabilitative Treatment Services 1915(b) waiver not reported	0	

Table 12. Section 1915(b) and Section 1915(b/c) Waiver Reporting in MAX 2008

State	Number with any 1915(b) Waiver Enrollment ^a		Number with any 1915(b/c) Waiver Enrollment ^a	
	1915(b) (WVR TYPE = 2)	Reporting Anomalies	1915(b/c) Combination (WVR TYPE = 4)	Reporting Anomalies
Kentucky	0		0	
Louisiana	0		0	
Maine	0		0	
Maryland	0		0	
Massachusetts	0		0	
Michigan	1,844,660		8,064	
Minnesota	17,503	Starting October 2008, Senior Care Plus managed care enrollees with no HCBS are reported to the Elderly Basic 1915(b) waiver (ID EB). Enrollment in this waiver before October is incomplete.	54,336	Enrollment in the Case Management waiver (No ID) was not reported in MAX data. Through September 2008, some Senior Care Plus enrollees (Waiver ID SC) do not receive HCBS.
Mississippi	0		0	
Missouri	509,195		0	
Montana	68,397		0	
Nebraska	228,695		0	
Nevada	0		0	
New Hampshire	0		0	
New Jersey	25,767		0	
New Mexico	358,285		20,826	NM is unable to distinguish which enrollees in Waiver ID 12 receive long-term care HCBS and which enrollees do not. Therefore, all CoLTS enrollees are assigned Waiver Type 4. The CoLTS waiver expanded to additional counties starting in August 2008 causing enrollment to increase.
New York	0		0	
North Carolina	94,108		589	

Table 12. Section 1915(b) and Section 1915(b/c) Waiver Reporting in MAX 2008

State	Number with any 1915(b) Waiver Enrollment ^a		Number with any 1915(b/c) Waiver Enrollment ^a	
	1915(b) (WVR TYPE = 2)	Reporting Anomalies	1915(b/c) Combination (WVR TYPE = 4)	Reporting Anomalies
North Dakota	2,900	ND implemented the Experience Health 1915(b) waiver program in October 2007 but did not report it in MAX until April 2008.	0	
Ohio	0		0	
Oklahoma	0		0	
Oregon	461,440		0	
Pennsylvania	1,506,770		764	
Rhode Island	38,852	Dental enrollment was included in MAX starting in January 2008	0	
South Carolina	0		0	
South Dakota	0		0	
Tennessee	0		0	
Texas	1,946,033	Disease Management (ID H2) and Integrated Care Model (ID H3) enrollment not reported.	153,353	Individuals without HCBS are reported to the STAR PLUS waiver (ID E9)
Utah	295,294	1915(b) enrollment may have not been captured because many enrollees are already enrolled in more than 3 waivers. This is especially pronounced in October-December. However, data in parallel managed care fields are correct.	0	
Vermont	0		0	
Virginia	640,098	Non-Emergency Transportation enrollment not reported	0	
Washington	1,099,410		0	
West Virginia	224,109		0	

Table 12. Section 1915(b) and Section 1915(b/c) Waiver Reporting in MAX 2008

State	Number with any 1915(b) Waiver Enrollment ^a		Number with any 1915(b/c) Waiver Enrollment ^a	
	1915(b) (WVR TYPE = 2)	Reporting Anomalies	1915(b/c) Combination (WVR TYPE = 4)	Reporting Anomalies
Wisconsin	0		0	Family Care waivers (IDs = M1 and N1) not reported
Wyoming	0		0	
Total	22,912,901		238,420	

Notes: Excludes people with missing Medicaid eligibility information or S-CHIP only. Section 1915(b) waivers enable states to waive statewideness, comparability of services, and/or freedom of choice. Section 1915(b/c) waivers are used to implement mandatory managed care programs that include HCBS services. See the MAX 2008 waiver crosswalk for a listing of 1915(b) and 1915(b/c) waivers and additional details on waiver reporting in 2008.

Counts representing fewer than 11 people have been recoded to 11 to protect privacy.

^a Individuals may be enrolled in up to three waivers during the year in MAX data and may be enrolled in more than one 1915(b) or 1915(b/c) waiver. Thus, individuals may be counted more than once in the enrollment numbers.

^b FL was unable to report waiver enrollment in its June 2008 MSIS files. This was partially fixed in MAX but waiver enrollment remained unreliable.

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