

Chronic Conditions Warehouse

Your source for national CMS Medicare and Medicaid research data



Chronic Conditions Warehouse

CODEBOOK:

**T-MSIS Analytic Files (TAF) Annual Managed Care
Plan (APL) Research Identifiable Files (RIFs)**

OCTOBER 2022 | VERSION 1.1

This page intentionally left blank.

Revision Log

Date	Changed by	Revisions	Version
October 2022	K. Schneider	Added new values for MC_ENT_ACRDTN_ORG_CD_1-5 and MC_PLAN_OPRTG_AUTHRTY_CD. Added 8 new variables to the APL base file to account for the new operating authority values: OPRTG_AUTHRTY_1915AJ_IND, OPRTG_AUTHRTY_1932A_1915J_IND, OPRTG_AUTHRTY_1915BJ_IND, OPRTG_AUTHRTY_1115_1915J_IND, OPRTG_AUTHRTY_1915AK_IND, OPRTG_AUTHRTY_1932A_1915K_IND, OPRTG_AUTHRTY_1915BK_IND, and OPRTG_AUTHRTY_1115_1915K_IND.	1.1
June 2021	K. Schneider K. Russell	Initial release of codebook	1.0

Tips on Navigating the Codebook

The Annual Managed Care Plan (APL) Transformed Medicaid Statistical Information System (T-MSIS) Analytic File (TAF) research file is an annual file that Centers for Medicare & Medicaid Services (CMS) creates from the monthly managed care plan data. The APL TAF contain information about each Medicaid and Children’s Health Insurance Program (CHIP) managed care plan/entity that was active, as reflected by the effective and end dates, during the calendar year. The APL includes but is not limited to: managed care plan name, type of managed care plan, the various service locations of the managed care plan, the various service areas in which the managed care plan operates, operating authorities, and eligibility groups authorized to enroll in each plan.

Each APL TAF is comprised of five files —a base file and four supplemental files: 1) location, 2) operating authority, 3) population enrolled, and 4) service area. All five files can be linked together using unique keys that are constructed based on various data elements.

This document is a detailed codebook that describes each variable in the TAF APL 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.

Quick links: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Variable Details	1
CCW_APL_LINK_KEY	1
CCW_LD_DT	2
CHIP_CVRG_CHLDRN_POP_IND	3
CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND	4
CHIP_OPTNS_CVRG_CHLDRN_POP_IND	5
CMS_RGN	6
DA_RUN_ID	7
MC_ENT_ACRDTN_ACHVMT_DT_1	8
MC_ENT_ACRDTN_ACHVMT_DT_2	8
MC_ENT_ACRDTN_ACHVMT_DT_3	8
MC_ENT_ACRDTN_ACHVMT_DT_4	8
MC_ENT_ACRDTN_ACHVMT_DT_5	8
MC_ENT_ACRDTN_END_DT_1	9
MC_ENT_ACRDTN_END_DT_2	9
MC_ENT_ACRDTN_END_DT_3	9
MC_ENT_ACRDTN_END_DT_4	9
MC_ENT_ACRDTN_END_DT_5	9
MC_ENT_ACRDTN_ORG_CD_1	10
MC_ENT_ACRDTN_ORG_CD_2	10
MC_ENT_ACRDTN_ORG_CD_3	10
MC_ENT_ACRDTN_ORG_CD_4	10
MC_ENT_ACRDTN_ORG_CD_5	10
MC_ENT_GOVT_PCT	12
MC_ENT_PRFT_STUS_CD	13
MC_PLAN_ACTV_IND_01	14
MC_PLAN_ACTV_IND_02	14
MC_PLAN_ACTV_IND_03	14
MC_PLAN_ACTV_IND_04	14
MC_PLAN_ACTV_IND_05	14
MC_PLAN_ACTV_IND_06	14
MC_PLAN_ACTV_IND_07	14
MC_PLAN_ACTV_IND_08	14
MC_PLAN_ACTV_IND_09	14
MC_PLAN_ACTV_IND_10	14
MC_PLAN_ACTV_IND_11	14

MC_PLAN_ACTV_IND_12	14
MC_PLAN_ADR_LINE_1.....	16
MC_PLAN_ADR_LINE_2.....	16
MC_PLAN_ADR_LINE_3.....	16
MC_PLAN_CBSA_CD.....	17
MC_PLAN_CITY.....	18
MC_PLAN_CNTRCT_ADDTNL_PRD_IND.....	19
MC_PLAN_CNTRCT_END_DT.....	20
MC_PLAN_CNTRCT_START_DT	21
MC_PLAN_CNTY_CD.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_01.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_02.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_03.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_04.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_05.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_06.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_07.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_08.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_09.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_10.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_11.....	23
MC_PLAN_ELGBL_POP_ACTV_IND_12.....	23
MC_PLAN_ELGBLTY_GRP_POP_CD.....	25
MC_PLAN_ID	28
MC_PLAN_LCTN_ACTV_IND_01.....	29
MC_PLAN_LCTN_ACTV_IND_02.....	29
MC_PLAN_LCTN_ACTV_IND_03.....	29
MC_PLAN_LCTN_ACTV_IND_04.....	29
MC_PLAN_LCTN_ACTV_IND_05.....	29
MC_PLAN_LCTN_ACTV_IND_06.....	29
MC_PLAN_LCTN_ACTV_IND_07.....	29
MC_PLAN_LCTN_ACTV_IND_08.....	29
MC_PLAN_LCTN_ACTV_IND_09.....	29
MC_PLAN_LCTN_ACTV_IND_10.....	29
MC_PLAN_LCTN_ACTV_IND_11.....	29
MC_PLAN_LCTN_ACTV_IND_12.....	29
MC_PLAN_LCTN_ID	31
MC_PLAN_NAME.....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_01.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_02.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_03.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_04.....	33

MC_PLAN_OPRTG_AUTH_ACTV_IND_05.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_06.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_07.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_08.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_09.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_10.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_11.....	33
MC_PLAN_OPRTG_AUTH_ACTV_IND_12.....	33
MC_PLAN_OPRTG_AUTHRTY_CD.....	35
MC_PLAN_PGM_CD	36
MC_PLAN_REIMBRSMT_TYPE_CD	37
MC_PLAN_REIMBRSMT_TYPE_CTGRY_CD.....	38
MC_PLAN_SAREA_ACTV_IND_01.....	39
MC_PLAN_SAREA_ACTV_IND_02.....	39
MC_PLAN_SAREA_ACTV_IND_03.....	39
MC_PLAN_SAREA_ACTV_IND_04.....	39
MC_PLAN_SAREA_ACTV_IND_05.....	39
MC_PLAN_SAREA_ACTV_IND_06.....	39
MC_PLAN_SAREA_ACTV_IND_07.....	39
MC_PLAN_SAREA_ACTV_IND_08.....	39
MC_PLAN_SAREA_ACTV_IND_09.....	39
MC_PLAN_SAREA_ACTV_IND_10.....	39
MC_PLAN_SAREA_ACTV_IND_11.....	39
MC_PLAN_SAREA_ACTV_IND_12.....	39
MC_PLAN_SAREA_CD.....	41
MC_PLAN_SAREA_NAME	42
MC_PLAN_STATE_CD	43
MC_PLAN_STATEWIDE_IND	44
MC_PLAN_TYPE_CD	45
MC_PLAN_TYPE_CTGRY_CD.....	46
MC_PLAN_WVR_ID	47
MC_PLAN_ZIP_CD	48
MDCD_MAND_CVRG_ABD_POP_IND	49
MDCD_MAND_CVRG_ADLT_POP_IND.....	50
MDCD_MDCLY_NDY_CVRG_ABD_POP_IND	51
MDCD_MDCLY_NDY_CVRG_ADLT_POP_IND.....	52
MDCD_OPTNL_CVRG_ABD_POP_IND	53
MDCD_OPTNL_CVRG_ADLT_POP_IND.....	54
OPRTG_AUTHRTY_1115_DEMO_WVR_IND.....	57
OPRTG_AUTHRTY_1902A70_NEMT_IND.....	58
OPRTG_AUTHRTY_1905T_PCCM_IND.....	59
OPRTG_AUTHRTY_1915A_IND.....	60

OPRTG_AUTHRTY_1915AC_WVR_IND	61
OPRTG_AUTHRTY_1915AI_IND	62
OPRTG_AUTHRTY_1915B_WVR_IND	65
OPRTG_AUTHRTY_1915BC_WVR_IND	66
OPRTG_AUTHRTY_1915BI_IND	67
OPRTG_AUTHRTY_1932A_1915C_IND	70
OPRTG_AUTHRTY_1932A_1915I_IND	71
OPRTG_AUTHRTY_1932A_SPO_IND	74
OPRTG_AUTHRTY_1937_ABP_IND	75
OPRTG_AUTHRTY_1945_HLTH_HOME_IND	76
OPRTG_AUTHRTY_PACE_IND	77
PL_VRSN	78
RFRNC_YR	79
SPLMTL_OPRTG_AUTHRTY	80
SPLMTL_POP_ENRLMT	81
SPLMTL_SAREA	82
SPLMTL_SRVC_ADDR_LCTN	83
STATE_CD	84
SUBMTG_STATE_CD	85
UNK_ELGBLTY_GRP_POP_IND	86
WVR_1115_EXPNSN_CVRG_POP_IND	87

Variable Details

This section of the codebook contains one entry for each variable in the Annual Managed Care Plan (APL) file. Each entry contains variable details to facilitate understanding and use of the variables.

CCW_APL_LINK_KEY

LABEL:	CCW Key to Link APL base Record to Related Supplement Records
DESCRIPTION:	CCW Key to Link Annual Managed Care Plan (APL) Base record to corresponding Supplemental file records.
SHORT NAME:	CCW_APL_LINK_KEY
LONG NAME:	CCW_APL_LINK_KEY
TYPE:	NUM
LENGTH:	15
FILE(S):	All Annual Managed Care Plan files
SOURCE:	CCW (derived)
VALUES:	Alphanumeric character string (e.g., 123456789)
COMMENT:	The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state plan identification number (MC_PLAN_ID). This is the unique key for linking all records in the APL base file to the APL supplemental files. Please note that there can be more than 1 record in the APL supplemental files for each CCW_APL_LINK_KEY.

[^ Back to TOC ^](#)

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):	APL base
SOURCE:	CCW (derived)
VALUES:	Date (numeric, system dependent) e.g., 31DEC2015
COMMENT:	States may resubmit T-MSIS data to CMS. This date indicates when the TAF file was obtained by CCW. As a result, CCW load dates may not be the same across states for a given TAF RIF service year.

[^ Back to TOC ^](#)

CHIP_CVRG_CHLDRN_POP_IND

LABEL:	Eligible Population Indicator: CHIP Coverage Children — Ever in Calendar Year
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the CHIP Coverage — Children eligibility groups; ever in the calendar year.
SHORT NAME:	CHIP_CVRG_CHLDRN_POP_IND
LONG NAME:	CHIP_CVRG_CHLDRN_POP_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of 61 (Targeted Low-Income Children), 62 (Deemed Newborn) or 63 (Children Ineligible for Medicaid Due to Loss of Income Disregards) in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

[^ Back to TOC ^](#)

CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND

LABEL:	Eligible Population Indicator: CHIP Additional Coverage Options for Pregnant Women — Ever in Calendar Year
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the CHIP Additional Options for Coverage - Pregnant Women eligibility groups; ever in the calendar year.
SHORT NAME:	CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND
LONG NAME:	CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This variable will never contain NULL values. This data element is triggered by a value of 67 (Targeted Low-Income Pregnant Women), or 68 (Pregnant Women with Access to Public Employee Coverage) in any instance of MC_PLAN_ELGLTY_GRP_POP_CD.

[^ Back to TOC ^](#)

CHIP_OPTNS_CVRG_CHLDRN_POP_IND

LABEL:	Eligible Population Indicator: CHIP Additional Coverage Options for Children — Ever in Calendar Year
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the CHIP Additional Options for Coverage - Children eligibility groups; ever in the calendar year.
SHORT NAME:	CHIP_OPTNS_CVRG_CHLDRN_POP_IND
LONG NAME:	CHIP_OPTNS_CVRG_CHLDRN_POP_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This variable will never contain NULL values. This data element is triggered by a value of 64 (Coverage from Conception to Birth), 65 (Children with Access to Public Employee Coverage), or 66 (Children Eligible for Dental Only Supplemental Coverage) in any instance of MC_PLAN_ELGLTY_GRP_POP_CD.

[^ Back to TOC ^](#)

CMS_RGN

LABEL: CMS Region for Submitting State

DESCRIPTION: Submitting State FIPS Code grouped into the 10 CMS Regions.

SHORT NAME: CMS_RGN

LONG NAME: CMS_RGN

TYPE: CHAR

LENGTH: 2

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:

- 1 = Region 1: CT, MA, ME, NH, RI, VT
- 2 = Region 2: NJ, NY, PR, VI
- 3 = Region 3: DE, DC, MD, PA, VA, WV
- 4 = Region 4: AL, FL, GA, KY, MS, NC, SC, TN
- 5 = Region 5: IL, IN, MI, MN, OH, WI
- 6 = Region 6: AR, LA, NM, OK, TX
- 7 = Region 7: IA, KS, MO, NE
- 8 = Region 8: CO, MT, ND, SD, UT, WY
- 9 = Region 9: AZ, CA, HI, NV, AS, GU, MP
- 10 = Region 10: AK, ID, OR, WA

COMMENT: —

[^ Back to TOC ^](#)

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: 6

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Numeric string (e.g., 4260)

COMMENT: —

[^ Back to TOC ^](#)

[MC_ENT_ACRDTN_ACHVMT_DT_1](#)

[MC_ENT_ACRDTN_ACHVMT_DT_2](#)

[MC_ENT_ACRDTN_ACHVMT_DT_3](#)

[MC_ENT_ACRDTN_ACHVMT_DT_4](#)

[MC_ENT_ACRDTN_ACHVMT_DT_5](#)

LABEL: Managed Care Entity Accreditation Achievement Date — Accrediting Organization (1–5 Occurrence)

DESCRIPTION: Assigns the date accreditation was achieved for every accreditation organization record.

SHORT NAME:

MC_ENT_ACRDTN_ACHVMT_DT_1
MC_ENT_ACRDTN_ACHVMT_DT_2

MC_ENT_ACRDTN_ACHVMT_DT_3
MC_ENT_ACRDTN_ACHVMT_DT_4
MC_ENT_ACRDTN_ACHVMT_DT_5

LONG NAME:

MC_ENT_ACRDTN_ACHVMT_DT_1
MC_ENT_ACRDTN_ACHVMT_DT_2

MC_ENT_ACRDTN_ACHVMT_DT_3
MC_ENT_ACRDTN_ACHVMT_DT_4
MC_ENT_ACRDTN_ACHVMT_DT_5

TYPE: DATE

LENGTH: 8

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Date (numeric, system dependent) e.g., 31DEC2015

Null/missing = not applicable (no associated accreditation organization
(MC_ENT_ACRDTN_ORG_CD_#)

COMMENT: This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC_ENT_ACRDTN_ORG_CD value (lowest value is considered MC_ENT_ACRDTN_ORG_CD_1); the associated MC_ENT_ACRDTN_ACHVMT_DT and MC_ENT_ACRDTN_END_DT use the same numeric suffix. That is, the MC_ENT_ACRDTN_ACHVMT_DT_1 is the accreditation achievement start date associated with MC_ENT_ACRDTN_ORG_CD_1 and MC_ENT_ACRDTN_ACHVMT_DT_2 is the achievement start date associated with MC_ENT_ACRDTN_ORG_CD_2.

[^ Back to TOC ^](#)

[MC_ENT_ACRDTN_END_DT_1](#)

[MC_ENT_ACRDTN_END_DT_2](#)

[MC_ENT_ACRDTN_END_DT_3](#)

[MC_ENT_ACRDTN_END_DT_4](#)

[MC_ENT_ACRDTN_END_DT_5](#)

LABEL: Managed Care Entity Accreditation End Date — Accrediting Organization (1–5 Occurrence)

DESCRIPTION: Assigns the date accreditation ended for every accreditation organization record.

SHORT NAME:

MC_ENT_ACRDTN_END_DT_1
MC_ENT_ACRDTN_END_DT_2

MC_ENT_ACRDTN_END_DT_3
MC_ENT_ACRDTN_END_DT_4
MC_ENT_ACRDTN_END_DT_5

LONG NAME:

MC_ENT_ACRDTN_END_DT_1
MC_ENT_ACRDTN_END_DT_2

MC_ENT_ACRDTN_END_DT_3
MC_ENT_ACRDTN_END_DT_4
MC_ENT_ACRDTN_END_DT_5

TYPE: DATE

LENGTH: 8

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Date (numeric, system dependent)
31DEC9999 = (default value) no ending date/still active
Null/missing = not applicable (no associated accreditation start date MC_ENT_ACRDTN_START_DT)

COMMENT: This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC_ENT_ACRDTN_ORG_CD value (lowest value is considered MC_ENT_ACRDTN_ORG_CD_1) ; the associated MC_ENT_ACRDTN_ACHVMT_DT and MC_ENT_ACRDTN_END_DT use the same numeric suffix. That is, the MC_ENT_ACRDTN_END_DT_1 is the end date associated with MC_ENT_ACRDTN_ACHVMT_DT_1 and MC_ENT_ACRDTN_END_DT_2 is the end date associated with MC_ENT_ACRDTN_ORG_CD_2.

[^ Back to TOC ^](#)

[MC_ENT_ACRDTN_ORG_CD_1](#)

[MC_ENT_ACRDTN_ORG_CD_2](#)

[MC_ENT_ACRDTN_ORG_CD_3](#)

[MC_ENT_ACRDTN_ORG_CD_4](#)

[MC_ENT_ACRDTN_ORG_CD_5](#)

LABEL: Managed Care Entity — Accrediting Organization (1–5 Occurrence)

DESCRIPTION: Accreditations by an organization for this managed care entity.

SHORT NAME:

MC_ENT_ACRDTN_ORG_CD_1
MC_ENT_ACRDTN_ORG_CD_2

MC_ENT_ACRDTN_ORG_CD_3
MC_ENT_ACRDTN_ORG_CD_4
MC_ENT_ACRDTN_ORG_CD_5

LONG NAME:

MC_ENT_ACRDTN_ORG_CD_1
MC_ENT_ACRDTN_ORG_CD_2

MC_ENT_ACRDTN_ORG_CD_3
MC_ENT_ACRDTN_ORG_CD_4
MC_ENT_ACRDTN_ORG_CD_5

TYPE: CHAR

LENGTH: 2

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:

01 = National Committee for Quality Assurance
— excellent
02 = National Committee for Quality Assurance
— commendable
03 = National Committee for Quality Assurance
— provisional
05 = URAC — full
06 = URAC — conditional
07 = URAC — provisional

08 = Accreditation Association for Ambulatory
Health Care (AAAHHC) — 3 years
11 = Not accredited
12 = Other
13 = National Committee for Quality Assurance
— accredited
14 = National Committee for Quality Assurance
— interim
15 = National Committee for Quality Assurance
— denied
16 = JCAHO (Joint Commission on
Accreditation of Healthcare
Organizations)
Null/missing

COMMENT: This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC_ENT_ACRDTN_ORG_CD (lowest value is considered MC_ENT_ACRDTN_ORG_CD_1); the associated MC_ENT_ACRDTN_ACHVMT_DT and

MC_ENT_ACRDTN_END_DT use the same numeric suffix. There can be more than one entry for an ACRDTN_ORG if more than one date range was found on the monthly records.

[^ Back to TOC ^](#)

MC_ENT_GOVT_PCT

LABEL:	Managed Care Entity Percent of Revenue from Medicare and Medicaid — Latest in Year
DESCRIPTION:	The percentage of the managed care entity's total revenue that is derived from contracts with Medicare (Parts C and D) in the state and State Medicaid agency contract(s) in the prior calendar year; most recent in the calendar year.
SHORT NAME:	MC_ENT_GOVT_PCT
LONG NAME:	MC_ENT_GOVT_PCT
TYPE:	NUM
LENGTH:	3
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	Values are 0 through 100 or Null/missing
COMMENT:	The value was chosen using the last-best method for values from the monthly TAF (calendar year). Guidance to plans was to include Medicaid and Medicare in calculation of percentage of business in public programs for IRS health insurer tax exemption as required in the Affordable Care Act (ACA).

[^ Back to TOC ^](#)

MC_ENT_PRFT_STUS_CD

LABEL: Managed Care Entity Profit Status Code — Latest in Year

DESCRIPTION: A code denoting the profit status of the managed care entity; most recent in the calendar year.

SHORT NAME: MC_ENT_PRFT_STUS_CD

LONG NAME: MC_ENT_PRFT_STUS_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 01 = 501(C)(3) non-profits
02 = For-profit, closely held
03 = For-profit, publicly traded
04 = Other
Null/missing = unknown/missing

COMMENT: The value was chosen using the last-best method for values from the monthly TAF (calendar year).

[^ Back to TOC ^](#)

[MC_PLAN_ACTV_IND_01](#)
[MC_PLAN_ACTV_IND_02](#)
[MC_PLAN_ACTV_IND_03](#)
[MC_PLAN_ACTV_IND_04](#)
[MC_PLAN_ACTV_IND_05](#)
[MC_PLAN_ACTV_IND_06](#)
[MC_PLAN_ACTV_IND_07](#)
[MC_PLAN_ACTV_IND_08](#)
[MC_PLAN_ACTV_IND_09](#)
[MC_PLAN_ACTV_IND_10](#)
[MC_PLAN_ACTV_IND_11](#)
[MC_PLAN_ACTV_IND_12](#)

LABEL: Managed Care Plan Active Indicator — January through December

DESCRIPTION: A flag to indicate the managed care plan ID specified in the MC_PLAN_ID variable was active in the given month. Each of 12 months.

SHORT NAME:

MC_PLAN_ACTV_IND_01	MC_PLAN_ACTV_IND_07
MC_PLAN_ACTV_IND_02	MC_PLAN_ACTV_IND_08
MC_PLAN_ACTV_IND_03	MC_PLAN_ACTV_IND_09
MC_PLAN_ACTV_IND_04	MC_PLAN_ACTV_IND_10
MC_PLAN_ACTV_IND_05	MC_PLAN_ACTV_IND_11
MC_PLAN_ACTV_IND_06	MC_PLAN_ACTV_IND_12

LONG NAME:

MC_PLAN_ACTV_IND_01	MC_PLAN_ACTV_IND_07
MC_PLAN_ACTV_IND_02	MC_PLAN_ACTV_IND_08
MC_PLAN_ACTV_IND_03	MC_PLAN_ACTV_IND_09
MC_PLAN_ACTV_IND_04	MC_PLAN_ACTV_IND_10
MC_PLAN_ACTV_IND_05	MC_PLAN_ACTV_IND_11
MC_PLAN_ACTV_IND_06	MC_PLAN_ACTV_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: —

[^ Back to TOC ^](#)

[MC_PLAN_ADR_LINE_1](#)

[MC_PLAN_ADR_LINE_2](#)

[MC_PLAN_ADR_LINE_3](#)

LABEL: Managed Care Plan Location — Street Address (1–3)

DESCRIPTION: The street address (for lines 1–3) of the managed care service location associated with a unique managed care service location ID.

SHORT NAME: MC_PLAN_ADR_LINE_1
MC_PLAN_ADR_LINE_2
MC_PLAN_ADR_LINE_3

LONG NAME: MC_PLAN_ADR_LINE_1
MC_PLAN_ADR_LINE_2
MC_PLAN_ADR_LINE_3

TYPE: CHAR

LENGTH: 90

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Street address, numbers, and spaces

COMMENT: The managed care organization (MCO) service location may have up to three lines for describing the street address. Note that there are separate fields for the MCO city (MC_PLAN_CITY) and state (MC_PLAN_STATE_CD).

[^ Back to TOC ^](#)

MC_PLAN_CBSA_CD

LABEL: Managed Care Plan Core-Based Statistical Area Code for Service Area

DESCRIPTION: A code signifying whether the Managed Care Organization's (MCO) service area falls into one or more metropolitan or micropolitan statistical areas; most recent in the calendar year.

Metropolitan and micropolitan statistical areas (metro and micro areas) are geographic entities defined by the U.S. Office of Management and Budget (OMB). The term "Core Based Statistical Area" (CBSA) is a collective term for both metro and micro areas. A metro area contains a core urban area of 50,000 or more population, and a micro area contains an urban core of at least 10,000 (but less than 50,000) population. Each metro or micro area consists of one or more counties and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core.

SHORT NAME: MC_PLAN_CBSA_CD

LONG NAME: MC_PLAN_CBSA_CD

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 1 = The MCO's service area falls partially or entirely inside one or more metropolitan areas.
2 = The MCO's service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas.
3 = The MCO's service area falls entirely outside of all metropolitan and micropolitan areas.
Null/missing = unknown/missing

COMMENT: The U.S. Office of Management and Budget (OMB) defines metropolitan or micropolitan statistical areas based on published standards. The standards for defining the areas are reviewed and revised once every ten years, prior to each decennial census. Between censuses, the definitions are updated annually to reflect the most recent Census Bureau population estimates. The current definitions are as of August 2017.

The value was chosen using the last-best method for values from the monthly TAF (calendar year).

[^ Back to TOC ^](#)

MC_PLAN_CITY

LABEL: Managed Care Plan Location — City

DESCRIPTION: The city of the managed care service location associated with a unique managed care service location ID.

SHORT NAME: MC_PLAN_CITY

LONG NAME: MC_PLAN_CITY

TYPE: CHAR

LENGTH: 42

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: City name

COMMENT: —

[^ Back to TOC ^](#)

MC_PLAN_CNTRCT_ADDTNL_PRD_IND

LABEL:	Managed Care Plan Contract Additional Period Indicator
DESCRIPTION:	This flag indicates whether the managed care plan has additional contract time periods not continuous to the range reported on the Base file, relevant to this calendar year.
SHORT NAME:	MC_PLAN_CNTRCT_ADDTNL_PRD_IND
LONG NAME:	MC_PLAN_CNTRCT_ADDTNL_PRD_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes (an additional contract time period)
COMMENT:	If the T-MSIS records included any managed care contract effective and end date ranges that were not continuous with the APL base record's continuous managed care contract effective and end date (i.e., the MC_PLAN_CNTRCT_START_DT and MC_PLAN_CNTRCT_END_DT), then this flag will be equal to 1.

[^ Back to TOC ^](#)

MC_PLAN_CNTRCT_END_DT

LABEL: Managed Care Plan Contract End Date

DESCRIPTION: The expiration date of the managed care contract period with the state.

SHORT NAME: MC_PLAN_CNTRCT_END_DT

LONG NAME: MC_PLAN_CNTRCT_END_DT

TYPE: DATE

LENGTH: 8

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Date (numeric, system dependent)
31DEC9999 = (default value) no ending date/still active

Null/missing

COMMENT: The APL base file contains a continuous managed care contract date range that is constructed from one or more contract effective/end dates, if necessary.

This variable is derived from the monthly managed care plan TAF contract start and end date pairs and identifies the earliest contract start date range continuous with the date range on the record with the last-best MC_PLAN_CNTRCT_END_DT. The algorithm starts with the date range on that record and works backwards.

If the APL base variable MC_PLAN_CNTRCT_ADDTNL_PRD_IND equals 1, there are contract dates that are not within the date range MC_PLAN_CNTRCT_START_DT to MC_PLAN_CNTRCT_END_DT.

[^ Back to TOC ^](#)

MC_PLAN_CNTRCT_START_DT

LABEL: Managed Care Plan Contract Start Date

DESCRIPTION: The start date of the managed care contract period with the state.

SHORT NAME: MC_PLAN_CNTRCT_START_DT

LONG NAME: MC_PLAN_CNTRCT_START_DT

TYPE: DATE

LENGTH: 8

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Date (numeric, system dependent) e.g., 31DEC2015

COMMENT: The APL base file contains a continuous managed care contract date range that is constructed from one or more contract effective/end dates, if necessary.

This variable is derived from the monthly managed care plan TAF contract start and end date pairs and identifies the earliest contract start date range continuous with the date range on the record with the last-best MC_PLAN_CNTRCT_END_DT. The algorithm starts with the date range on that record and works backwards.

If the APL base variable MC_PLAN_CNTRCT_ADDTNL_PRD_IND equals 1, there are contract dates that are not within the date range MC_PLAN_CNTRCT_START_DT to MC_PLAN_CNTRCT_END_DT.

[^ Back to TOC ^](#)

MC_PLAN_CNTY_CD

LABEL:	Managed Care Plan Location — County (FIPS) Code
DESCRIPTION:	The county FIPS code for the managed care plan service location associated with a unique managed care service location ID.
SHORT NAME:	MC_PLAN_CNTY_CD
LONG NAME:	MC_PLAN_CNTY_CD
TYPE:	CHAR
LENGTH:	4
FILE(S):	APL Location
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	Three digit numeric, with leading zeros (e.g., 087) https://www.nber.org/data/ssa-fips-state-county-crosswalk.html
COMMENT:	Codes represent FIPS county codes.

[^ Back to TOC ^](#)

MC_PLAN_ELGBL_POP_ACTV_IND_01
 MC_PLAN_ELGBL_POP_ACTV_IND_02
 MC_PLAN_ELGBL_POP_ACTV_IND_03
 MC_PLAN_ELGBL_POP_ACTV_IND_04
 MC_PLAN_ELGBL_POP_ACTV_IND_05
 MC_PLAN_ELGBL_POP_ACTV_IND_06
 MC_PLAN_ELGBL_POP_ACTV_IND_07
 MC_PLAN_ELGBL_POP_ACTV_IND_08
 MC_PLAN_ELGBL_POP_ACTV_IND_09
 MC_PLAN_ELGBL_POP_ACTV_IND_10
 MC_PLAN_ELGBL_POP_ACTV_IND_11
 MC_PLAN_ELGBL_POP_ACTV_IND_12

LABEL: Managed Care Plan Eligible Population Active Indicator — January through December

DESCRIPTION: A flag to indicate the managed care entity authorized to enroll the Medicaid population specified in the MC_PLAN_ELGBLTY_GRP_POP_CD variable was active in the given month. Each of 12 months.

SHORT NAME:

MC_PLAN_ELGBL_POP_ACTV_IND_01	MC_PLAN_ELGBL_POP_ACTV_IND_07
MC_PLAN_ELGBL_POP_ACTV_IND_02	MC_PLAN_ELGBL_POP_ACTV_IND_08
MC_PLAN_ELGBL_POP_ACTV_IND_03	MC_PLAN_ELGBL_POP_ACTV_IND_09
MC_PLAN_ELGBL_POP_ACTV_IND_04	MC_PLAN_ELGBL_POP_ACTV_IND_10
MC_PLAN_ELGBL_POP_ACTV_IND_05	MC_PLAN_ELGBL_POP_ACTV_IND_11
MC_PLAN_ELGBL_POP_ACTV_IND_06	MC_PLAN_ELGBL_POP_ACTV_IND_12

LONG NAME:

MC_PLAN_ELGBL_POP_ACTV_IND_01	MC_PLAN_ELGBL_POP_ACTV_IND_07
MC_PLAN_ELGBL_POP_ACTV_IND_02	MC_PLAN_ELGBL_POP_ACTV_IND_08
MC_PLAN_ELGBL_POP_ACTV_IND_03	MC_PLAN_ELGBL_POP_ACTV_IND_09
MC_PLAN_ELGBL_POP_ACTV_IND_04	MC_PLAN_ELGBL_POP_ACTV_IND_10
MC_PLAN_ELGBL_POP_ACTV_IND_05	MC_PLAN_ELGBL_POP_ACTV_IND_11
MC_PLAN_ELGBL_POP_ACTV_IND_06	MC_PLAN_ELGBL_POP_ACTV_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): APL Population Enrolled

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: —

[^ Back to TOC ^](#)

MC_PLAN_ELGLTY_GRP_POP_CD

LABEL:	Managed Care Plan Authorized Eligibility Group Population Code
DESCRIPTION:	The eligibility group(s) the state is authorized to enroll in managed care plans by its operating authority
SHORT NAME:	MC_PLAN_ELGLTY_GRP_POP_CD
LONG NAME:	MC_PLAN_ELGLTY_GRP_POP_CD
TYPE:	CHAR
LENGTH:	2
FILE(S):	APL Population Enrolled
SOURCE:	T-MSIS Annual Managed Care Plan 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 Age 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 — Uninsured individuals who are eligible 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.

COMMENT: This variable is created from each submitted value reported in T-MSIS. For example, state X has a health plan that enrolls infants and children under age 19, and children with non-IV-E adoption assistance Medicaid populations. Accordingly, MC_PLAN_ELGBLTY_GRP_POP_CD will equal “07” on the first Population Enrolled record and MC_PLAN_ELGBLTY_GRP_POP_CD will equal “29” on the second Population Enrolled record. These population enrolled variables are also used to create the Medicaid population indicators on the MCP base file, such as MDCD_MAND_CVRG_ADLT_POP_IND, etc. For example, if any of the MC_PLAN_ELGBLTY_GRP_POP_CD data elements contain a value of “01”–“09” or “72”–“75”, then MDCD_MAND_CVRG_ADLT_POP_IND will be set to 1.

[^ Back to TOC ^](#)

MC_PLAN_ID

LABEL:	Managed Care Plan Identification Number
DESCRIPTION:	Contains the ID number the state issued to the managed care entity.
SHORT NAME:	MC_PLAN_ID
LONG NAME:	MC_PLAN_ID
TYPE:	CHAR
LENGTH:	12
FILE(S):	All Annual Managed Care Plan files
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	State-assigned unique managed care identification number. The field can contain any alphanumeric characters, digits, or symbols (e.g., 01234816, 45, CH)
COMMENT:	This variable will never contain NULL values. This field, in conjunction with other fields, can be used to link to other TAF.

[^ Back to TOC ^](#)

MC_PLAN_LCTN_ACTV_IND_01
 MC_PLAN_LCTN_ACTV_IND_02
 MC_PLAN_LCTN_ACTV_IND_03
 MC_PLAN_LCTN_ACTV_IND_04
 MC_PLAN_LCTN_ACTV_IND_05
 MC_PLAN_LCTN_ACTV_IND_06
 MC_PLAN_LCTN_ACTV_IND_07
 MC_PLAN_LCTN_ACTV_IND_08
 MC_PLAN_LCTN_ACTV_IND_09
 MC_PLAN_LCTN_ACTV_IND_10
 MC_PLAN_LCTN_ACTV_IND_11
 MC_PLAN_LCTN_ACTV_IND_12

LABEL: Managed Care Plan Location Active Indicator — January through December

DESCRIPTION: A flag to indicate the managed care entity location specified in the MC_PLAN_LCTN_ID variable was active in the given month. Each of 12 months.

SHORT NAME:

MC_PLAN_LCTN_ACTV_IND_01	MC_PLAN_LCTN_ACTV_IND_07
MC_PLAN_LCTN_ACTV_IND_02	MC_PLAN_LCTN_ACTV_IND_08
MC_PLAN_LCTN_ACTV_IND_03	MC_PLAN_LCTN_ACTV_IND_09
MC_PLAN_LCTN_ACTV_IND_04	MC_PLAN_LCTN_ACTV_IND_10
MC_PLAN_LCTN_ACTV_IND_05	MC_PLAN_LCTN_ACTV_IND_11
MC_PLAN_LCTN_ACTV_IND_06	MC_PLAN_LCTN_ACTV_IND_12

LONG NAME:

MC_PLAN_LCTN_ACTV_IND_01	MC_PLAN_LCTN_ACTV_IND_07
MC_PLAN_LCTN_ACTV_IND_02	MC_PLAN_LCTN_ACTV_IND_08
MC_PLAN_LCTN_ACTV_IND_03	MC_PLAN_LCTN_ACTV_IND_09
MC_PLAN_LCTN_ACTV_IND_04	MC_PLAN_LCTN_ACTV_IND_10
MC_PLAN_LCTN_ACTV_IND_05	MC_PLAN_LCTN_ACTV_IND_11
MC_PLAN_LCTN_ACTV_IND_06	MC_PLAN_LCTN_ACTV_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: —

[^ Back to TOC ^](#)

MC_PLAN_LCTN_ID

LABEL: Managed Care Plan Location Identifier

DESCRIPTION: A field to differentiate a managed care entity's service location.

SHORT NAME: MC_PLAN_LCTN_ID

LONG NAME: MC_PLAN_LCTN_ID

TYPE: CHAR

LENGTH: 15

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: State-reported location identification number. The field can contain any alphanumeric characters, digits or symbols (e.g., 13222. 00001, 1)

COMMENT: This variable corresponds to the other location information in the APL location record, including: MC_PLAN_ADR_LINE_1–3, MC_PLAN_CITY, MC_PLAN_STATE_CD, MC_PLAN_ZIP_CD, and MC_PLAN_CNTY_CD.

[^ Back to TOC ^](#)

MC_PLAN_NAME

LABEL: Managed Care Plan Name

DESCRIPTION: The name of the managed care entity under contract with the State Medicaid Agency. The name is as it appears on the contract, most recent in the calendar year.

SHORT NAME: MC_PLAN_NAME

LONG NAME: MC_PLAN_NAME

TYPE: CHAR

LENGTH: 82

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: The managed care name (e.g., BEST FAMILY PLAN USA, PATIENTS FIRST OF THE MIDWEST)

COMMENT: The value was chosen using the last-best method for values from the monthly TAF (calendar year).

[^ Back to TOC ^](#)

MC_PLAN_OPRTG_AUTH_ACTV_IND_01
 MC_PLAN_OPRTG_AUTH_ACTV_IND_02
 MC_PLAN_OPRTG_AUTH_ACTV_IND_03
 MC_PLAN_OPRTG_AUTH_ACTV_IND_04
 MC_PLAN_OPRTG_AUTH_ACTV_IND_05
 MC_PLAN_OPRTG_AUTH_ACTV_IND_06
 MC_PLAN_OPRTG_AUTH_ACTV_IND_07
 MC_PLAN_OPRTG_AUTH_ACTV_IND_08
 MC_PLAN_OPRTG_AUTH_ACTV_IND_09
 MC_PLAN_OPRTG_AUTH_ACTV_IND_10
 MC_PLAN_OPRTG_AUTH_ACTV_IND_11
 MC_PLAN_OPRTG_AUTH_ACTV_IND_12

LABEL: Managed Care Plan Operating Authority and/or Waiver ID Active Indicator — January through December

DESCRIPTION: A flag to indicate the operating authority and/or waiver ID specified in the MC_PLAN_OPRTG_AUTHRTY_CD and MC_PLAN_WVR_ID variable(s) was active in the given month. Each of 12 months.

SHORT NAME:

MC_PLAN_OPRTG_AUTH_ACTV_IND_01	MC_PLAN_OPRTG_AUTH_ACTV_IND_07
MC_PLAN_OPRTG_AUTH_ACTV_IND_02	MC_PLAN_OPRTG_AUTH_ACTV_IND_08
MC_PLAN_OPRTG_AUTH_ACTV_IND_03	MC_PLAN_OPRTG_AUTH_ACTV_IND_09
MC_PLAN_OPRTG_AUTH_ACTV_IND_04	MC_PLAN_OPRTG_AUTH_ACTV_IND_10
MC_PLAN_OPRTG_AUTH_ACTV_IND_05	MC_PLAN_OPRTG_AUTH_ACTV_IND_11
MC_PLAN_OPRTG_AUTH_ACTV_IND_06	MC_PLAN_OPRTG_AUTH_ACTV_IND_12

LONG NAME:

MC_PLAN_OPRTG_AUTH_ACTV_IND_01	MC_PLAN_OPRTG_AUTH_ACTV_IND_07
MC_PLAN_OPRTG_AUTH_ACTV_IND_02	MC_PLAN_OPRTG_AUTH_ACTV_IND_08
MC_PLAN_OPRTG_AUTH_ACTV_IND_03	MC_PLAN_OPRTG_AUTH_ACTV_IND_09
MC_PLAN_OPRTG_AUTH_ACTV_IND_04	MC_PLAN_OPRTG_AUTH_ACTV_IND_10
MC_PLAN_OPRTG_AUTH_ACTV_IND_05	MC_PLAN_OPRTG_AUTH_ACTV_IND_11
MC_PLAN_OPRTG_AUTH_ACTV_IND_06	MC_PLAN_OPRTG_AUTH_ACTV_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): APL Operating Authority
SOURCE: T-MSIS Annual Managed Care Plan TAF
VALUES: 0 = No
1 = Yes
COMMENT: —

[^ Back to TOC ^](#)

MC_PLAN_OPRTG_AUTHRTY_CD

LABEL: Managed Care Plan Operating Authority Code

DESCRIPTION: The type of operating authority(ies) through which the managed care entity receives its contract authority.

SHORT NAME: MC_PLAN_OPRTG_AUTHRTY_CD

LONG NAME: MC_PLAN_OPRTG_AUTHRTY_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL Operating Authority

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:

01 = 1115 demonstration waiver program	12 = Concurrent 1915(b)/1915(i) HCBS state plan services
02 = 1915(b) waiver program	13 = Concurrent 1915(a)/1915(i) HCBS state plan services
03 = 1932(a) state plan option to use managed care for MCO and PCCM programs	14 = Concurrent 1932(a)/1915(i) HCBS state plan services
04 = 1915(a) voluntary managed care programs	15 = 1945 Health Homes
05 = Concurrent (1915(b)/1915(c) waivers	16 = Concurrent 1915(a)/1915(j) programs
06 = Concurrent (1915(a)/1915(c) waivers	17 = Concurrent 1932(a)/1915(j) programs
07 = Concurrent 1932(a)/1915(c) waivers	18 = Concurrent 1915(b)/1915(j) programs
08 = PACE	19 = Concurrent 1115/1915(j) programs
09 = 1905(t) voluntary PCCM program	20 = Concurrent 1915(a)/1915(k) programs
10 = 1937 Alternative Benefit Plan	21 = Concurrent 1932(a)/1915(k) programs
11 = 1902(a)(70) non-emergency medical transportation program	22 = Concurrent 1915(b)/1915(k) programs
	23 = Concurrent 1115/1915(k) programs
	Null/missing

COMMENT: This data element is created from each submitted value reported in T-MSIS. For example, a state has a health plan that operates under both a 1915(a)/1915(c) waiver and 1937 Alternative Benefit Plan. Accordingly, there would be two Operating Authority Supplemental file records for this health plan. One record would have MC_PLAN_OPRTG_AUTHRTY_CD equal "06" and another would have MC_PLAN_OPRTG_AUTHRTY_CD equal "10", the corresponding valid values associated with these respective operating authorities.

This data element also triggers the individual operating authority indicators such as OPRTG_AUTHRTY_1115_DEMO_WVR_IND, etc. that appear on the APL base file. If any of the MC_PLAN_OPRTG_AUTHRTY_CD data elements contain a value of "02," for example, then OPRTG_AUTHRTY_1915B_WVR_IND will be triggered.

[^ Back to TOC ^](#)

MC_PLAN_PGM_CD

LABEL: Managed Care Plan Program Code

DESCRIPTION: The state program through which a managed care plan is approved to operate; most recent in the calendar year.

SHORT NAME: MC_PLAN_PGM_CD

LONG NAME: MC_PLAN_PGM_CD

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:
1 = Medicaid State Plan
2 = CHIP State Plan
3 = Both Medicaid and CHIP
Null/missing = unknown/missing

COMMENT: The value was chosen using the last-best method for values from the monthly TAF (calendar year).

[^ Back to TOC ^](#)

MC_PLAN_REIMBRSMT_TYPE_CD

LABEL: Managed Care Plan Reimbursement Type Code

DESCRIPTION: A code indicating the how the managed care entity is reimbursed; most recent in the calendar year.

SHORT NAME: MC_PLAN_REIMBRSMT_TYPE_CD

LONG NAME: MC_PLAN_REIMBRSMT_TYPE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 01 = Risk-based capitation, no incentives or risk-sharing
02 = Risk-based capitation with Incentive arrangements
03 = Risk-based capitation with other risk-sharing arrangements
04 = Non-risk capitation
05 = Fee-for-service (FFS)
06 = Primary care case management (PCCM) payment
07 = Other
08 = Primary Care Case Management Payment plus Fee-For-Service
Null/missing = unknown/missing

COMMENT: The value was chosen using the last-best method for values from the monthly TAF (calendar year).

[^ Back to TOC ^](#)

MC_PLAN_REIMBRSMT_TYPE_CTGRY_CD

LABEL:	Managed Care Plan Reimbursement Type Category Code
DESCRIPTION:	Managed Care Plan Reimbursement Type Category Code — Aggregated categories based on the managed care plan reimbursement type code values (MC_PLAN_REIMBRSMT_TYPE_CD); most recent in the calendar year.
SHORT NAME:	MC_PLAN_REIMBRSMT_TYPE_CTGRY_CD
LONG NAME:	MC_PLAN_REIMBRSMT_TYPE_CTGRY_CD
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	1 = Risk-based capitation 2 = Non-risk capitation 3 = Fee-for-service (FFS) 4 = Primary care case management (PCCM) 5 = Other Null/missing = unknown/missing
COMMENT:	The value was chosen using the last-best method for values from the monthly TAF (calendar year). This field is derived from the MC_PLAN_REIMBRSMT_TYPE_CD using the following logic: 1 if MC_PLAN_REIMBRSMT_TYPE_CD equals "01", "02", "03" 2 if MC_PLAN_REIMBRSMT_TYPE_CD equals "04" 3 if MC_PLAN_REIMBRSMT_TYPE_CD equals "05" 4 if MC_PLAN_REIMBRSMT_TYPE_CD equals "06," "08" 5 if MC_PLAN_REIMBRSMT_TYPE_CD equals "07"

[^ Back to TOC ^](#)

MC_PLAN_SAREA_ACTV_IND_01
 MC_PLAN_SAREA_ACTV_IND_02
 MC_PLAN_SAREA_ACTV_IND_03
 MC_PLAN_SAREA_ACTV_IND_04
 MC_PLAN_SAREA_ACTV_IND_05
 MC_PLAN_SAREA_ACTV_IND_06
 MC_PLAN_SAREA_ACTV_IND_07
 MC_PLAN_SAREA_ACTV_IND_08
 MC_PLAN_SAREA_ACTV_IND_09
 MC_PLAN_SAREA_ACTV_IND_10
 MC_PLAN_SAREA_ACTV_IND_11
 MC_PLAN_SAREA_ACTV_IND_12

LABEL: Managed Care Plan Service Area Active Indicator — January through December

DESCRIPTION: A flag to indicate the managed care service area specified in the MC_PLAN_SAREA_NAME variable was active in the given month. Each of 12 months.

SHORT NAME:

MC_PLAN_SAREA_ACTV_IND_01	MC_PLAN_SAREA_ACTV_IND_07
MC_PLAN_SAREA_ACTV_IND_02	MC_PLAN_SAREA_ACTV_IND_08
MC_PLAN_SAREA_ACTV_IND_03	MC_PLAN_SAREA_ACTV_IND_09
MC_PLAN_SAREA_ACTV_IND_04	MC_PLAN_SAREA_ACTV_IND_10
MC_PLAN_SAREA_ACTV_IND_05	MC_PLAN_SAREA_ACTV_IND_11
MC_PLAN_SAREA_ACTV_IND_06	MC_PLAN_SAREA_ACTV_IND_12

LONG NAME:

MC_PLAN_SAREA_ACTV_IND_01	MC_PLAN_SAREA_ACTV_IND_07
MC_PLAN_SAREA_ACTV_IND_02	MC_PLAN_SAREA_ACTV_IND_08
MC_PLAN_SAREA_ACTV_IND_03	MC_PLAN_SAREA_ACTV_IND_09
MC_PLAN_SAREA_ACTV_IND_04	MC_PLAN_SAREA_ACTV_IND_10
MC_PLAN_SAREA_ACTV_IND_05	MC_PLAN_SAREA_ACTV_IND_11
MC_PLAN_SAREA_ACTV_IND_06	MC_PLAN_SAREA_ACTV_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): APL Service Area

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: —

[^ Back to TOC ^](#)

MC_PLAN_SAREA_CD

LABEL: Managed Care Plan Service Area Code — Latest in Year

DESCRIPTION: Identifies the geographic unit under which the managed care entity is under contract to provide services; most recent in the calendar year.

SHORT NAME: MC_PLAN_SAREA_CD

LONG NAME: MC_PLAN_SAREA_CD

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:

1 = Statewide — the managed care entity provides services to beneficiaries throughout the entire state.

2 = County — the managed care entity provides services to beneficiaries in specified counties.

3 = City — the managed care entity provides services to beneficiaries in specified cities.

4 = Region — the managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state (“region” is state-defined).

5 = Zip code — the managed care entity program provides services to beneficiaries in specified zip codes.

6 = Other — the managed care entity provides services to beneficiaries in "other" area(s), not statewide, county, city, or region.

Null/missing = unknown/missing

COMMENT: The value was chosen using the last-best method for values from the monthly TAF (calendar year).

[^ Back to TOC ^](#)

MC_PLAN_SAREA_NAME

LABEL:	Managed Care Plan Service Area Name
DESCRIPTION:	The specific identifiers for the counties, cities, regions, zip codes, and/or other geographic areas that the managed care entity serves.
SHORT NAME:	MC_PLAN_SAREA_NAME
LONG NAME:	MC_PLAN_SAREA_NAME
TYPE:	CHAR
LENGTH:	45
FILE(S):	APL Service Area
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	The field can contain any alphanumeric characters, digits, or symbols (e.g., BROWN COUNTY, ALL MA STATEWIDE, 0234). Null/missing = unknown/missing
COMMENT:	Each managed care service area name is associated with a MC_PLAN_ID. CMS provides states with guidance for reporting this field: https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47542

[^ Back to TOC ^](#)

MC_PLAN_STATE_CD

LABEL:	Managed Care Plan Location — State (ANSI Code)
DESCRIPTION:	The state code of the managed care service location for each unique managed care service location ID (i.e., for each occurrence of the MC_PLAN_LCTN_ID).
SHORT NAME:	MC_PLAN_STATE_CD
LONG NAME:	MC_PLAN_STATE_CD
TYPE:	CHAR
LENGTH:	2
FILE(S):	APL Location
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	https://www.census.gov/library/reference/code-lists/ansi/ansi-codes-for-states.html 01 = Alabama 02 = Alaska 04 = Arizona 05 = Arkansas 06 = California 08 = Colorado 09 = Connecticut 10 = Delaware 11 = District of Columbia 12 = Florida 13 = Georgia 15 = Hawaii 16 = Idaho 17 = Illinois 18 = Indiana 19 = Iowa 20 = Kansas 21 = Kentucky 22 = Louisiana 23 = Maine 24 = Maryland 25 = Massachusetts 26 = Michigan 27 = Minnesota 28 = Mississippi 29 = Missouri 30 = Montana 31 = Nebraska 32 = Nevada 33 = New Hampshire 34 = New Jersey 35 = New Mexico 36 = New York 37 = North Carolina 38 = North Dakota 39 = Ohio 40 = Oklahoma 41 = Oregon 42 = Pennsylvania 44 = Rhode Island 45 = South Carolina 46 = South Dakota 47 = Tennessee 48 = Texas 49 = Utah 50 = Vermont 51 = Virginia 53 = Washington 54 = West Virginia 55 = Wisconsin 56 = Wyoming 72 = Puerto Rico 78 = United States Virgin Islands Null/missing = unknown/missing
COMMENT:	Codes represent FIPS state codes. ^ Back to TOC ^

MC_PLAN_STATEWIDE_IND

LABEL: Managed Care Plan Statewide Service Area Indicator — Ever in Calendar Year

DESCRIPTION: This variable indicates that the managed-care plan’s service area is a statewide service area; ever in the calendar year.

SHORT NAME: MC_PLAN_STATEWIDE_IND

LONG NAME: MC_PLAN_STATEWIDE_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: —

[^ Back to TOC ^](#)

MC_PLAN_TYPE_CD

LABEL: Managed Care Plan Type Code

DESCRIPTION: The type of managed care plan that corresponds to MC_PLAN_ID

SHORT NAME: MC_PLAN_TYPE_CD

LONG NAME: MC_PLAN_TYPE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:

01 = Comprehensive Managed Care Organization (MCO)	10 = Substance Use Disorders (SUD) PIHP
02 = Traditional Primary Care Case Management (PCCM) Provider arrangement	11 = Substance Use Disorders (SUD) PAHP
03 = Enhanced PCCM Provider arrangement	12 = Mental Health (MH) and Substance Use Disorders (SUD) PIHP
04 = Health Insuring Organization (HIO)	13 = Mental Health (MH) and Substance Use Disorders (SUD) PAHP
05 = Medical-only Prepaid Inpatient Health Plan (PIHP) (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)	14 = Dental PAHP
06 = Medical-only Prepaid Ambulatory Health Plan (PAHP) (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)	15 = Transportation PAHP
07 = Long Term Care Services and Supports (LTSS) PIHP	16 = Disease Management PAHP
08 = Mental Health (MH) PIHP	17 = Program of All-Inclusive Care for the Elderly (PACE)
09 = Mental Health (MH) PAHP	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 = unknown/missing

COMMENT: —

[^ Back to TOC ^](#)

MC_PLAN_TYPE_CTGRY_CD

LABEL: Managed Care Plan Type Category Code

DESCRIPTION: Managed Care Plan Type Category Code — Aggregated categories based on the managed care plan type values (MC_PLAN_TYPE_CD); most recent in the calendar year.

SHORT NAME: MC_PLAN_TYPE_CTGRY_CD

LONG NAME: MC_PLAN_TYPE_CTGRY_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:

1 = Comprehensive medical care
2 = PCCM
3 = Medical only prepaid health plan
4 = LTC PIHP
5 = Mental health and/or SUD plan
6 = Dental PAHP
7 = Transportation PAHP

8 = Disease management PAHP
9 = Pharmacy PAHP
10 = Accountable Care Organization
11 = Health home or medical home
12 = Integrated care for dual eligible
13 = Other
Null/missing = unknown/missing

COMMENT:

This field is derived from the MC_PLAN_TYPE_CD using the following logic:

1 if MC_PLAN_TYPE_CD equals 01, 04, 17	7 if MC_PLAN_TYPE_CD equals 15
2 if MC_PLAN_TYPE_CD equals 02, 03	8 if MC_PLAN_TYPE_CD equals 16
3 if MC_PLAN_TYPE_CD equals 05, 06	9 if MC_PLAN_TYPE_CD equals 18
4 if MC_PLAN_TYPE_CD equals 07, 19	10 if MC_PLAN_TYPE_CD equals 60
5 if MC_PLAN_TYPE_CD equals 08, 09, 10, 11, 12, 13	11 if MC_PLAN_TYPE_CD equals 70
6 if MC_PLAN_TYPE_CD equals 14	12 if MC_PLAN_TYPE_CD equals 80
	13 if MC_PLAN_TYPE_CD equals 20

[^ Back to TOC ^](#)

MC_PLAN_WVR_ID

LABEL: Managed Care Plan Waiver ID

DESCRIPTION: The waiver ID of the operating authority(ies), when applicable, through which the managed care entity receives its contract authority.

These IDs are the approved, full federal waiver ID numbers assigned during the state submission and CMS approval process.

SHORT NAME: MC_PLAN_WVR_ID

LONG NAME: MC_PLAN_WVR_ID

TYPE: CHAR

LENGTH: 20

FILE(S): APL Operating Authority

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Waiver ID, maximum 20 letters and numbers (e.g., W-1115/2016, MA.RO1.MO5, 1926544)
Null/missing = unknown/missing

COMMENT: The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community-based services waivers; combined 1915(b) and 1915(c) managed home and community-based services waivers and 1115 demonstrations.

The MC_PLAN_WVR_ID will equal the waiver ID that corresponds to the operating authority in MC_PLAN_OPRTG_AUTHRTY_CD on the same record. Sometimes an operating authority does not require a waiver identification number. In those instances, the corresponding MC_PLAN_WVR_ID will be equal to NULL.

[^ Back to TOC ^](#)

MC_PLAN_ZIP_CD

LABEL: Managed Care Plan Location — Zip Code

DESCRIPTION: The zip code of the managed care service location for each unique managed care service location ID (i.e., for each occurrence of the MC_PLAN_LCTN_ID).

SHORT NAME: MC_PLAN_ZIP_CD

LONG NAME: MC_PLAN_ZIP_CD

TYPE: CHAR

LENGTH: 13

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Zip code, up to 9 digits

COMMENT: —

[^ Back to TOC ^](#)

MDCD_MAND_CVRG_ABD_POP_IND

LABEL:	Eligible Population Indicator: Medicaid Mandatory Coverage Aged-Blind-Disabled — Ever in Calendar Year																
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the mandatory Aged/Blind/Disabled (A/B/D) eligibility groups; ever in the calendar year.																
SHORT NAME:	MDCD_MAND_CVRG_ABD_POP_IND																
LONG NAME:	MDCD_MAND_CVRG_ABD_POP_IND																
TYPE:	CHAR																
LENGTH:	1																
FILE(S):	APL base																
SOURCE:	T-MSIS Annual Managed Care Plan TAF																
VALUES:	0 = No 1 = Yes																
COMMENT:	<p>This data element is triggered by a value of “11”-“26” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD. These values are:</p> <table><tr><td>11 = Individuals Receiving SSI</td><td>19 = Disabled Widows and Widowers Ineligible for SSI due to increase in OASDI</td></tr><tr><td>12 = Aged, Blind and Disabled Individuals in 209(b) States</td><td>20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security</td></tr><tr><td>13 = Individuals Receiving Mandatory State Supplements</td><td>21 = Working Disabled under 1619(b)</td></tr><tr><td>14 = Individuals Who Are Essential Spouses</td><td>22 = Disabled Adult Children</td></tr><tr><td>15 = Institutionalized Individuals Continuously Eligible Since 1973</td><td>23 = Qualified Medicare Beneficiaries</td></tr><tr><td>16 = Blind or Disabled Individuals Eligible in 1973</td><td>24 = Qualified Disabled and Working Individuals</td></tr><tr><td>17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972</td><td>25 = Specified Low Income Medicare Beneficiaries</td></tr><tr><td>18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977</td><td>26 = Qualifying Individuals</td></tr></table>	11 = Individuals Receiving SSI	19 = Disabled Widows and Widowers Ineligible for SSI due to increase in OASDI	12 = Aged, Blind and Disabled Individuals in 209(b) States	20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	13 = Individuals Receiving Mandatory State Supplements	21 = Working Disabled under 1619(b)	14 = Individuals Who Are Essential Spouses	22 = Disabled Adult Children	15 = Institutionalized Individuals Continuously Eligible Since 1973	23 = Qualified Medicare Beneficiaries	16 = Blind or Disabled Individuals Eligible in 1973	24 = Qualified Disabled and Working Individuals	17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	25 = Specified Low Income Medicare Beneficiaries	18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977	26 = Qualifying Individuals
11 = Individuals Receiving SSI	19 = Disabled Widows and Widowers Ineligible for SSI due to increase in OASDI																
12 = Aged, Blind and Disabled Individuals in 209(b) States	20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security																
13 = Individuals Receiving Mandatory State Supplements	21 = Working Disabled under 1619(b)																
14 = Individuals Who Are Essential Spouses	22 = Disabled Adult Children																
15 = Institutionalized Individuals Continuously Eligible Since 1973	23 = Qualified Medicare Beneficiaries																
16 = Blind or Disabled Individuals Eligible in 1973	24 = Qualified Disabled and Working Individuals																
17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	25 = Specified Low Income Medicare Beneficiaries																
18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977	26 = Qualifying Individuals																

[^ Back to TOC ^](#)

MDCD_MAND_CVRG_ADLT_POP_IND

LABEL: Eligible Population Indicator: Medicaid Mandatory Coverage Family-Adult — Ever in Calendar Year

DESCRIPTION: Indicates if the managed care entity is authorized to enroll the mandatory family/adult eligibility groups; ever in the calendar year.

SHORT NAME: MDCD_MAND_CVRG_ADLT_POP_IND

LONG NAME: MDCD_MAND_CVRG_ADLT_POP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:
0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “01”-“09” or “72”-“75” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

These values are:

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

72 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 — newly eligible for all states

73 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 — not newly eligible for non 1905z(3) states

74 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 – not newly eligible parent/caretaker-relative(s) in 1905z(3) states

75 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 — not newly eligible non-parent/caretaker/relative(s) in 1905z(3) states

[^ Back to TOC ^](#)

MDCD_MDCLY_NDY_CVRG_ABD_POP_IND

LABEL: Eligible Population Indicator: Medicaid Medically Needy Coverage Aged-Blind-Disabled — Ever in Calendar Year

DESCRIPTION: Indicates if the managed care entity is authorized to enroll the medically needy A/B/D eligibility groups; ever in the calendar year.

SHORT NAME: MDCD_MDCLY_NDY_CVRG_ABD_POP_IND

LONG NAME: MDCD_MDCLY_NDY_CVRG_ABD_POP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “59”–“60” in any instance of MC_PLAN_ELGLTY_GRP_POP_CD.

These values are:

59 = Medically Needy Aged, Blind or Disabled

60 = Medically Needy Blind or Disabled Individuals Eligible in 1973

[^ Back to TOC ^](#)

MDCD_MDCLY_NDY_CVRG_ADLT_POP_IND

LABEL:	Eligible Population Indicator: Medicaid Medically Needy Family-Adult — Ever in Calendar Year
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the medically needy adult/family eligibility groups; ever in the calendar year.
SHORT NAME:	MDCD_MDCLY_NDY_CVRG_ADLT_POP_IND
LONG NAME:	MDCD_MDCLY_NDY_CVRG_ADLT_POP_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “53”–“56” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD. 53 = Medically Needy Pregnant Women 54 = Medically Needy Children under Age 18 55 = Medically Needy Children Age 18 through 20 56 = Medically Needy Parents and Other Caretakers

[^ Back to TOC ^](#)

MDCD_OPTNL_CVRG_ABD_POP_IND

LABEL:	Eligible Population Indicator: Medicaid Optional Coverage Aged-Blind-Disabled — Ever in Calendar Year																				
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the optional A/B/D eligibility groups; ever in the calendar year.																				
SHORT NAME:	MDCD_OPTNL_CVRG_ABD_POP_IND																				
LONG NAME:	MDCD_OPTNL_CVRG_ABD_POP_IND																				
TYPE:	CHAR																				
LENGTH:	1																				
FILE(S):	APL base																				
SOURCE:	T-MSIS Annual Managed Care Plan TAF																				
VALUES:	0 = No 1 = Yes																				
COMMENT:	<p>This data element is triggered by a value of “37”–“52” in any instance of MC_PLAN_ELGLTY_GRP_POP_CD. These values are:</p> <table><tr><td>37 = Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance</td><td>43 = Individuals participating in a PACE Program under Institutional Rules</td></tr><tr><td>38 = Individuals Eligible for Cash Assistance except for Institutionalization</td><td>44 = Individuals Receiving Hospice Care</td></tr><tr><td>39 = Individuals Receiving Home and Community Based Services under Institutional Rules</td><td>45 = Qualified Disabled Children under Age 19</td></tr><tr><td>40 = Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements</td><td>46 = Poverty Level Aged or Disabled</td></tr><tr><td>41 = Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements</td><td>47 = Work Incentives Eligibility Group</td></tr><tr><td>42 = Institutionalized Individuals Eligible under a Special Income Level</td><td>48 = Ticket to Work Basic Group</td></tr><tr><td></td><td>49 = Ticket to Work Medical Improvements Group</td></tr><tr><td></td><td>50 = Family Opportunity Act Children with Disabilities</td></tr><tr><td></td><td>51 = Individuals Eligible for Home and Community-Based Services</td></tr><tr><td></td><td>52 = Individuals Eligible for Home and Community-Based Services - Special Income Level</td></tr></table>	37 = Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance	43 = Individuals participating in a PACE Program under Institutional Rules	38 = Individuals Eligible for Cash Assistance except for Institutionalization	44 = Individuals Receiving Hospice Care	39 = Individuals Receiving Home and Community Based Services under Institutional Rules	45 = Qualified Disabled Children under Age 19	40 = Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements	46 = Poverty Level Aged or Disabled	41 = Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements	47 = Work Incentives Eligibility Group	42 = Institutionalized Individuals Eligible under a Special Income Level	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
37 = Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance	43 = Individuals participating in a PACE Program under Institutional Rules																				
38 = Individuals Eligible for Cash Assistance except for Institutionalization	44 = Individuals Receiving Hospice Care																				
39 = Individuals Receiving Home and Community Based Services under Institutional Rules	45 = Qualified Disabled Children under Age 19																				
40 = Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements	46 = Poverty Level Aged or Disabled																				
41 = Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements	47 = Work Incentives Eligibility Group																				
42 = Institutionalized Individuals Eligible under a Special Income Level	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																				

[^ Back to TOC ^](#)

MDCD_OPTNL_CVRG_ADLT_POP_IND

LABEL:	Eligible Population Indicator: Medicaid Optional Coverage Adult-Children — Ever in Calendar Year
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the family/adult eligibility groups; ever in the calendar year.
SHORT NAME:	MDCD_OPTNL_CVRG_ADLT_POP_IND
LONG NAME:	MDCD_OPTNL_CVRG_ADLT_POP_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “27”-“36” or “76” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

These values are:

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

76 = Uninsured Individual eligible for COVID-19 testing

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1115_1915J_IND

LABEL: Operating Authority Indicator: 1115 -1915(j)— Ever in Calendar Year

DESCRIPTION: Indicates when the operating authority is 1115/1915(j) for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1115_1915J_IND

LONG NAME: OPRTG_AUTHRTY_1115_1915J_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “19” (Concurrent 1115/1915(j) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1115_1915K_IND

LABEL: Operating Authority Indicator: 1115 -1915(k)— Ever in Calendar Year

DESCRIPTION: Indicates when the operating authority is 1115/1915(k) for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1115_1915K_IND

LONG NAME: OPRTG_AUTHRTY_1115_1915K_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “23” (Concurrent 1115/1915(k) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1115_DEMO_WVR_IND

LABEL:	Operating Authority Indicator: 1115 Demo Waiver — Ever in Calendar Year
DESCRIPTION:	Indicates when the operating authority is 1115 demonstration for the MC_PLAN_ID; ever in the calendar year.
SHORT NAME:	OPRTG_AUTHRTY_1115_DEMO_WVR_IND
LONG NAME:	OPRTG_AUTHRTY_1115_DEMO_WVR_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “01” (1115 demonstration waiver program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD. Please note that this indicator is not set to 1 when there is an instance of MC_PLAN_OPRTG_AUTHRTY_CD set to “19” or “23” (1115 demonstration concurrent with another operating authority).

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1902A70_NEMT_IND

LABEL: Operating Authority Indicator: 1902(a)(70) Non-Emergency Medical Transport (NEMT) — Ever in Calendar Year

DESCRIPTION: Indicates 1902(a)(70) Non-Emergency Medical Transport (NEMT) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1902A70_NEMT_IND

LONG NAME: OPRTG_AUTHRTY_1902A70_NEMT_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “11” (1902(a)(70) non-emergency medical transportation program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1905T_PCCM_IND

LABEL: Operating Authority Indicator: Voluntary Primary Care Case Management (PCCM) — Ever in Calendar Year

DESCRIPTION: Indicates 1905(t) Voluntary Primary Care Case Management (PCCM) for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1905T_PCCM_IND

LONG NAME: OPRTG_AUTHRTY_1905T_PCCM_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “09” (1905(t) voluntary PCCM program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915A_IND

LABEL:	Operating Authority Indicator: 1915(a) — Ever in Calendar Year
DESCRIPTION:	Indicates 1915(a) operating authority for the MC_PLAN_ID; ever in the calendar year
SHORT NAME:	OPRTG_AUTHRTY_1915A_IND
LONG NAME:	OPRTG_AUTHRTY_1915A_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “04” (1915(a) voluntary managed care program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD. Please note that this indicator is not set to 1 when there is an instance of MC_PLAN_OPRTG_AUTHRTY_CD set to “06,” “13,” “16” or “20” (1915(a) operating authority concurrent with another operating authority).

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915AC_WVR_IND

LABEL: Operating Authority Indicator: 1915(a)(c) Waiver — Ever in Calendar Year

DESCRIPTION: Indicates 1915(a)/1915(c) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1915AC_WVR_IND

LONG NAME: OPRTG_AUTHRTY_1915AC_WVR_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “06” (Concurrent 1915(a)/1915(c) waivers) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915AI_IND

LABEL:	Operating Authority Indicator: 1915(a)(i) — Ever in Calendar Year
DESCRIPTION:	Indicates 1915(a)/1915(i) operating authority for the MC_PLAN_ID; ever in the calendar year.
SHORT NAME:	OPRTG_AUTHRTY_1915AI_IND
LONG NAME:	OPRTG_AUTHRTY_1915AI_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “13” (Concurrent 1915(a)/1915(i) Home and Community-Based Services (HCBS) state plan services) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915AJ_IND

LABEL: Operating Authority Indicator: 1915(a)(j) — Ever in Calendar Year

DESCRIPTION: Indicates 1915(a)/1915(j) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1915AJ_IND

LONG NAME: OPRTG_AUTHRTY_1915AJ_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “16” (Concurrent 1915(a)/1915(j) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915AK_IND

LABEL: Operating Authority Indicator: 1915(a)(k) — Ever in Calendar Year

DESCRIPTION: Indicates 1915(a)/1915(k) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1915AK_IND

LONG NAME: OPRTG_AUTHRTY_1915AK_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “20” (Concurrent 1915(a)/1915(k) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915B_WVR_IND

LABEL: Operating Authority Indicator: 1915(b) Waiver — Ever in Calendar Year

DESCRIPTION: Indicates when the operating authority is 1915(b) for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1915B_WVR_IND

LONG NAME: OPRTG_AUTHRTY_1915B_WVR_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:
0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “02” (1915(b) waiver program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD. Please note that this indicator is not set to 1 when there is an instance of MC_PLAN_OPRTG_AUTHRTY_CD set to “05,” “12,” “18,” or “22” (1915(b) waiver concurrent with another operating authority).

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915BC_WVR_IND

LABEL:	Operating Authority Indicator: 1915(b)(c) Waiver — Ever in Calendar Year
DESCRIPTION:	Indicates 1915(b)/1915(c) operating authority for the MC_PLAN_ID; ever in the calendar year.
SHORT NAME:	OPRTG_AUTHRTY_1915BC_WVR_IND
LONG NAME:	OPRTG_AUTHRTY_1915BC_WVR_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “05” (Concurrent 1915(b)/1915(c) waivers) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915BI_IND

LABEL:	Operating Authority Indicator: 1915(b)(i) — Ever in Calendar Year
DESCRIPTION:	Indicates 1915(b)/1915(i) operating authority for the MC_PLAN_ID; ever in the calendar year.
SHORT NAME:	OPRTG_AUTHRTY_1915BI_IND
LONG NAME:	OPRTG_AUTHRTY_1915BI_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “12” (Concurrent 1915(b)/1915(i) Home and Community-Based Services (HCBS) state plan services) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915BJ_IND

LABEL: Operating Authority Indicator: 1915(b)(j) — Ever in Calendar Year

DESCRIPTION: Indicates 1915(b)/1915(j) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1915BJ_IND

LONG NAME: OPRTG_AUTHRTY_1915BJ_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “18” (Concurrent 1915(b)/1915(j) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1915BK_IND

LABEL: Operating Authority Indicator: 1915(b)(k) — Ever in Calendar Year

DESCRIPTION: Indicates 1915(b)/1915(k) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1915BK_IND

LONG NAME: OPRTG_AUTHRTY_1915BK_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “22” (Concurrent 1915(b)/1915(k) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1932A_1915C_IND

LABEL: Operating Authority Indicator: 1932(a)-1915(c) Waiver — Ever in Calendar Year

DESCRIPTION: Indicates 1932(a)/1915(c) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1932A_1915C_IND

LONG NAME: OPRTG_AUTHRTY_1932A_1915C_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:
0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “07” (Concurrent 1932(a)/1915(c) waivers) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1932A_1915I_IND

LABEL:	Operating Authority Indicator: 1932(a)-1915(i) — Ever in Calendar Year
DESCRIPTION:	Indicates 1932(a)/1915(i) operating authority for the MC_PLAN_ID; ever in the calendar year.
SHORT NAME:	OPRTG_AUTHRTY_1932A_1915I_IND
LONG NAME:	OPRTG_AUTHRTY_1932A_1915I_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “14” (Concurrent 1932(a)/1915(i) Home and Community-Based Services (HCBS) state plan services) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1932A_1915J_IND

LABEL: Operating Authority Indicator: 1932(a)-1915(j) — Ever in Calendar Year

DESCRIPTION: Indicates 1932(a)/1915(j) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1932A_1915J_IND

LONG NAME: OPRTG_AUTHRTY_1932A_1915J_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “17” (Concurrent 1932(a)/1915(j) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1932A_1915K_IND

LABEL: Operating Authority Indicator: 1932(a)-1915(k) — Ever in Calendar Year

DESCRIPTION: Indicates 1932(a)/1915(k) operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1932A_1915K_IND

LONG NAME: OPRTG_AUTHRTY_1932A_1915K_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “21” (Concurrent 1932(a)/1915(k) programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1932A_SPO_IND

LABEL: Operating Authority Indicator: 1932(a) State Plan Option — Ever in Calendar Year

DESCRIPTION: Indicates when the operating authority is 1932(a) for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1932A_SPO_IND

LONG NAME: OPRTG_AUTHRTY_1932A_SPO_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:
0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “03” (1932(a) state plan option to use managed care for MCO and PCCM programs) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1937_ABP_IND

LABEL: Operating Authority Indicator: 1937 Alternative Benefits Plan — Ever in Calendar Year

DESCRIPTION: Indicates 1937 operating authority for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1937_ABP_IND

LONG NAME: OPRTG_AUTHRTY_1937_ABP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “10” (1937 Alternative Benefit Plan) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_1945_HLTH_HOME_IND

LABEL: Operating Authority Indicator: 1945 Health Home — Ever in Calendar Year

DESCRIPTION: Indicates 1945 health homes for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_1945_HLTH_HOME_IND

LONG NAME: OPRTG_AUTHRTY_1945_HLTH_HOME_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “15” (1945 Health Homes) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

OPRTG_AUTHRTY_PACE_IND

LABEL: Operating Authority Indicator: PACE — Ever in Calendar Year

DESCRIPTION: Indicates Program of All-Inclusive Care for the Elderly (PACE) programs for the MC_PLAN_ID; ever in the calendar year.

SHORT NAME: OPRTG_AUTHRTY_PACE_IND

LONG NAME: OPRTG_AUTHRTY_PACE_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “08” (PACE) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

PL_VRSN

LABEL: Plan File Version Representing the Iteration of the File

DESCRIPTION: Indicator representing the iteration of the file.

SHORT NAME: PL_VRSN

LONG NAME: PL_VRSN

TYPE: CHAR

LENGTH: 2

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: A two-character number ("01," "02," "14," etc.)

COMMENT: The higher the number, the later/more recent the iteration of the file.

[^ Back to TOC ^](#)

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 Annual Managed Care Plan files

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: YYYY

COMMENT: First year possible is 2014.

[^ Back to TOC ^](#)

SPLMTL_OPRTG_AUTHRTY

LABEL:	Annual Managed Care Plan Record in Supplemental Operating Authority File
DESCRIPTION:	A flag to indicate that there are one or more record(s) in the Operating Authority supplemental file for this managed care plan/entity (i.e., CCW_APL_LINK_KEY).
SHORT NAME:	SPLMTL_OPRTG_AUTHRTY
LONG NAME:	SPLMTL_OPRTG_AUTHRTY
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).

[^ Back to TOC ^](#)

SPLMTL_POP_ENRLMT

LABEL:	Annual Managed Care Plan Record in Supplemental Enrolled Population File
DESCRIPTION:	A flag to indicate that there are one or more record(s) in the Population Enrolled supplemental file for this managed care plan/entity (i.e., CCW_APL_LINK_KEY).
SHORT NAME:	SPLMTL_POP_ENRLMT
LONG NAME:	SPLMTL_POP_ENRLMT
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).

[^ Back to TOC ^](#)

SPLMTL_SAREA

LABEL:	Annual Managed Care Plan Record in Supplemental Service Area File
DESCRIPTION:	A flag to indicate that there are one or more record(s) in the Service Area supplemental file for this managed care plan/entity (i.e., CCW_APL_LINK_KEY) .
SHORT NAME:	SPLMTL_SAREA
LONG NAME:	SPLMTL_SAREA
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).

[^ Back to TOC ^](#)

SPLMTL_SRVC_ADDR_LCTN

LABEL:	Annual Managed Care Plan Record in Supplemental Service Address Location File
DESCRIPTION:	A flag to indicate that there are one or more record(s) in the Location supplemental file for this managed care plan/entity (i.e., CCW_APL_LINK_KEY).
SHORT NAME:	SPLMTL_SRVC_ADDR_LCTN
LONG NAME:	SPLMTL_SRVC_ADDR_LCTN
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).

[^ Back to TOC ^](#)

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 Annual Managed Care Plan files
SOURCE: CCW and CMS/Census Bureau crosswalk (derived)
VALUES: Two-character postal state code

AK = Alaska	NC = North Carolina
AL = Alabama	ND = North Dakota
AR = Arkansas	NE = Nebraska
AZ = Arizona	NH = New Hampshire
CA = California	NJ = New Jersey
CO = Colorado	NM = New Mexico
CT = Connecticut	NV = Nevada
DC = District of Columbia	NY = New York
DE = Delaware	OH = Ohio
FL = Florida	OK = Oklahoma
GA = Georgia	OR = Oregon
HI = Hawaii	PA = Pennsylvania
IA = Iowa	PR = Puerto Rico
ID = Idaho	RI = Rhode Island
IL = Illinois	SC = South Carolina
IN = Indiana	SD = South Dakota
KS = Kansas	TN = Tennessee
KY = Kentucky	TX = Texas
LA = Louisiana	UT = Utah
MA = Massachusetts	VA = Virginia
MD = Maryland	VI = Virgin Islands
ME = Maine	VT = Vermont
MI = Michigan	WA = Washington
MN = Minnesota	WI = Wisconsin
MO = Missouri	WV = West Virginia
MS = Mississippi	WY = Wyoming
MT = Montana	Null = Unknown

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

[^ Back to TOC ^](#)

SUBMTG_STATE_CD

LABEL: Submitting State Entity Code

DESCRIPTION: The ANSI 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 Annual Managed Care Plan files

SOURCE: T-MSIS Annual Managed Care Plan TAF

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

2-digit value (with leading zeros)

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

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

[^ Back to TOC ^](#)

UNK_ELGLTY_GRP_POP_IND

LABEL: Eligible Population Indicator: Unknown Eligibility Group — Ever in Calendar Year

DESCRIPTION: Indicates if the managed care entity is associated with an unknown eligibility group; ever in the calendar year.

SHORT NAME: UNK_ELGLTY_GRP_POP_IND

LONG NAME: UNK_ELGLTY_GRP_POP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by an invalid value (i.e., not values 01–76) in any instance of MC_PLAN_ELGLTY_GRP_POP_CD.

[^ Back to TOC ^](#)

WVR_1115_EXPNSN_CVRG_POP_IND

LABEL:	Eligible Population Indicator: 1115 Expansion Groups Coverage Waiver — Ever in Calendar Year
DESCRIPTION:	Indicates if the managed care entity is authorized to enroll the 1115 expansion eligibility groups; ever in the calendar year.
SHORT NAME:	WVR_1115_EXPNSN_CVRG_POP_IND
LONG NAME:	WVR_1115_EXPNSN_CVRG_POP_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	APL base
SOURCE:	T-MSIS Annual Managed Care Plan TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This data element is triggered by a value of “69”–“71” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD. These values are: 69 = Individuals with Mental Health Conditions (expansion group) 70 = Family Planning Participants (expansion group) 71 = Other expansion group

[^ Back to TOC ^](#)