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

DECEMBER 2023 | VERSION 1.6

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Revision Log

Date	Changed by	Revisions	Version
December 2023	K. Schneider	Added comment to BENE_ZIP_CD regarding field length	1.6
October 2022	K. Schneider	Added new variables to the DE base file: ELGBL_AFTR_EOY_IND and ELGBLTY_CHG_RSN_CD_01- ELGBLTY_CHG_RSN_CD_12. Added valid new value for RACE_ETHNCTY_CD and RACE_ETHNCTY_EXP_CD.	1.5
November 2021	K. Schneider	Adjusted the descriptions for those variables populated using the "latest" methodology which also look back to prior service years to populate their values: Replaced "all prior years" with "the two prior years"	1.4
September 2021	K. Schneider A. Meyer	Updated description and values for SUBMTG_STATE_CD. Updated values for CTZNSHP_IND, CTZNSHP_VRFCTN_PENDG_IND, and IMGRTN_VRFCTN_PENDG_IND. Added values to DE base file related to COVID-19 to the monthly ELGBLTY_GRP_CD_01-12 and ELGBLTY_GRP_CD_LTST, RSTRCTD_BNFTS_CD_01-12 and RSTRCTD_BNFTS_CD_LTST; added managed care plan type code values to MC_PLAN_TYPE_CD_01 — MC_PLAN_TYPE_CD_12 and the series: MC_PLAN_TYPE_CD_01_01 — MC_PLAN_TYPE_CD_16_12. Added two new summary variables to the Managed Care file: LTSS_PIHP_MOS and OTH_PLAN_MOS	1.3
October 2020	K. Schneider	Updated value description for DE_VRSN, added value for RSTRCTD_BNFTS_CD_MM, RSTRCTD_BNFTS_CD_LTST, and clarified definition for VET_IND	1.2
August 2020	K. Schneider	Updated to for the 2017–2018 data release; adjusted field width for AGE_GRP_CD	1.1
November 2019	K. Schneider K. Russell	Initial release of Codebook TAF Demographic and Eligibility files	1.0

Tips on Navigating the Codebook

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

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

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

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

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

Table of Contents

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

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WVR_ID_03_07.....	290
WVR_ID_03_08.....	290
WVR_ID_03_09.....	290
WVR_ID_03_10.....	290
WVR_ID_03_11.....	290
WVR_ID_03_12.....	290
WVR_ID_04_01.....	292
WVR_ID_04_02.....	292
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WVR_ID_05_03.....	294
WVR_ID_05_04.....	294
WVR_ID_05_05.....	294
WVR_ID_05_06.....	294
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WVR_ID_05_11.....	294
WVR_ID_05_12.....	294
WVR_ID_06_01.....	296
WVR_ID_06_02.....	296
WVR_ID_06_03.....	296
WVR_ID_06_04.....	296
WVR_ID_06_05.....	296
WVR_ID_06_06.....	296
WVR_ID_06_07.....	296
WVR_ID_06_08.....	296
WVR_ID_06_09.....	296
WVR_ID_06_10.....	296
WVR_ID_06_11.....	296
WVR_ID_06_12.....	296
WVR_ID_07_01.....	298
WVR_ID_07_02.....	298
WVR_ID_07_03.....	298
WVR_ID_07_04.....	298
WVR_ID_07_05.....	298
WVR_ID_07_06.....	298
WVR_ID_07_07.....	298
WVR_ID_07_08.....	298
WVR_ID_07_09.....	298
WVR_ID_07_10.....	298
WVR_ID_07_11.....	298
WVR_ID_07_12.....	298
WVR_ID_08_01.....	300
WVR_ID_08_02.....	300
WVR_ID_08_03.....	300
WVR_ID_08_04.....	300
WVR_ID_08_05.....	300

WVR_ID_08_06.....	300
WVR_ID_08_07.....	300
WVR_ID_08_08.....	300
WVR_ID_08_09.....	300
WVR_ID_08_10.....	300
WVR_ID_08_11.....	300
WVR_ID_08_12.....	300
WVR_ID_09_01.....	302
WVR_ID_09_02.....	302
WVR_ID_09_03.....	302
WVR_ID_09_04.....	302
WVR_ID_09_05.....	302
WVR_ID_09_06.....	302
WVR_ID_09_07.....	302
WVR_ID_09_08.....	302
WVR_ID_09_09.....	302
WVR_ID_09_10.....	302
WVR_ID_09_11.....	302
WVR_ID_09_12.....	302
WVR_ID_10_01.....	304
WVR_ID_10_02.....	304
WVR_ID_10_03.....	304
WVR_ID_10_04.....	304
WVR_ID_10_05.....	304
WVR_ID_10_06.....	304
WVR_ID_10_07.....	304
WVR_ID_10_08.....	304
WVR_ID_10_09.....	304
WVR_ID_10_10.....	304
WVR_ID_10_11.....	304
WVR_ID_10_12.....	304
WVR_TYPE_CD_01_01.....	306
WVR_TYPE_CD_01_02.....	306

WVR_TYPE_CD_01_03	306
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WVR_TYPE_CD_01_07	306
WVR_TYPE_CD_01_08	306
WVR_TYPE_CD_01_09	306
WVR_TYPE_CD_01_10	306
WVR_TYPE_CD_01_11	306
WVR_TYPE_CD_01_12	306
WVR_TYPE_CD_02_01	308
WVR_TYPE_CD_02_02	308
WVR_TYPE_CD_02_03	308
WVR_TYPE_CD_02_04	308
WVR_TYPE_CD_02_05	308
WVR_TYPE_CD_02_06	308
WVR_TYPE_CD_02_07	308
WVR_TYPE_CD_02_08	308
WVR_TYPE_CD_02_09	308
WVR_TYPE_CD_02_10	308
WVR_TYPE_CD_02_11	308
WVR_TYPE_CD_02_12	308
WVR_TYPE_CD_03_01	310
WVR_TYPE_CD_03_02	310
WVR_TYPE_CD_03_03	310
WVR_TYPE_CD_03_04	310
WVR_TYPE_CD_03_05	310
WVR_TYPE_CD_03_06	310
WVR_TYPE_CD_03_07	310
WVR_TYPE_CD_03_08	310
WVR_TYPE_CD_03_09	310
WVR_TYPE_CD_03_10	310
WVR_TYPE_CD_03_11	310

WVR_TYPE_CD_03_12	310
WVR_TYPE_CD_04_01	312
WVR_TYPE_CD_04_02	312
WVR_TYPE_CD_04_03	312
WVR_TYPE_CD_04_04	312
WVR_TYPE_CD_04_05	312
WVR_TYPE_CD_04_06	312
WVR_TYPE_CD_04_07	312
WVR_TYPE_CD_04_08	312
WVR_TYPE_CD_04_09	312
WVR_TYPE_CD_04_10	312
WVR_TYPE_CD_04_11	312
WVR_TYPE_CD_04_12	312
WVR_TYPE_CD_05_01	314
WVR_TYPE_CD_05_02	314
WVR_TYPE_CD_05_03	314
WVR_TYPE_CD_05_04	314
WVR_TYPE_CD_05_05	314
WVR_TYPE_CD_05_06	314
WVR_TYPE_CD_05_07	314
WVR_TYPE_CD_05_08	314
WVR_TYPE_CD_05_09	314
WVR_TYPE_CD_05_10	314
WVR_TYPE_CD_05_11	314
WVR_TYPE_CD_05_12	314
WVR_TYPE_CD_06_01	316
WVR_TYPE_CD_06_02	316
WVR_TYPE_CD_06_03	316
WVR_TYPE_CD_06_04	316
WVR_TYPE_CD_06_05	316
WVR_TYPE_CD_06_06	316
WVR_TYPE_CD_06_07	316
WVR_TYPE_CD_06_08	316

WVR_TYPE_CD_06_09	316
WVR_TYPE_CD_06_10	316
WVR_TYPE_CD_06_11	316
WVR_TYPE_CD_06_12	316
WVR_TYPE_CD_07_01	318
WVR_TYPE_CD_07_02	318
WVR_TYPE_CD_07_03	318
WVR_TYPE_CD_07_04	318
WVR_TYPE_CD_07_05	318
WVR_TYPE_CD_07_06	318
WVR_TYPE_CD_07_07	318
WVR_TYPE_CD_07_08	318
WVR_TYPE_CD_07_09	318
WVR_TYPE_CD_07_10	318
WVR_TYPE_CD_07_11	318
WVR_TYPE_CD_07_12	318
WVR_TYPE_CD_08_01	320
WVR_TYPE_CD_08_02	320
WVR_TYPE_CD_08_03	320
WVR_TYPE_CD_08_04	320
WVR_TYPE_CD_08_05	320
WVR_TYPE_CD_08_06	320
WVR_TYPE_CD_08_07	320
WVR_TYPE_CD_08_08	320
WVR_TYPE_CD_08_09	320
WVR_TYPE_CD_08_10	320
WVR_TYPE_CD_08_11	320
WVR_TYPE_CD_08_12	320
WVR_TYPE_CD_09_01	322
WVR_TYPE_CD_09_02	322
WVR_TYPE_CD_09_03	322
WVR_TYPE_CD_09_04	322
WVR_TYPE_CD_09_05	322

WVR_TYPE_CD_09_06	322
WVR_TYPE_CD_09_07	322
WVR_TYPE_CD_09_08	322
WVR_TYPE_CD_09_09	322
WVR_TYPE_CD_09_10	322
WVR_TYPE_CD_09_11	322
WVR_TYPE_CD_09_12	322
WVR_TYPE_CD_10_01	324
WVR_TYPE_CD_10_02	324
WVR_TYPE_CD_10_03	324
WVR_TYPE_CD_10_04	324
WVR_TYPE_CD_10_05	324
WVR_TYPE_CD_10_06	324
WVR_TYPE_CD_10_07	324
WVR_TYPE_CD_10_08	324
WVR_TYPE_CD_10_09	324
WVR_TYPE_CD_10_10	324
WVR_TYPE_CD_10_11	324
WVR_TYPE_CD_10_12	324

Variable Details

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

ABP_SPO_1937_IND_01

ABP_SPO_1937_IND_02

ABP_SPO_1937_IND_03

ABP_SPO_1937_IND_04

ABP_SPO_1937_IND_05

ABP_SPO_1937_IND_06

ABP_SPO_1937_IND_07

ABP_SPO_1937_IND_08

ABP_SPO_1937_IND_09

ABP_SPO_1937_IND_10

ABP_SPO_1937_IND_11

ABP_SPO_1937_IND_12

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

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

SHORT NAME:

ABP_SPO_1937_IND_01
ABP_SPO_1937_IND_02
ABP_SPO_1937_IND_03
ABP_SPO_1937_IND_04
ABP_SPO_1937_IND_05
ABP_SPO_1937_IND_06

ABP_SPO_1937_IND_07
ABP_SPO_1937_IND_08
ABP_SPO_1937_IND_09
ABP_SPO_1937_IND_10
ABP_SPO_1937_IND_11
ABP_SPO_1937_IND_12

LONG NAME:

ABP_SPO_1937_IND_01
ABP_SPO_1937_IND_02
ABP_SPO_1937_IND_03
ABP_SPO_1937_IND_04
ABP_SPO_1937_IND_05
ABP_SPO_1937_IND_06

ABP_SPO_1937_IND_07
ABP_SPO_1937_IND_08
ABP_SPO_1937_IND_09
ABP_SPO_1937_IND_10
ABP_SPO_1937_IND_11
ABP_SPO_1937_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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ACO_MOS

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

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AGE

LABEL: Age (in years)

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

SHORT NAME: AGE

LONG NAME: AGE

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: -1 through 125

Null/missing = source value is missing or unknown

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

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

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AGE_GRP_CD

LABEL: Age Group

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

SHORT NAME: AGE_GRP_CD

LONG NAME: AGE_GRP_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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BENE_CNTY_CD

LABEL:	County Code for Beneficiary Home or Mailing Address — Latest in Year
DESCRIPTION:	ANSI county numeric FIPS code indicating the county for the selected type of address
SHORT NAME:	BENE_CNTY_CD
LONG NAME:	BENE_CNTY_CD
TYPE:	CHAR
LENGTH:	3
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	https://www.nber.org/data/ssa-fips-state-county-crosswalk.html
COMMENT:	<p>The county code corresponding to the home address is used. When home address is unavailable, the county code corresponding to the mailing address is used instead.</p> <p>This county code value is the most recent in the calendar year (or, if not populated, then most recent value from the two-prior year[s] is used).</p>

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BENE_ID

LABEL: Encrypted CCW Beneficiary Identifier

DESCRIPTION: Encrypted CCW Beneficiary Identifier

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

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

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

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

FILE(S): All demographic and eligibility

SOURCE: CCW (derived)

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

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

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BENE_STATE_CD

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

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

SHORT NAME: BENE_STATE_CD

LONG NAME: BENE_STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

81 = Baker Island

84 = Howland Island

86 = Jarvis Island

Null/missing = source value is missing or unknown

89 = Kingman Reef

95 = Palmyra Atoll

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

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

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BENE_ZIP_CD

LABEL:	ZIP Code for Beneficiary Home or Mailing Address — Latest in Year
DESCRIPTION:	The zip code for the beneficiary home address; most recent in the calendar and the two prior years.
SHORT NAME:	BENE_ZIP_CD
LONG NAME:	BENE_ZIP_CD
TYPE:	CHAR
LENGTH:	9
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	The value must consist of digits, where each value is 0 through 9 No special characters such as hyphens or parentheses.
COMMENT:	The zip code corresponding to the home address is used. When home address is unavailable, the zip code corresponding to the mailing address is used instead. When this file is delivered outside the CCW VRDC, only the first 5 (of the 9 digit) zip code will be populated.

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BIRTH_CNCPTN_IND

LABEL: Birth to Conception Indicator — Latest in Year

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

SHORT NAME: BIRTH_CNCPTN_IND

LONG NAME: BIRTH_CNCPTN_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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BIRTH_DT

LABEL: Date of Birth

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

SHORT NAME: BIRTH_DT

LONG NAME: BIRTH_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

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CARE_LVL_STUS_CD

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

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

SHORT NAME: CARE_LVL_STUS_CD

LONG NAME: CARE_LVL_STUS_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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CCW_LD_DT

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

Null/missing = source value is missing or unknown

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

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CHIP_CD_LTST

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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CHIP_ENRLMT_DAYS_YR

LABEL: CHIP Enrollment Days — Total in Year

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

SHORT NAME: CHIP_ENRLMT_DAYS_YR

LONG NAME: CHIP_ENRLMT_DAYS_YR

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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CMPRHNSV_MCO_MOS

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

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CRTFD_AMRCN_INDN_ALSKN_NTV_CD

LABEL:	Certified American Indian or Alaska Native Code — Latest in Year
DESCRIPTION:	“American Indian or Alaska Native” means any beneficiary defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, pursuant to 42 CFR § 136.12; i.e., a Certificate of Degree of Indian or Alaska Native Blood (CDIB). Please refer to the COMMENT for a complete definition of CBID.
SHORT NAME:	CRTFD_AMRCN_INDN_ALSKN_NTV_CD
LONG NAME:	CRTFD_AMRCN_INDN_ALSKN_NTV_CD
TYPE:	CHAR
LENGTH:	1
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0 = Individual does not meet the definition of an American Indian/Alaskan Native 1 = Individual meets the definition of an American Indian/Alaskan Native 2 = Yes, Individual does have Certificate of Degree of Indian or Alaska Native Blood (CDIB) Null/missing = source value is missing or unknown
COMMENT:	Certificate of Degree of Indian or Alaska Native Blood (CDIB) means the beneficiary: a. Is a member of a Federally recognized Indian tribe; b. Resides in an urban center and meets one or more of the following four criteria: i. Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree of any such member; ii. Is an Eskimo or Aleut or other Alaska Native; iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or iv. Is determined to be an Indian under regulations promulgated by the Secretary of Health and Human Services; c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native; most recent in the calendar and the two prior years ^ Back to TOC ^

CTZNSHP_IND

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

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CTZNSHP_VRFCTN_PENDG_IND

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

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DA_RUN_ID

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

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

SHORT NAME: DA_RUN_ID

LONG NAME: DA_RUN_ID

TYPE: NUM

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: XXXX

COMMENT: Higher numbers indicate later run dates.

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DE_VRSN

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

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DEATH_DT

LABEL: Date of Death

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

SHORT NAME: DEATH_DT

LONG NAME: DEATH_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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DEATH_IND

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

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DISEASE_MGMT_PAHP_MOS

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

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DNTL_PAHP_MOS

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

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DSBLTY_BLND_IND

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

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DSBLTY_DEAF_IND

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

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DSBLTY_DFCLTY_CNCNTRTNG_IND

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

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

SHORT NAME: DSBLTY_DFCLTY_CNCNTRTNG_IND

LONG NAME: DSBLTY_DFCLTY_CNCNTRTNG_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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DSBLTY_DFCLTY_DRSNG_BATHNG_IND

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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DSBLTY_DFCLTY_ERNDS_IND

LABEL: Disability Indicator — Difficulty Running Errands Alone — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary is 15 years old or older and has difficulty doing errands alone such as visiting a doctor’s office or shopping because of a physical, mental, or emotional condition; ever in the calendar year.

SHORT NAME: DSBLTY_DFCLTY_ERNDS_IND

LONG NAME: DSBLTY_DFCLTY_ERNDS_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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DSBLTY_DFCLTY_WLKG_IND

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and Need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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DSBLTY_OTHR_IND

LABEL:	Disability Indicator — Other Disability Not Listed — Ever in Calendar Year
DESCRIPTION:	A flag to indicate whether the beneficiary has another disability that is not included here; ever in the calendar year.
SHORT NAME:	DSBLTY_OTHR_IND
LONG NAME:	DSBLTY_OTHR_IND
TYPE:	NUM
LENGTH:	1
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This flag is state reported; it is eligibility-based and not claims-based.

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DSTR_RLTD_WVR_1115_MOS

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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DUAL_ELGBL_CD_LTST

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

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ELGBL_AFTR_EOY_IND

LABEL: Eligible After End of Year — Indicator

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

SHORT NAME: ELGBL_AFTR_EOY_IND

LONG NAME: ELGBL_AFTR_EOY_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No
1 = Yes

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

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ELGLTY_CHG_RSN_CD_01

ELGLTY_CHG_RSN_CD_02

ELGLTY_CHG_RSN_CD_03

ELGLTY_CHG_RSN_CD_04

ELGLTY_CHG_RSN_CD_05

ELGLTY_CHG_RSN_CD_06

ELGLTY_CHG_RSN_CD_07

ELGLTY_CHG_RSN_CD_08

ELGLTY_CHG_RSN_CD_09

ELGLTY_CHG_RSN_CD_10

ELGLTY_CHG_RSN_CD_11

ELGLTY_CHG_RSN_CD_12

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

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

SHORT NAME:

ELGLTY_CHG_RSN_CD_01
ELGLTY_CHG_RSN_CD_02
ELGLTY_CHG_RSN_CD_03
ELGLTY_CHG_RSN_CD_04
ELGLTY_CHG_RSN_CD_05
ELGLTY_CHG_RSN_CD_06

ELGLTY_CHG_RSN_CD_07
ELGLTY_CHG_RSN_CD_08
ELGLTY_CHG_RSN_CD_09
ELGLTY_CHG_RSN_CD_10
ELGLTY_CHG_RSN_CD_11
ELGLTY_CHG_RSN_CD_12

LONG NAME:

ELGLTY_CHG_RSN_CD_01
ELGLTY_CHG_RSN_CD_02
ELGLTY_CHG_RSN_CD_03
ELGLTY_CHG_RSN_CD_04
ELGLTY_CHG_RSN_CD_05
ELGLTY_CHG_RSN_CD_06

ELGLTY_CHG_RSN_CD_07
ELGLTY_CHG_RSN_CD_08
ELGLTY_CHG_RSN_CD_09
ELGLTY_CHG_RSN_CD_10
ELGLTY_CHG_RSN_CD_11
ELGLTY_CHG_RSN_CD_12

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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ELGLTY_GRP_CD_01

ELGLTY_GRP_CD_02

ELGLTY_GRP_CD_03

ELGLTY_GRP_CD_04

ELGLTY_GRP_CD_05

ELGLTY_GRP_CD_06

ELGLTY_GRP_CD_07

ELGLTY_GRP_CD_08

ELGLTY_GRP_CD_09

ELGLTY_GRP_CD_10

ELGLTY_GRP_CD_11

ELGLTY_GRP_CD_12

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

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

SHORT NAME:

ELGLTY_GRP_CD_01
ELGLTY_GRP_CD_02
ELGLTY_GRP_CD_03
ELGLTY_GRP_CD_04
ELGLTY_GRP_CD_05
ELGLTY_GRP_CD_06

ELGLTY_GRP_CD_07
ELGLTY_GRP_CD_08
ELGLTY_GRP_CD_09
ELGLTY_GRP_CD_10
ELGLTY_GRP_CD_11
ELGLTY_GRP_CD_12

LONG NAME:

ELGLTY_GRP_CD_01
ELGLTY_GRP_CD_02
ELGLTY_GRP_CD_03
ELGLTY_GRP_CD_04
ELGLTY_GRP_CD_05
ELGLTY_GRP_CD_06

ELGLTY_GRP_CD_07
ELGLTY_GRP_CD_08
ELGLTY_GRP_CD_09
ELGLTY_GRP_CD_10
ELGLTY_GRP_CD_11
ELGLTY_GRP_CD_12

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

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

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ELGLTY_GRP_CD_LTST

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

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

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

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

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ENGLISH_LANG_PFCNCY_CD

LABEL: English Language Proficiency Code — Latest in Year

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

SHORT NAME: ENGLISH_LANG_PFCNCY_CD

LONG NAME: ENGLISH_LANG_PFCNCY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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ENHNCD_PCCM_MOS

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

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ENRLMT_END_DT

LABEL:	Enrollment End Date (Within Calendar Year)
DESCRIPTION:	Indicates the date at which a beneficiary's enrollment in Medicaid or CHIP is terminated. If the enrollment episode is terminated after December 31 of the calendar year, this date is edited to December 31 of the calendar year.
SHORT NAME:	ENRLMT_END_DT
LONG NAME:	ENRLMT_END_DT
TYPE:	DATE
LENGTH:	8
FILE(S):	Enrollment dates
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	Date (numeric, system dependent)
COMMENT:	—

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ENRLMT_START_DT

LABEL: Enrollment Start Date (Within Calendar Year)

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

SHORT NAME: ENRLMT_START_DT

LONG NAME: ENRLMT_START_DT

TYPE: DATE

LENGTH: 8

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

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ENRLMT_TYPE_CD

LABEL: Enrollment Type Code — Medicaid or CHIP

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

SHORT NAME: ENRLMT_TYPE_CD

LONG NAME: ENRLMT_TYPE_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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ETHNCTY_CD

LABEL:	Ethnicity Code — Latest in Year
DESCRIPTION:	A code indicating that the beneficiary’s ethnicity is Hispanic, Latino/a, or Spanish; most recent in the calendar and the two prior years.
SHORT NAME:	ETHNCTY_CD
LONG NAME:	ETHNCTY_CD
TYPE:	CHAR
LENGTH:	1
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0 = Not of Hispanic, or Latino/a, or Spanish origin 1 = Mexican, Mexican American, Chicano/a 2 = Puerto Rican 3 = Cuban 4 = Another Hispanic, Latino, or Spanish origin 5 = Hispanic or Latino, Subcategory Unknown Null/missing = source value is missing or unknown
COMMENT:	If state had beneficiaries coded in their database as “Hispanic” or “Latino,” then it was coded in T-MSIS as “Hispanic or Latino, Subcategory Unknown” (value= 5).

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FMLY_PLNG_ONLY_WVR_1115_MOS

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

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HCBS_AGED_CC_IND

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

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HCBS_AUTSM_CC_IND

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

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HCBS_BRN_INJURY_CC_IND

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

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HCBS_DEVDIS_CC_IND

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

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HCBS_DSBLD_OTH_CC_IND

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

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HCBS_HIV_AIDS_CC_IND

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

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HCBS_INTLCTL_DSBLTS_CC_IND

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

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HCBS_MENTL_ILL_CC_IND

LABEL: HCBS Mental Illness State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition Mental Illness and/or Serious Emotional Disturbance; most recent in the calendar year.

SHORT NAME: HCBS_MENTL_ILL_CC_IND

LONG NAME: HCBS_MENTL_ILL_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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HCBS_PHYS_DSBLTS_CC_IND

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

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HCBS_TECH_DPNDNT_MF_CC_IND

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

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HIFA_WVR_1115_MOS

LABEL:	1115 Health Insurance Flexibility and Accountability Waiver Months
DESCRIPTION:	Number of months the beneficiary was enrolled in a Section 1115 (Health Insurance Flexibility and Accountability [HIFA] Demonstration Initiative) waiver in the calendar year.
SHORT NAME:	HIFA_WVR_1115_MOS
LONG NAME:	HIFA_WVR_1115_MOS
TYPE:	NUM
LENGTH:	2
FILE(S):	Waiver
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0–12 (Number of months)
COMMENT:	This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 21 (1115 HIFA Waiver).

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HIO_MOS

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

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HLTH_HOME_ASTHMA_CC_IND

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

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HLTH_HOME_DBTS_CC_IND

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

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HLTH_HOME_ENT_NAME

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

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HLTH_HOME_HIV_AIDS_CC_IND

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

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HLTH_HOME_HRT_DISEASE_CC_IND

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

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HLTH_HOME_MH_CC_IND

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

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HLTH_HOME_OTH_CC_IND

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

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HLTH_HOME_OVRWT_CC_IND

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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HLTH_HOME_PRVDR_ID

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

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HLTH_HOME_SUD_CC_IND

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

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HLTH_MDCL_HOME_MOS

LABEL: Health/Medical Home Months

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

SHORT NAME: HLTH_MDCL_HOME_MOS

LONG NAME: HLTH_MDCL_HOME_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0-12 (Number of months)

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

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HSEHLD_SIZE_CD

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

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

SHORT NAME: HSEHLD_SIZE_CD

LONG NAME: HSEHLD_SIZE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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IMGRTN_STUS_5YR_BAR_END_DT

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

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IMGRTN_STUS_CD

LABEL: Immigration Status Code — Latest in Year

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

SHORT NAME: IMGRTN_STUS_CD

LONG NAME: IMGRTN_STUS_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

1 = Qualified non-citizen

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

3 = Eligible only for payment for emergency services

Null/missing = source value is missing or unknown

COMMENT: —

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IMGRTN_VRFCTN_PENDG_IND

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

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INCM_CD

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

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

SHORT NAME: INCM_CD

LONG NAME: INCM_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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INTGRTD_CARE_DUAL_ELGBL_MOS

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

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LCKIN_IND

LABEL:	Lock-in Indicator — Ever in Calendar Year
DESCRIPTION:	A flag to indicate whether the beneficiary had an active lock-in period with a healthcare service/provider in the calendar year.
SHORT NAME:	LCKIN_IND
LONG NAME:	LCKIN_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	Disability and need
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0 = No 1 = Yes
COMMENT:	This value is never null/missing.

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LCKIN_PRVDR_ID_1

LCKIN_PRVDR_ID_2

LCKIN_PRVDR_ID_3

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

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

SHORT NAME: LCKIN_PRVDR_ID_1
LCKIN_PRVDR_ID_2
LCKIN_PRVDR_ID_3

LONG NAME: LCKIN_PRVDR_ID_1
LCKIN_PRVDR_ID_2
LCKIN_PRVDR_ID_3

TYPE: CHAR

LENGTH: 30

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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LCKIN_PRVDR_TYPE_CD_1

LCKIN_PRVDR_TYPE_CD_2

LCKIN_PRVDR_TYPE_CD_3

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

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

SHORT NAME: LCKIN_PRVDR_TYPE_CD_1
LCKIN_PRVDR_TYPE_CD_2
LCKIN_PRVDR_TYPE_CD_3

LONG NAME: LCKIN_PRVDR_TYPE_CD_1
LCKIN_PRVDR_TYPE_CD_2
LCKIN_PRVDR_TYPE_CD_3

TYPE: CHAR

LENGTH: 2

SOURCE: T-MSIS annual demographic and eligibility TAF

FILE(S): Disability and need

VALUES:

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

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

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

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

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LTC_PIHP_MOS

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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LTSS_LVL_CD_1_LTST

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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LTSS_LVL_CD_2_LTST

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

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[LTSS_LVL_CD_3_01](#)
[LTSS_LVL_CD_3_02](#)
[LTSS_LVL_CD_3_03](#)
[LTSS_LVL_CD_3_04](#)
[LTSS_LVL_CD_3_05](#)
[LTSS_LVL_CD_3_06](#)
[LTSS_LVL_CD_3_07](#)
[LTSS_LVL_CD_3_08](#)
[LTSS_LVL_CD_3_09](#)
[LTSS_LVL_CD_3_10](#)
[LTSS_LVL_CD_3_11](#)
[LTSS_LVL_CD_3_12](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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LTSS_LVL_CD_3_LTST

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

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LTSS_PIHP_MOS

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

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[LTSS_PRVDR_ID_1](#)

[LTSS_PRVDR_ID_2](#)

[LTSS_PRVDR_ID_3](#)

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

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

SHORT NAME: LTSS_PRVDR_ID_1
LTSS_PRVDR_ID_2
LTSS_PRVDR_ID_3

LONG NAME: LTSS_PRVDR_ID_1
LTSS_PRVDR_ID_2
LTSS_PRVDR_ID_3

TYPE: CHAR

LENGTH: 30

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 30 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

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

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

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

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MASBOE_CD_LTST

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

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

SHORT NAME: MASBOE_CD_LTST

LONG NAME: MASBOE_CD_LTST

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

501 = Section 1115 Demonstration expansion eligible, Aged

504 = Section 1115 Demonstration expansion eligible, Children

502 = Section 1115 Demonstration expansion eligible, Blind/Disabled

505 = Section 1115 Demonstration expansion eligible, Adult

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 12 letters and numbers

Null/missing = source value is missing or unknown

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT:

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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[MC_PLAN_TYPE_CD_16_01](#)
[MC_PLAN_TYPE_CD_16_02](#)
[MC_PLAN_TYPE_CD_16_03](#)
[MC_PLAN_TYPE_CD_16_04](#)
[MC_PLAN_TYPE_CD_16_05](#)
[MC_PLAN_TYPE_CD_16_06](#)
[MC_PLAN_TYPE_CD_16_07](#)
[MC_PLAN_TYPE_CD_16_08](#)
[MC_PLAN_TYPE_CD_16_09](#)
[MC_PLAN_TYPE_CD_16_10](#)
[MC_PLAN_TYPE_CD_16_11](#)
[MC_PLAN_TYPE_CD_16_12](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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

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[MDCD_ENRLMT_DAYS_01](#)

[MDCD_ENRLMT_DAYS_07](#)

[MDCD_ENRLMT_DAYS_02](#)

[MDCD_ENRLMT_DAYS_08](#)

[MDCD_ENRLMT_DAYS_03](#)

[MDCD_ENRLMT_DAYS_09](#)

[MDCD_ENRLMT_DAYS_04](#)

[MDCD_ENRLMT_DAYS_10](#)

[MDCD_ENRLMT_DAYS_05](#)

[MDCD_ENRLMT_DAYS_11](#)

[MDCD_ENRLMT_DAYS_06](#)

[MDCD_ENRLMT_DAYS_12](#)

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

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

SHORT NAME:

MDCD_ENRLMT_DAYS_01
MDCD_ENRLMT_DAYS_02
MDCD_ENRLMT_DAYS_03
MDCD_ENRLMT_DAYS_04
MDCD_ENRLMT_DAYS_05
MDCD_ENRLMT_DAYS_06

MDCD_ENRLMT_DAYS_07
MDCD_ENRLMT_DAYS_08
MDCD_ENRLMT_DAYS_09
MDCD_ENRLMT_DAYS_10
MDCD_ENRLMT_DAYS_11
MDCD_ENRLMT_DAYS_12

LONG NAME:

MDCD_ENRLMT_DAYS_01
MDCD_ENRLMT_DAYS_02
MDCD_ENRLMT_DAYS_03
MDCD_ENRLMT_DAYS_04
MDCD_ENRLMT_DAYS_05
MDCD_ENRLMT_DAYS_06

MDCD_ENRLMT_DAYS_07
MDCD_ENRLMT_DAYS_08
MDCD_ENRLMT_DAYS_09
MDCD_ENRLMT_DAYS_10
MDCD_ENRLMT_DAYS_11
MDCD_ENRLMT_DAYS_12

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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MDCD_ENRLMT_DAYS_YR

LABEL: Medicaid Enrollment Days — Total in Year

DESCRIPTION: Number of days of Medicaid enrollment in the calendar year, including traditional Medicaid and Medicaid Expansion Children’s Health Insurance Program (M-CHIP) enrolled days.

SHORT NAME: MDCD_ENRLMT_DAYS_YR

LONG NAME: MDCD_ENRLMT_DAYS_YR

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: This variable is derived in the TAF using the sum of values (days) from the monthly Medicaid enrollment days variables (MDCD_ENRLMT_DAYS_01–12).

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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MFP_IND_LTST

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

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MFP_LVS_WTH_FMLY_CD

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

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

SHORT NAME: MFP_LVS_WTH_FMLY_CD

LONG NAME: MFP_LVS_WTH_FMLY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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MFP_PRTCPTN_END_RSN_CD

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

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

SHORT NAME: MFP_PRTCPTN_END_RSN_CD

LONG NAME: MFP_PRTCPTN_END_RSN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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MFP_QLFYD_INSTN_CD

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

DESCRIPTION: A code describing the type of qualified institution in which a beneficiary was living at the time of transition to the community; most recent in the calendar year.

SHORT NAME: MFP_QLFYD_INSTN_CD

LONG NAME: MFP_QLFYD_INSTN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 00 = Default- No MFP Participation
01 = Nursing Facility
02 = ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)
03 = IMD (Institution for Mental Diseases)
04 = Hospital
05 = Other
Null/missing = source value is missing or unknown

COMMENT: —

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MFP_QLFYD_RSDNC_CD

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

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

SHORT NAME: MFP_QLFYD_RSDNC_CD

LONG NAME: MFP_QLFYD_RSDNC_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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MFP_RINSTLZD_RSN_CD

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

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

SHORT NAME: MFP_RINSTLZD_RSN_CD

LONG NAME: MFP_RINSTLZD_RSN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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MH_PAHP_MOS

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

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MH_PIHP_MOS

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

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MH_SUD_PAHP_MOS

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

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MH_SUD_PIHP_MOS

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

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MISG_ELGLTY_DATA_IND

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

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

SHORT NAME: MISG_ELGLTY_DATA_IND

LONG NAME: MISG_ELGLTY_DATA_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: NUM
LENGTH: 1
FILE(S): Annual DE base
SOURCE: T-MSIS annual demographic and eligibility TAF
VALUES: 0 = No
1 = Yes
Null/missing = source value is missing or unknown

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

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MRTL_STUS_CD

LABEL: Marital Status Code — Latest in Year

DESCRIPTION: A code to classify eligible beneficiary's marital/domestic-relationship status; most recent in the calendar and the two prior years.

SHORT NAME: MRTL_STUS_CD

LONG NAME: MRTL_STUS_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Legally Married (to opposite sex), spouse present
- 02 = Legally Married (to opposite sex), spouse absent
- 03 = Legally Married (to same sex), spouse present
- 04 = Legally Married (to same sex), spouse absent
- 05 = Partnered or in Civil Union (to opposite sex), spouse present
- 06 = Partnered or in Civil Union (to opposite sex), spouse absent
- 07 = Partnered or in Civil Union (to same sex), spouse present
- 08 = Partnered or in Civil Union (to same sex), spouse absent
- 09 = Legally separated (and not married or partnered)
- 10 = Divorced (and not currently married or partnered)
- 11 = Separated (and not currently married or partnered)
- 12 = Widower/Widow (and not currently married or partnered)
- 13 = Never married/partnered
- 14 = Other
- Null/missing = source value is missing or unknown

COMMENT: —

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MSIS_CASE_NUM

LABEL:	Encrypted TMSIS Case Number — Latest in Year
DESCRIPTION:	<p>The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs; most recent in the calendar and the two prior years.</p> <p>The definition of a case varies. There are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which all members of the case have the same case number, but a unique MSIS identification number. A warning for longitudinal research efforts: a person's case number may change over time.</p>
SHORT NAME:	MSIS_CASE_NUM
LONG NAME:	MSIS_CASE_NUM
TYPE:	CHAR
LENGTH:	32
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	<p>Alphanumeric character string, 32 characters</p> <p>(Ex- 2A81866B302C768A539BBE79FFB835FB)</p> <p>Null/missing = source value is missing or unknown</p>
COMMENT:	Although states assign a case number that may be up to 12 digits, this value is encrypted in the CCW.

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MSIS_ID

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

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OTH_PLAN_MOS

LABEL: Other Plan Months

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

SHORT NAME: OTH_PLAN_MOS

LONG NAME: OTH_PLAN_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

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

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OTH_WVR_1115_MOS

LABEL:	1115 Other Type of Waiver Months
DESCRIPTION:	Number of months the beneficiary was enrolled in a Section 1115 (“Research and Demonstration Authority”) waiver in the calendar year.
SHORT NAME:	OTH_WVR_1115_MOS
LONG NAME:	OTH_WVR_1115_MOS
TYPE:	NUM
LENGTH:	2
FILE(S):	Waiver
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0–12 (Number of months) Null/missing = source value is missing or unknown
COMMENT:	This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 01 (1115a Other Waiver).

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OTH_WVR_TYPE_MOS

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

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PACE_MOS

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

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PAHP_MOS

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

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PHRMCY_PAHP_MOS

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

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PHRMCY_WVR_1115_MOS

LABEL: 1115 Pharmacy Waiver Months

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

SHORT NAME: PHRMCY_WVR_1115_MOS

LONG NAME: PHRMCY_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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PIHP_MOS

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

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PRMRY_LANG_CD

LABEL: Primary Language Code — Latest in Year

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

SHORT NAME: PRMRY_LANG_CD

LONG NAME: PRMRY_LANG_CD

TYPE: CHAR

LENGTH: 3

SOURCE: T-MSIS annual demographic and eligibility TAF

FILE(S): Annual DE base

VALUES:

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

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

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

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

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

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

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PRMRY_LANG_GRP_CD

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

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RACE_ETHNCTY_CD

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

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RACE_ETHNCTY_EXP_CD

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

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

SHORT NAME: RACE_ETHNCTY_EXP_CD

LONG NAME: RACE_ETHNCTY_EXP_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

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

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RFRNC_YR

LABEL: Reference Year

DESCRIPTION: This variable represents the year of the data file

SHORT NAME: RFRNC_YR

LONG NAME: RFRNC_YR

TYPE: CHAR

LENGTH: 4

FILE(S): All demographic and eligibility

SOURCE: CCW (derived)

VALUES: YYYY

COMMENT: First year possible is 2014.

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Null/missing = source value is missing or unknown

COMMENT —

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RSTRCTD_BNFTS_CD_LTST

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

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

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

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

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

Null/missing = source value is missing or unknown

COMMENT: —

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SEX_CD

LABEL: Sex (Biological) — Latest in Year

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

SHORT NAME: SEX_CD

LONG NAME: SEX_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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SPLMTL_DSB_HCBS

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

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SPLMTL_DSB_LCKIN

LABEL:	Beneficiary Lock-In Record in Supplemental Disability File
DESCRIPTION:	A flag to indicate that there is a record in the Disability and Needs supplemental file for this person that includes data on lock-in status.
SHORT NAME:	SPLMTL_DSB_LCKIN
LONG NAME:	SPLMTL_DSB_LCKIN
TYPE:	CHAR
LENGTH:	1
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0 = No 1 = Yes Null/missing = source value is missing or unknown
COMMENT:	There is a record for a beneficiary in this supplemental file if the beneficiary was subject to lock-in provisions in any month in the calendar year.

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SPLMTL_DSB_LTSS

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

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SPLMTL_DSB_OTHR

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

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SPLMTL_DTS

LABEL: Beneficiary Record in Supplemental Dates File

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

SHORT NAME: SPLMTL_DTS

LONG NAME: SPLMTL_DTS

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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SPLMTL_HLTH_HOME_SPO

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

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SPLMTL_MC

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

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SPLMTL_MFP

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

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SPLMTL_WVR

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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SSDI_IND

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

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

SHORT NAME: SSDI_IND

LONG NAME: SSDI_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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SSI_IND

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

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

SHORT NAME: SSI_IND

LONG NAME: SSI_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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SSI_IND_01

SSI_IND_02

SSI_IND_03

SSI_IND_04

SSI_IND_05

SSI_IND_06

SSI_IND_07

SSI_IND_08

SSI_IND_09

SSI_IND_10

SSI_IND_11

SSI_IND_12

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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SSI_STATE_SPLMT_CD

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

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

SHORT NAME: SSI_STATE_SPLMT_CD

LONG NAME: SSI_STATE_SPLMT_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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[SSI_STATE_SPLMT_CD_01](#)
[SSI_STATE_SPLMT_CD_02](#)
[SSI_STATE_SPLMT_CD_03](#)
[SSI_STATE_SPLMT_CD_04](#)
[SSI_STATE_SPLMT_CD_05](#)
[SSI_STATE_SPLMT_CD_06](#)
[SSI_STATE_SPLMT_CD_07](#)
[SSI_STATE_SPLMT_CD_08](#)
[SSI_STATE_SPLMT_CD_09](#)
[SSI_STATE_SPLMT_CD_10](#)
[SSI_STATE_SPLMT_CD_11](#)
[SSI_STATE_SPLMT_CD_12](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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SSI_STUS_CD

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

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

SHORT NAME: SSI_STUS_CD

LONG NAME: SSI_STUS_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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STATE_CD

LABEL: Submitting State Alpha Abbreviation

DESCRIPTION: Submitting State (postal abbreviation)

SHORT NAME: STATE_CD

LONG NAME: STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): All demographic and eligibility

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

VALUES: 2-character postal state code

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

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

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

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 6

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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STATE_SPEC_ELGBLTY_GRP_CD_LTST

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

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

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

SHORT NAME: STATE_SPEC_ELGBLTY_GRP_CD_LTST

LONG NAME: STATE_SPEC_ELGBLTY_GRP_CD_LTST

TYPE: CHAR

LENGTH: 6

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Maximum six alphanumeric characters (may include spaces)

Null/missing = source value is missing or unknown

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

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SUBMTG_STATE_CD

LABEL: Submitting State Entity Code

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

SHORT NAME: SUBMTG_STATE_CD

LONG NAME: SUBMTG_STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): All demographic and eligibility

SOURCE: T-MSIS annual demographic and eligibility TAF

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

2-digit value (with leading zeros)

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

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

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

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SUD_PAHP_MOS

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

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SUD_PIHP_MOS

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

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TANF_CASH_CD

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

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

SHORT NAME: TANF_CASH_CD

LONG NAME: TANF_CASH_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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TPL_INSRNC_CVRG_IND

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

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

SHORT NAME: TPL_INSRNC_CVRG_IND

LONG NAME: TPL_INSRNC_CVRG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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TPL_OTHR_CVRG_IND

LABEL:	Third Party Liability (TPL) — Other Coverage Indicator — Latest in Year
DESCRIPTION:	A flag to indicate whether the beneficiary has some form of third-party liability (TPL) funding besides insurance coverage; most recent in the calendar year.
SHORT NAME:	TPL_OTHR_CVRG_IND
LONG NAME:	TPL_OTHR_CVRG_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0 = Medicaid/CHIP eligible individual has no other TPL funding available 1 = Medicaid/CHIP eligible individual does have other TPL funding available Null/missing = source value is missing or unknown
COMMENT:	—

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

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TRDTNL_PCCM_MOS

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

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TRNSPRTN_PAHP_MOS

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

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VET_IND

LABEL:	Veteran Indicator — Latest in Year
DESCRIPTION:	A flag indicating if the beneficiary is a non-citizen who is exempt from the five-year bar on benefits because they are a veteran or an active member of the military, naval, or air service; most recent in the calendar and the two prior years.
SHORT NAME:	VET_IND
LONG NAME:	VET_IND
TYPE:	CHAR
LENGTH:	1
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0 = No 1 = Yes Null/missing = source value is missing or unknown
COMMENT:	This value is the most recent in the calendar year (or, if not populated, then most recent value from the two prior year[s] is used).

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WVR_1115_TYPE_CD

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

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WVR_1915B_MOS

LABEL: 1915(b) Waiver Months

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

SHORT NAME: WVR_1915B_MOS

LONG NAME: WVR_1915B_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

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

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WVR_1915BC_MOS

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

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WVR_1915C_MOS

LABEL:	1915(c) Waiver Months
DESCRIPTION:	Number of months the beneficiary was enrolled in a Section 1915(c) (Home- and Community-Based Care) waiver in the calendar year.
SHORT NAME:	WVR_1915C_MOS
LONG NAME:	WVR_1915C_MOS
TYPE:	NUM
LENGTH:	2
FILE(S):	Waiver
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0–12 (Number of months)
COMMENT:	This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 06–19 or 33, all of which represent a 1915[c] Waiver.

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WVR_1915C_TYPE_CD

LABEL:	1915(c) Waiver Type Code — Latest in Year
DESCRIPTION:	A code to indicate the type of 1915(c) waiver under which the beneficiary received coverage; most recent in the calendar year.
SHORT NAME:	WVR_1915C_TYPE_CD
LONG NAME:	WVR_1915C_TYPE_CD
TYPE:	CHAR
LENGTH:	2
FILE(S):	Waiver
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 33 = 1915(c) waiver (T-MSIS DD v2.1) 89 = Two or more 1915(c) waivers in the latest month Null/missing = not one of the 1915 waivers, or source value is missing or unknown
COMMENT:	The value is from the last populated '1915C Waiver Type Code'. There are up to 10 waiver type codes for 1915(c) waivers in total; i.e., where the monthly waiver type = 06–19 or 33. The value is set to '89' if there are two or more 1915c waivers in the latest month.

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[WVR_ID_01_01](#)
[WVR_ID_01_02](#)
[WVR_ID_01_03](#)
[WVR_ID_01_04](#)
[WVR_ID_01_05](#)
[WVR_ID_01_06](#)
[WVR_ID_01_07](#)
[WVR_ID_01_08](#)
[WVR_ID_01_09](#)
[WVR_ID_01_10](#)
[WVR_ID_01_11](#)
[WVR_ID_01_12](#)

LABEL: Waiver ID (1st Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 1st of up to 10 waiver IDs in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_01_01	WVR_ID_01_07
WVR_ID_01_02	WVR_ID_01_08
WVR_ID_01_03	WVR_ID_01_09
WVR_ID_01_04	WVR_ID_01_10
WVR_ID_01_05	WVR_ID_01_11
WVR_ID_01_06	WVR_ID_01_12

LONG NAME:

WVR_ID_01_01	WVR_ID_01_07
WVR_ID_01_02	WVR_ID_01_08
WVR_ID_01_03	WVR_ID_01_09
WVR_ID_01_04	WVR_ID_01_10
WVR_ID_01_05	WVR_ID_01_11
WVR_ID_01_06	WVR_ID_01_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_01_MM corresponds to the waiver type code (WVR_TYPE_CD_01_MM) for the same month.

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[WVR_ID_02_01](#)
[WVR_ID_02_02](#)
[WVR_ID_02_03](#)
[WVR_ID_02_04](#)
[WVR_ID_02_05](#)
[WVR_ID_02_06](#)
[WVR_ID_02_07](#)
[WVR_ID_02_08](#)
[WVR_ID_02_09](#)
[WVR_ID_02_10](#)
[WVR_ID_02_11](#)
[WVR_ID_02_12](#)

LABEL: Waiver ID (2nd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 2nd of up to 10 waiver IDs in the month. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_02_01	WVR_ID_02_07
WVR_ID_02_02	WVR_ID_02_08
WVR_ID_02_03	WVR_ID_02_09
WVR_ID_02_04	WVR_ID_02_10
WVR_ID_02_05	WVR_ID_02_11
WVR_ID_02_06	WVR_ID_02_12

LONG NAME:

WVR_ID_02_01	WVR_ID_02_07
WVR_ID_02_02	WVR_ID_02_08
WVR_ID_02_03	WVR_ID_02_09
WVR_ID_02_04	WVR_ID_02_10
WVR_ID_02_05	WVR_ID_02_11
WVR_ID_02_06	WVR_ID_02_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_02_MM corresponds to the waiver type code (WVR_TYPE_CD_02_MM) for the same month.

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[WVR_ID_03_01](#)
[WVR_ID_03_02](#)
[WVR_ID_03_03](#)
[WVR_ID_03_04](#)
[WVR_ID_03_05](#)
[WVR_ID_03_06](#)
[WVR_ID_03_07](#)
[WVR_ID_03_08](#)
[WVR_ID_03_09](#)
[WVR_ID_03_10](#)
[WVR_ID_03_11](#)
[WVR_ID_03_12](#)

LABEL: Waiver ID (3rd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 3rd of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_03_01	WVR_ID_03_07
WVR_ID_03_02	WVR_ID_03_08
WVR_ID_03_03	WVR_ID_03_09
WVR_ID_03_04	WVR_ID_03_10
WVR_ID_03_05	WVR_ID_03_11
WVR_ID_03_06	WVR_ID_03_12

LONG NAME:

WVR_ID_03_01	WVR_ID_03_07
WVR_ID_03_02	WVR_ID_03_08
WVR_ID_03_03	WVR_ID_03_09
WVR_ID_03_04	WVR_ID_03_10
WVR_ID_03_05	WVR_ID_03_11
WVR_ID_03_06	WVR_ID_03_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_03_MM corresponds to the waiver type code (WVR_TYPE_CD_03_MM) for the same month.

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[WVR_ID_04_01](#)
[WVR_ID_04_02](#)
[WVR_ID_04_03](#)
[WVR_ID_04_04](#)
[WVR_ID_04_05](#)
[WVR_ID_04_06](#)
[WVR_ID_04_07](#)
[WVR_ID_04_08](#)
[WVR_ID_04_09](#)
[WVR_ID_04_10](#)
[WVR_ID_04_11](#)
[WVR_ID_04_12](#)

LABEL: Waiver ID (4th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 4th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_04_01	WVR_ID_04_07
WVR_ID_04_02	WVR_ID_04_08
WVR_ID_04_03	WVR_ID_04_09
WVR_ID_04_04	WVR_ID_04_10
WVR_ID_04_05	WVR_ID_04_11
WVR_ID_04_06	WVR_ID_04_12

LONG NAME:

WVR_ID_04_01	WVR_ID_04_07
WVR_ID_04_02	WVR_ID_04_08
WVR_ID_04_03	WVR_ID_04_09
WVR_ID_04_04	WVR_ID_04_10
WVR_ID_04_05	WVR_ID_04_11
WVR_ID_04_06	WVR_ID_04_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_04_MM corresponds to the waiver type code (WVR_TYPE_CD_04_MM) for the same month.

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[WVR_ID_05_01](#)
[WVR_ID_05_02](#)
[WVR_ID_05_03](#)
[WVR_ID_05_04](#)
[WVR_ID_05_05](#)
[WVR_ID_05_06](#)
[WVR_ID_05_07](#)
[WVR_ID_05_08](#)
[WVR_ID_05_09](#)
[WVR_ID_05_10](#)
[WVR_ID_05_11](#)
[WVR_ID_05_12](#)

LABEL: Waiver ID (5th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 5th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_05_01	WVR_ID_05_07
WVR_ID_05_02	WVR_ID_05_08
WVR_ID_05_03	WVR_ID_05_09
WVR_ID_05_04	WVR_ID_05_10
WVR_ID_05_05	WVR_ID_05_11
WVR_ID_05_06	WVR_ID_05_12

LONG NAME:

WVR_ID_05_01	WVR_ID_05_07
WVR_ID_05_02	WVR_ID_05_08
WVR_ID_05_03	WVR_ID_05_09
WVR_ID_05_04	WVR_ID_05_10
WVR_ID_05_05	WVR_ID_05_11
WVR_ID_05_06	WVR_ID_05_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_05_MM corresponds to the waiver type code (WVR_TYPE_CD_05_MM) for the same month.

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[WVR_ID_06_01](#)
[WVR_ID_06_02](#)
[WVR_ID_06_03](#)
[WVR_ID_06_04](#)
[WVR_ID_06_05](#)
[WVR_ID_06_06](#)
[WVR_ID_06_07](#)
[WVR_ID_06_08](#)
[WVR_ID_06_09](#)
[WVR_ID_06_10](#)
[WVR_ID_06_11](#)
[WVR_ID_06_12](#)

LABEL: Waiver ID (6th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 6th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_06_01	WVR_ID_06_07
WVR_ID_06_02	WVR_ID_06_08
WVR_ID_06_03	WVR_ID_06_09
WVR_ID_06_04	WVR_ID_06_10
WVR_ID_06_05	WVR_ID_06_11
WVR_ID_06_06	WVR_ID_06_12

LONG NAME:

WVR_ID_06_01	WVR_ID_06_07
WVR_ID_06_02	WVR_ID_06_08
WVR_ID_06_03	WVR_ID_06_09
WVR_ID_06_04	WVR_ID_06_10
WVR_ID_06_05	WVR_ID_06_11
WVR_ID_06_06	WVR_ID_06_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_06_MM corresponds to the waiver type code (WVR_TYPE_CD_06_MM) for the same month.

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[WVR_ID_07_01](#)
[WVR_ID_07_02](#)
[WVR_ID_07_03](#)
[WVR_ID_07_04](#)
[WVR_ID_07_05](#)
[WVR_ID_07_06](#)
[WVR_ID_07_07](#)
[WVR_ID_07_08](#)
[WVR_ID_07_09](#)
[WVR_ID_07_10](#)
[WVR_ID_07_11](#)
[WVR_ID_07_12](#)

LABEL: Waiver ID (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 7th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_07_01	WVR_ID_07_07
WVR_ID_07_02	WVR_ID_07_08
WVR_ID_07_03	WVR_ID_07_09
WVR_ID_07_04	WVR_ID_07_10
WVR_ID_07_05	WVR_ID_07_11
WVR_ID_07_06	WVR_ID_07_12

LONG NAME:

WVR_ID_07_01	WVR_ID_07_07
WVR_ID_07_02	WVR_ID_07_08
WVR_ID_07_03	WVR_ID_07_09
WVR_ID_07_04	WVR_ID_07_10
WVR_ID_07_05	WVR_ID_07_11
WVR_ID_07_06	WVR_ID_07_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_07_MM corresponds to the waiver type code (WVR_TYPE_CD_07_MM) for the same month.

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[WVR_ID_08_01](#)
[WVR_ID_08_02](#)
[WVR_ID_08_03](#)
[WVR_ID_08_04](#)
[WVR_ID_08_05](#)
[WVR_ID_08_06](#)
[WVR_ID_08_07](#)
[WVR_ID_08_08](#)
[WVR_ID_08_09](#)
[WVR_ID_08_10](#)
[WVR_ID_08_11](#)
[WVR_ID_08_12](#)

LABEL: Waiver ID (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 8th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_08_01	WVR_ID_08_07
WVR_ID_08_02	WVR_ID_08_08
WVR_ID_08_03	WVR_ID_08_09
WVR_ID_08_04	WVR_ID_08_10
WVR_ID_08_05	WVR_ID_08_11
WVR_ID_08_06	WVR_ID_08_12

LONG NAME:

WVR_ID_08_01	WVR_ID_08_07
WVR_ID_08_02	WVR_ID_08_08
WVR_ID_08_03	WVR_ID_08_09
WVR_ID_08_04	WVR_ID_08_10
WVR_ID_08_05	WVR_ID_08_11
WVR_ID_08_06	WVR_ID_08_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_08_MM corresponds to the waiver type code (WVR_TYPE_CD_08_MM) for the same month.

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[WVR_ID_09_01](#)
[WVR_ID_09_02](#)
[WVR_ID_09_03](#)
[WVR_ID_09_04](#)
[WVR_ID_09_05](#)
[WVR_ID_09_06](#)
[WVR_ID_09_07](#)
[WVR_ID_09_08](#)
[WVR_ID_09_09](#)
[WVR_ID_09_10](#)
[WVR_ID_09_11](#)
[WVR_ID_09_12](#)

LABEL: Waiver ID (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 9th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_09_01	WVR_ID_09_07
WVR_ID_09_02	WVR_ID_09_08
WVR_ID_09_03	WVR_ID_09_09
WVR_ID_09_04	WVR_ID_09_10
WVR_ID_09_05	WVR_ID_09_11
WVR_ID_09_06	WVR_ID_09_12

LONG NAME:

WVR_ID_09_01	WVR_ID_09_07
WVR_ID_09_02	WVR_ID_09_08
WVR_ID_09_03	WVR_ID_09_09
WVR_ID_09_04	WVR_ID_09_10
WVR_ID_09_05	WVR_ID_09_11
WVR_ID_09_06	WVR_ID_09_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_09_MM corresponds to the waiver type code (WVR_TYPE_CD_09_MM) for the same month.

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[WVR_ID_10_01](#)
[WVR_ID_10_02](#)
[WVR_ID_10_03](#)
[WVR_ID_10_04](#)
[WVR_ID_10_05](#)
[WVR_ID_10_06](#)
[WVR_ID_10_07](#)
[WVR_ID_10_08](#)
[WVR_ID_10_09](#)
[WVR_ID_10_10](#)
[WVR_ID_10_11](#)
[WVR_ID_10_12](#)

LABEL: Waiver ID (10th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 10th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_10_01	WVR_ID_10_07
WVR_ID_10_02	WVR_ID_10_08
WVR_ID_10_03	WVR_ID_10_09
WVR_ID_10_04	WVR_ID_10_10
WVR_ID_10_05	WVR_ID_10_11
WVR_ID_10_06	WVR_ID_10_12

LONG NAME:

WVR_ID_10_01	WVR_ID_10_07
WVR_ID_10_02	WVR_ID_10_08
WVR_ID_10_03	WVR_ID_10_09
WVR_ID_10_04	WVR_ID_10_10
WVR_ID_10_05	WVR_ID_10_11
WVR_ID_10_06	WVR_ID_10_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (1st-10th waiver ID) is indicated by the 3rd and 4th digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the 5th waiver ID).

The monthly WVR_ID_10_MM corresponds to the waiver type code (WVR_TYPE_CD_10_MM) for the same month.

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WVR_TYPE_CD_01_01
WVR_TYPE_CD_01_02
WVR_TYPE_CD_01_03
WVR_TYPE_CD_01_04
WVR_TYPE_CD_01_05
WVR_TYPE_CD_01_06
WVR_TYPE_CD_01_07
WVR_TYPE_CD_01_08
WVR_TYPE_CD_01_09
WVR_TYPE_CD_01_10
WVR_TYPE_CD_01_11
WVR_TYPE_CD_01_12

LABEL: Waiver Type Code (1st Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 1st of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_01_01	WVR_TYPE_CD_01_07
WVR_TYPE_CD_01_02	WVR_TYPE_CD_01_08
WVR_TYPE_CD_01_03	WVR_TYPE_CD_01_09
WVR_TYPE_CD_01_04	WVR_TYPE_CD_01_10
WVR_TYPE_CD_01_05	WVR_TYPE_CD_01_11
WVR_TYPE_CD_01_06	WVR_TYPE_CD_01_12

LONG NAME:

WVR_TYPE_CD_01_01	WVR_TYPE_CD_01_07
WVR_TYPE_CD_01_02	WVR_TYPE_CD_01_08
WVR_TYPE_CD_01_03	WVR_TYPE_CD_01_09
WVR_TYPE_CD_01_04	WVR_TYPE_CD_01_10
WVR_TYPE_CD_01_05	WVR_TYPE_CD_01_11
WVR_TYPE_CD_01_06	WVR_TYPE_CD_01_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_01_MM corresponds to the waiver ID (WVR_ID_01_MM) for the same month.

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[WVR_TYPE_CD_02_01](#)
[WVR_TYPE_CD_02_02](#)
[WVR_TYPE_CD_02_03](#)
[WVR_TYPE_CD_02_04](#)
[WVR_TYPE_CD_02_05](#)
[WVR_TYPE_CD_02_06](#)
[WVR_TYPE_CD_02_07](#)
[WVR_TYPE_CD_02_08](#)
[WVR_TYPE_CD_02_09](#)
[WVR_TYPE_CD_02_10](#)
[WVR_TYPE_CD_02_11](#)
[WVR_TYPE_CD_02_12](#)

LABEL: Waiver Type Code (2nd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 2nd of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_02_01	WVR_TYPE_CD_02_07
WVR_TYPE_CD_02_02	WVR_TYPE_CD_02_08
WVR_TYPE_CD_02_03	WVR_TYPE_CD_02_09
WVR_TYPE_CD_02_04	WVR_TYPE_CD_02_10
WVR_TYPE_CD_02_05	WVR_TYPE_CD_02_11
WVR_TYPE_CD_02_06	WVR_TYPE_CD_02_12

LONG NAME:

WVR_TYPE_CD_02_01	WVR_TYPE_CD_02_07
WVR_TYPE_CD_02_02	WVR_TYPE_CD_02_08
WVR_TYPE_CD_02_03	WVR_TYPE_CD_02_09
WVR_TYPE_CD_02_04	WVR_TYPE_CD_02_10
WVR_TYPE_CD_02_05	WVR_TYPE_CD_02_11
WVR_TYPE_CD_02_06	WVR_TYPE_CD_02_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_02_MM corresponds to the waiver ID (WVR_ID_02_MM) for the same month.

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WVR_TYPE_CD_03_01
WVR_TYPE_CD_03_02
WVR_TYPE_CD_03_03
WVR_TYPE_CD_03_04
WVR_TYPE_CD_03_05
WVR_TYPE_CD_03_06
WVR_TYPE_CD_03_07
WVR_TYPE_CD_03_08
WVR_TYPE_CD_03_09
WVR_TYPE_CD_03_10
WVR_TYPE_CD_03_11
WVR_TYPE_CD_03_12

LABEL: Waiver Type Code (3rd Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 3rd of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_03_01	WVR_TYPE_CD_03_07
WVR_TYPE_CD_03_02	WVR_TYPE_CD_03_08
WVR_TYPE_CD_03_03	WVR_TYPE_CD_03_09
WVR_TYPE_CD_03_04	WVR_TYPE_CD_03_10
WVR_TYPE_CD_03_05	WVR_TYPE_CD_03_11
WVR_TYPE_CD_03_06	WVR_TYPE_CD_03_12

LONG NAME:

WVR_TYPE_CD_03_01	WVR_TYPE_CD_03_07
WVR_TYPE_CD_03_02	WVR_TYPE_CD_03_08
WVR_TYPE_CD_03_03	WVR_TYPE_CD_03_09
WVR_TYPE_CD_03_04	WVR_TYPE_CD_03_10
WVR_TYPE_CD_03_05	WVR_TYPE_CD_03_11
WVR_TYPE_CD_03_06	WVR_TYPE_CD_03_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver
- Null/missing = source value is missing or unknown

COMMENT:

For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_03_MM corresponds to the waiver ID (WVR_ID_03_MM) for the same month.

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[WVR_TYPE_CD_04_01](#)
[WVR_TYPE_CD_04_02](#)
[WVR_TYPE_CD_04_03](#)
[WVR_TYPE_CD_04_04](#)
[WVR_TYPE_CD_04_05](#)
[WVR_TYPE_CD_04_06](#)
[WVR_TYPE_CD_04_07](#)
[WVR_TYPE_CD_04_08](#)
[WVR_TYPE_CD_04_09](#)
[WVR_TYPE_CD_04_10](#)
[WVR_TYPE_CD_04_11](#)
[WVR_TYPE_CD_04_12](#)

LABEL: Waiver Type Code (4th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 4th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_04_01	WVR_TYPE_CD_04_07
WVR_TYPE_CD_04_02	WVR_TYPE_CD_04_08
WVR_TYPE_CD_04_03	WVR_TYPE_CD_04_09
WVR_TYPE_CD_04_04	WVR_TYPE_CD_04_10
WVR_TYPE_CD_04_05	WVR_TYPE_CD_04_11
WVR_TYPE_CD_04_06	WVR_TYPE_CD_04_12

LONG NAME:

WVR_TYPE_CD_04_01	WVR_TYPE_CD_04_07
WVR_TYPE_CD_04_02	WVR_TYPE_CD_04_08
WVR_TYPE_CD_04_03	WVR_TYPE_CD_04_09
WVR_TYPE_CD_04_04	WVR_TYPE_CD_04_10
WVR_TYPE_CD_04_05	WVR_TYPE_CD_04_11
WVR_TYPE_CD_04_06	WVR_TYPE_CD_04_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_04_MM corresponds to the waiver ID (WVR_ID_04_MM) for the same month.

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[WVR_TYPE_CD_05_01](#)
[WVR_TYPE_CD_05_02](#)
[WVR_TYPE_CD_05_03](#)
[WVR_TYPE_CD_05_04](#)
[WVR_TYPE_CD_05_05](#)
[WVR_TYPE_CD_05_06](#)
[WVR_TYPE_CD_05_07](#)
[WVR_TYPE_CD_05_08](#)
[WVR_TYPE_CD_05_09](#)
[WVR_TYPE_CD_05_10](#)
[WVR_TYPE_CD_05_11](#)
[WVR_TYPE_CD_05_12](#)

LABEL: Waiver Type Code (5th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 5th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_05_01	WVR_TYPE_CD_05_07
WVR_TYPE_CD_05_02	WVR_TYPE_CD_05_08
WVR_TYPE_CD_05_03	WVR_TYPE_CD_05_09
WVR_TYPE_CD_05_04	WVR_TYPE_CD_05_10
WVR_TYPE_CD_05_05	WVR_TYPE_CD_05_11
WVR_TYPE_CD_05_06	WVR_TYPE_CD_05_12

LONG NAME:

WVR_TYPE_CD_05_01	WVR_TYPE_CD_05_07
WVR_TYPE_CD_05_02	WVR_TYPE_CD_05_08
WVR_TYPE_CD_05_03	WVR_TYPE_CD_05_09
WVR_TYPE_CD_05_04	WVR_TYPE_CD_05_10
WVR_TYPE_CD_05_05	WVR_TYPE_CD_05_11
WVR_TYPE_CD_05_06	WVR_TYPE_CD_05_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_05_MM corresponds to the waiver ID (WVR_ID_05_MM) for the same month.

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[WVR_TYPE_CD_06_01](#)
[WVR_TYPE_CD_06_02](#)
[WVR_TYPE_CD_06_03](#)
[WVR_TYPE_CD_06_04](#)
[WVR_TYPE_CD_06_05](#)
[WVR_TYPE_CD_06_06](#)
[WVR_TYPE_CD_06_07](#)
[WVR_TYPE_CD_06_08](#)
[WVR_TYPE_CD_06_09](#)
[WVR_TYPE_CD_06_10](#)
[WVR_TYPE_CD_06_11](#)
[WVR_TYPE_CD_06_12](#)

LABEL: Waiver Type Code (6th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 6th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_06_01	WVR_TYPE_CD_06_07
WVR_TYPE_CD_06_02	WVR_TYPE_CD_06_08
WVR_TYPE_CD_06_03	WVR_TYPE_CD_06_09
WVR_TYPE_CD_06_04	WVR_TYPE_CD_06_10
WVR_TYPE_CD_06_05	WVR_TYPE_CD_06_11
WVR_TYPE_CD_06_06	WVR_TYPE_CD_06_12

LONG NAME:

WVR_TYPE_CD_06_01	WVR_TYPE_CD_06_07
WVR_TYPE_CD_06_02	WVR_TYPE_CD_06_08
WVR_TYPE_CD_06_03	WVR_TYPE_CD_06_09
WVR_TYPE_CD_06_04	WVR_TYPE_CD_06_10
WVR_TYPE_CD_06_05	WVR_TYPE_CD_06_11
WVR_TYPE_CD_06_06	WVR_TYPE_CD_06_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_06_MM corresponds to the waiver ID (WVR_ID_06_MM) for the same month.

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[WVR_TYPE_CD_07_01](#)
[WVR_TYPE_CD_07_02](#)
[WVR_TYPE_CD_07_03](#)
[WVR_TYPE_CD_07_04](#)
[WVR_TYPE_CD_07_05](#)
[WVR_TYPE_CD_07_06](#)
[WVR_TYPE_CD_07_07](#)
[WVR_TYPE_CD_07_08](#)
[WVR_TYPE_CD_07_09](#)
[WVR_TYPE_CD_07_10](#)
[WVR_TYPE_CD_07_11](#)
[WVR_TYPE_CD_07_12](#)

LABEL: Waiver Type Code (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 7th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_07_01	WVR_TYPE_CD_07_07
WVR_TYPE_CD_07_02	WVR_TYPE_CD_07_08
WVR_TYPE_CD_07_03	WVR_TYPE_CD_07_09
WVR_TYPE_CD_07_04	WVR_TYPE_CD_07_10
WVR_TYPE_CD_07_05	WVR_TYPE_CD_07_11
WVR_TYPE_CD_07_06	WVR_TYPE_CD_07_12

LONG NAME:

WVR_TYPE_CD_07_01	WVR_TYPE_CD_07_07
WVR_TYPE_CD_07_02	WVR_TYPE_CD_07_08
WVR_TYPE_CD_07_03	WVR_TYPE_CD_07_09
WVR_TYPE_CD_07_04	WVR_TYPE_CD_07_10
WVR_TYPE_CD_07_05	WVR_TYPE_CD_07_11
WVR_TYPE_CD_07_06	WVR_TYPE_CD_07_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver
- Null/missing = source value is missing or unknown

COMMENT:

For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_07_MM corresponds to the waiver ID (WVR_ID_07_MM) for the same month.

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[WVR_TYPE_CD_08_01](#)
[WVR_TYPE_CD_08_02](#)
[WVR_TYPE_CD_08_03](#)
[WVR_TYPE_CD_08_04](#)
[WVR_TYPE_CD_08_05](#)
[WVR_TYPE_CD_08_06](#)
[WVR_TYPE_CD_08_07](#)
[WVR_TYPE_CD_08_08](#)
[WVR_TYPE_CD_08_09](#)
[WVR_TYPE_CD_08_10](#)
[WVR_TYPE_CD_08_11](#)
[WVR_TYPE_CD_08_12](#)

LABEL: Waiver Type Code (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 8th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_08_01	WVR_TYPE_CD_08_07
WVR_TYPE_CD_08_02	WVR_TYPE_CD_08_08
WVR_TYPE_CD_08_03	WVR_TYPE_CD_08_09
WVR_TYPE_CD_08_04	WVR_TYPE_CD_08_10
WVR_TYPE_CD_08_05	WVR_TYPE_CD_08_11
WVR_TYPE_CD_08_06	WVR_TYPE_CD_08_12

LONG NAME:

WVR_TYPE_CD_08_01	WVR_TYPE_CD_08_07
WVR_TYPE_CD_08_02	WVR_TYPE_CD_08_08
WVR_TYPE_CD_08_03	WVR_TYPE_CD_08_09
WVR_TYPE_CD_08_04	WVR_TYPE_CD_08_10
WVR_TYPE_CD_08_05	WVR_TYPE_CD_08_11
WVR_TYPE_CD_08_06	WVR_TYPE_CD_08_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_08_MM corresponds to the waiver ID (WVR_ID_08_MM) for the same month.

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[WVR_TYPE_CD_09_01](#)
[WVR_TYPE_CD_09_02](#)
[WVR_TYPE_CD_09_03](#)
[WVR_TYPE_CD_09_04](#)
[WVR_TYPE_CD_09_05](#)
[WVR_TYPE_CD_09_06](#)
[WVR_TYPE_CD_09_07](#)
[WVR_TYPE_CD_09_08](#)
[WVR_TYPE_CD_09_09](#)
[WVR_TYPE_CD_09_10](#)
[WVR_TYPE_CD_09_11](#)
[WVR_TYPE_CD_09_12](#)

LABEL: Waiver Type Code (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 9th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_09_01	WVR_TYPE_CD_09_07
WVR_TYPE_CD_09_02	WVR_TYPE_CD_09_08
WVR_TYPE_CD_09_03	WVR_TYPE_CD_09_09
WVR_TYPE_CD_09_04	WVR_TYPE_CD_09_10
WVR_TYPE_CD_09_05	WVR_TYPE_CD_09_11
WVR_TYPE_CD_09_06	WVR_TYPE_CD_09_12

LONG NAME:

WVR_TYPE_CD_09_01	WVR_TYPE_CD_09_07
WVR_TYPE_CD_09_02	WVR_TYPE_CD_09_08
WVR_TYPE_CD_09_03	WVR_TYPE_CD_09_09
WVR_TYPE_CD_09_04	WVR_TYPE_CD_09_10
WVR_TYPE_CD_09_05	WVR_TYPE_CD_09_11
WVR_TYPE_CD_09_06	WVR_TYPE_CD_09_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration.
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_09_MM corresponds to the waiver ID (WVR_ID_09_MM) for the same month.

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WVR_TYPE_CD_10_01
WVR_TYPE_CD_10_02
WVR_TYPE_CD_10_03
WVR_TYPE_CD_10_04
WVR_TYPE_CD_10_05
WVR_TYPE_CD_10_06
WVR_TYPE_CD_10_07
WVR_TYPE_CD_10_08
WVR_TYPE_CD_10_09
WVR_TYPE_CD_10_10
WVR_TYPE_CD_10_11
WVR_TYPE_CD_10_12

LABEL: Waiver Type Code (10th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 10th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_10_01	WVR_TYPE_CD_10_07
WVR_TYPE_CD_10_02	WVR_TYPE_CD_10_08
WVR_TYPE_CD_10_03	WVR_TYPE_CD_10_09
WVR_TYPE_CD_10_04	WVR_TYPE_CD_10_10
WVR_TYPE_CD_10_05	WVR_TYPE_CD_10_11
WVR_TYPE_CD_10_06	WVR_TYPE_CD_10_12

LONG NAME:

WVR_TYPE_CD_10_01	WVR_TYPE_CD_10_07
WVR_TYPE_CD_10_02	WVR_TYPE_CD_10_08
WVR_TYPE_CD_10_03	WVR_TYPE_CD_10_09
WVR_TYPE_CD_10_04	WVR_TYPE_CD_10_10
WVR_TYPE_CD_10_05	WVR_TYPE_CD_10_11
WVR_TYPE_CD_10_06	WVR_TYPE_CD_10_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (1st-10th waiver type code) is indicated by the 3rd and 4th digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the 5th waiver type code).

The monthly WVR_TYPE_CD_10_MM corresponds to the waiver ID (WVR_ID_10_MM) for the same month.

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