This page intentionally left blank.
# Revision Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Changed by</th>
<th>Revisions</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2021</td>
<td>K. Schneider</td>
<td>Initial release of codebook</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>K. Russell</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Tips on Navigating the Codebook**

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

Each APL TAF is comprised of five files — a Base file and four supplemental files: 1) Location, 2) Operating Authority, 3) Population Enrolled, and 4) Service Area. All five files can be linked together using unique keys that are constructed based on various data elements.

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

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

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

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

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

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

Variable Details

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCW_APL_LINK_KEY</td>
<td>1</td>
</tr>
<tr>
<td>CCW_LD_DT</td>
<td>2</td>
</tr>
<tr>
<td>CHIP_CVRG_CHLDRN_POP_IND</td>
<td>3</td>
</tr>
<tr>
<td>CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND</td>
<td>4</td>
</tr>
<tr>
<td>CHIP_OPTNS_CVRG_CHLDRN_POP_IND</td>
<td>5</td>
</tr>
<tr>
<td>CMS_RGN</td>
<td>6</td>
</tr>
<tr>
<td>DA_RUN_ID</td>
<td>7</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_1</td>
<td>8</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_2</td>
<td>8</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_3</td>
<td>8</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_4</td>
<td>8</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_5</td>
<td>8</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_END_DT_1</td>
<td>9</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_END_DT_2</td>
<td>9</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_END_DT_3</td>
<td>9</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_END_DT_4</td>
<td>9</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_END_DT_5</td>
<td>9</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_1</td>
<td>10</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_2</td>
<td>10</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_3</td>
<td>10</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_4</td>
<td>10</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_5</td>
<td>10</td>
</tr>
<tr>
<td>MC_ENT_GOVT_PCT</td>
<td>11</td>
</tr>
<tr>
<td>MC_ENT_PRFT_STUS_CD</td>
<td>12</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_01</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_02</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_03</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_04</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_05</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_06</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_07</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_08</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_09</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_10</td>
<td>13</td>
</tr>
<tr>
<td>MC_PLAN_ACTV_IND_11</td>
<td>13</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>MC_PLAN_OPRTG_AUTH_ACTV_IND_01</td>
<td>Codebook: Annual Managed Care Plan RIFs</td>
</tr>
<tr>
<td>MC_PLAN_OPRTG_AUTH_ACTV_IND_02</td>
<td>Codebook: Annual Managed Care Plan RIFs</td>
</tr>
<tr>
<td>MC_PLAN_LCTN_ACTV_IND_01</td>
<td>MC_PLAN_LCTN_ACTV_IND_02</td>
</tr>
<tr>
<td>MC_PLAN_LCTN_ACTV_IND_03</td>
<td>MC_PLAN_LCTN_ACTV_IND_04</td>
</tr>
<tr>
<td>MC_PLAN_LCTN_ACTV_IND_05</td>
<td>MC_PLAN_LCTN_ACTV_IND_06</td>
</tr>
<tr>
<td>MC_PLAN_LCTN_ACTV_IND_07</td>
<td>MC_PLAN_LCTN_ACTV_IND_08</td>
</tr>
<tr>
<td>MC_PLAN_LCTN_ACTV_IND_09</td>
<td>MC_PLAN_LCTN_ACTV_IND_10</td>
</tr>
<tr>
<td>MC_PLAN_LCTN_ACTV_IND_11</td>
<td>MC_PLAN_LCTN_ACTV_IND_12</td>
</tr>
<tr>
<td>MC_PLAN_LCTN_ID</td>
<td></td>
</tr>
</tbody>
</table>
Variable Details

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

**CCW_APL_LINK_KEY**

**LABEL:** CCW Key to Link APL Base Record to Related Supplement Records

**DESCRIPTION:** CCW Key to Link Annual Managed Care Plan (APL) Base record to corresponding Supplemental file records.

**SHORT NAME:** CCW_APL_LINK_KEY

**LONG NAME:** CCW_APL_LINK_KEY

**TYPE:** NUM

**LENGTH:** 15

**FILE(S):** All Annual Managed Care Plan files

**SOURCE:** CCW (derived)

**VALUES:** Alphanumeric character string (e.g., 123456789)

**COMMENT:** The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state plan identification number (MC_PLAN_ID). This is the unique key for linking all records in the APL Base file to the APL supplemental files. Please note that there can be more than 1 record in the APL supplemental files for each CCW_APL_LINK_KEY.
**CCW_LD_DT**

**LABEL:** CCW Load Date  
**DESCRIPTION:** The Date Source file was Loaded to the CCW.  
**SHORT NAME:** CCW_LD_DT  
**LONG NAME:** CCW_LD_DT  
**TYPE:** DATE  
**LENGTH:** 8  
**FILE(S):** APL Base  
**SOURCE:** CCW (derived)  
**VALUES:** Date (numeric, system dependent) e.g., 31DEC2015  
**COMMENT:** States may resubmit T-MSIS data to CMS. This date indicates when the TAF file was obtained by CCW. As a result, CCW load dates may not be the same across states for a given TAF RIF service year.
**CHIP_CVRG_CHLDRN_POP_IND**

**LABEL:** Eligible Population Indicator: CHIP Coverage Children — Ever in Calendar Year

**DESCRIPTION:** Indicates if the managed care entity is authorized to enroll the CHIP Coverage — Children eligibility groups; ever in the calendar year.

**SHORT NAME:** CHIP_CVRG_CHLDRN_POP_IND

**LONG NAME:** CHIP_CVRG_CHLDRN_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of 61 (Targeted Low-Income Children), 62 (Deemed Newborn) or 63 (Children Ineligible for Medicaid Due to Loss of Income Disregards) in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

[^Back to TOC^]
CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND

LABEL: Eligible Population Indicator: CHIP Additional Coverage Options for Pregnant Women — Ever in Calendar Year

DESCRIPTION: Indicates if the managed care entity is authorized to enroll the CHIP Additional Options for Coverage - Pregnant Women eligibility groups; ever in the calendar year.

SHORT NAME: CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND

LONG NAME: CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This variable will never contain NULL values.

This data element is triggered by a value of 67 (Targeted Low-Income Pregnant Women), or 68 (Pregnant Women with Access to Public Employee Coverage) in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.
CHIP_OPTNS_CVRG_CHLDRN_POP_IND

LABEL: Eligible Population Indicator: CHIP Additional Coverage Options for Children — Ever in Calendar Year

DESCRIPTION: Indicates if the managed care entity is authorized to enroll the CHIP Additional Options for Coverage - Children eligibility groups; ever in the calendar year.

SHORT NAME: CHIP_OPTNS_CVRG_CHLDRN_POP_IND

LONG NAME: CHIP_OPTNS_CVRG_CHLDRN_POP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This variable will never contain NULL values.

This data element is triggered by a value of 64 (Coverage from Conception to Birth), 65 (Children with Access to Public Employee Coverage), or 66 (Children Eligible for Dental Only Supplemental Coverage) in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

^Back to TOC^
**CMS_RGN**

**LABEL:** CMS Region for Submitting State

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

**SHORT NAME:** CMS_RGN

**LONG NAME:** CMS_RGN

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

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

**COMMENT:** —
<table>
<thead>
<tr>
<th><strong>DA_RUN_ID</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LABEL:</strong></td>
</tr>
<tr>
<td><strong>DESCRIPTION:</strong></td>
</tr>
<tr>
<td><strong>SHORT NAME:</strong></td>
</tr>
<tr>
<td><strong>LONG NAME:</strong></td>
</tr>
<tr>
<td><strong>TYPE:</strong></td>
</tr>
<tr>
<td><strong>LENGTH:</strong></td>
</tr>
<tr>
<td><strong>FILE(S):</strong></td>
</tr>
<tr>
<td><strong>SOURCE:</strong></td>
</tr>
<tr>
<td><strong>VALUES:</strong></td>
</tr>
<tr>
<td><strong>COMMENT:</strong></td>
</tr>
<tr>
<td>Code</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_1</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_2</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_3</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_4</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_5</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_6</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_7</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_8</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_9</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ACHVMT_DT_10</td>
</tr>
<tr>
<td>APL Base</td>
</tr>
<tr>
<td>T-MSIS Annual Managed Care Plan TAF</td>
</tr>
<tr>
<td>Date (numeric, system dependent) e.g., 31DEC2015</td>
</tr>
<tr>
<td>Null/missing = not applicable (no associated accreditation organization (MC_ENT_ACRDTN_ORG_CD_#))</td>
</tr>
<tr>
<td>This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC_ENT_ACRDTN_ORG_CD value (lowest value is considered MC_ENT_ACRDTN_ORG_CD_1); the associated MC_ENT_ACRDTN_ACHVMT_DT and MC_ENT_ACRDTN_END_DT use the same numeric suffix. That is, the MC_ENT_ACRDTN_ACHVMT_DT_1 is the accreditation achievement start date associated with MC_ENT_ACRDTN_ORG_CD_1 and MC_ENT_ACRDTN_ACHVMT_DT_2 is the achievement start date associated with MC_ENT_ACRDTN_ORG_CD_2.</td>
</tr>
</tbody>
</table>
**MC_ENT_ACRDTN_END_DT_1**

**MC_ENT_ACRDTN_END_DT_2**

**MC_ENT_ACRDTN_END_DT_3**

**MC_ENT_ACRDTN_END_DT_4**

**MC_ENT_ACRDTN_END_DT_5**

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

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

**SHORT NAME:**

- `MC_ENT_ACRDTN_END_DT_1`
- `MC_ENT_ACRDTN_END_DT_2`
- `MC_ENT_ACRDTN_END_DT_3`
- `MC_ENT_ACRDTN_END_DT_4`
- `MC_ENT_ACRDTN_END_DT_5`

**LONG NAME:**

- `MC_ENT_ACRDTN_END_DT_1`
- `MC_ENT_ACRDTN_END_DT_2`
- `MC_ENT_ACRDTN_END_DT_3`
- `MC_ENT_ACRDTN_END_DT_4`
- `MC_ENT_ACRDTN_END_DT_5`

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

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

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

[^Back to TOC^]
**MC_ENT_ACRDTN_ORG_CD_1**

**MC_ENT_ACRDTN_ORG_CD_2**

**MC_ENT_ACRDTN_ORG_CD_3**

**MC_ENT_ACRDTN_ORG_CD_4**

**MC_ENT_ACRDTN_ORG_CD_5**

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

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

**SHORT NAME:**

<table>
<thead>
<tr>
<th>Short Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_1</td>
<td>MC_ENT_ACRDTN_ORG_CD_3</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_2</td>
<td>MC_ENT_ACRDTN_ORG_CD_4</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_3</td>
<td>MC_ENT_ACRDTN_ORG_CD_5</td>
</tr>
</tbody>
</table>

**LONG NAME:**

<table>
<thead>
<tr>
<th>Long Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_1</td>
<td>MC_ENT_ACRDTN_ORG_CD_3</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_2</td>
<td>MC_ENT_ACRDTN_ORG_CD_4</td>
</tr>
<tr>
<td>MC_ENT_ACRDTN_ORG_CD_3</td>
<td>MC_ENT_ACRDTN_ORG_CD_5</td>
</tr>
</tbody>
</table>

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>National Committee for Quality Assurance — excellent</td>
</tr>
<tr>
<td>02</td>
<td>National Committee for Quality Assurance — commendable</td>
</tr>
<tr>
<td>03</td>
<td>National Committee for Quality Assurance — provisional</td>
</tr>
<tr>
<td>05</td>
<td>URAC — full</td>
</tr>
<tr>
<td>06</td>
<td>URAC — conditional</td>
</tr>
<tr>
<td>07</td>
<td>URAC — provisional</td>
</tr>
<tr>
<td>08</td>
<td>Accreditation Association for Ambulatory Health Care (AAAHC) — 3 years</td>
</tr>
<tr>
<td>11</td>
<td>Not accredited</td>
</tr>
<tr>
<td>12</td>
<td>Other</td>
</tr>
<tr>
<td>13</td>
<td>National Committee for Quality Assurance — accredited</td>
</tr>
<tr>
<td>14</td>
<td>National Committee for Quality Assurance — interim</td>
</tr>
<tr>
<td>15</td>
<td>National Committee for Quality Assurance — denied</td>
</tr>
<tr>
<td>Null/missing</td>
<td></td>
</tr>
</tbody>
</table>

**COMMENT:** This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC_ENT_ACRDTN_ORG_CD (lowest value is considered MC_ENT_ACRDTN_ORG_CD_1); the associated MC_ENT_ACRDTN_ACHVMT_DT and MC_ENT_ACRDTN_END_DT use the same numeric suffix. There can be more than one entry for an ACRDTN_ORG if more than one date range was found on the monthly records.
**MC_ENT_GOVT_PCT**

**LABEL:** Managed Care Entity Percent of Revenue from Medicare and Medicaid — Latest in Year

**DESCRIPTION:** The percentage of the managed care entity’s total revenue that is derived from contracts with Medicare (Parts C and D) in the state and State Medicaid agency contract(s) in the prior calendar year; most recent in the calendar year.

**SHORT NAME:** MC_ENT_GOVT_PCT

**LONG NAME:** MC_ENT_GOVT_PCT

**TYPE:** NUM

**LENGTH:** 3

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:** Values are 0 through 100 or Null/missing

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

Guidance to plans was to include Medicaid and Medicare in calculation of percentage of business in public programs for IRS health insurer tax exemption as required in the Affordable Care Act (ACA).
MC_ENT_PRFT_STUS_CD

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

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

SHORT NAME: MC_ENT_PRFT_STUS_CD

LONG NAME: MC_ENT_PRFT_STUS_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

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

COMMENT: The value was chosen using the last-best method for values from the monthly TAF (calendar year).
MC_PLAN_ACTV_IND_01
MC_PLAN_ACTV_IND_02
MC_PLAN_ACTV_IND_03
MC_PLAN_ACTV_IND_04
MC_PLAN_ACTV_IND_05
MC_PLAN_ACTV_IND_06
MC_PLAN_ACTV_IND_07
MC_PLAN_ACTV_IND_08
MC_PLAN_ACTV_IND_09
MC_PLAN_ACTV_IND_10
MC_PLAN_ACTV_IND_11
MC_PLAN_ACTV_IND_12

LABEL: Managed Care Plan Active Indicator — January through December

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF
VALUES:  
0 = No  
1 = Yes  

COMMENT: —
MC_PLAN_ADR_LINE_1
MC_PLAN_ADR_LINE_2
MC_PLAN_ADR_LINE_3

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

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

SHORT NAME: MC_PLAN_ADR_LINE_1
MC_PLAN_ADR_LINE_2
MC_PLAN_ADR_LINE_3

LONG NAME: MC_PLAN_ADR_LINE_1
MC_PLAN_ADR_LINE_2
MC_PLAN_ADR_LINE_3

TYPE: CHAR

LENGTH: 90

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Street address, numbers, and spaces

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

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

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

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

SHORT NAME: MC_PLAN_CBSA_CD

LONG NAME: MC_PLAN_CBSA_CD

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

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

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

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

**LABEL:** Managed Care Plan Location — City

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

**SHORT NAME:** MC_PLAN_CITY

**LONG NAME:** MC_PLAN_CITY

**TYPE:** CHAR

**LENGTH:** 42

**FILE(S):** APL Location

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:** City name

**COMMENT:** —
**MC_PLAN_CNTRCT_ADDTNL_PRD_IND**

**LABEL:** Managed Care Plan Contract Additional Period Indicator

**DESCRIPTION:** This flag indicates whether the managed care plan has additional contract time periods not continuous to the range reported on the Base file, relevant to this calendar year.

**SHORT NAME:** MC_PLAN_CNTRCT_ADDTNL_PRD_IND

**LONG NAME:** MC_PLAN_CNTRCT_ADDTNL_PRD_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes (an additional contract time period)

**COMMENT:** If the T-MSIS records included any managed care contract effective and end date ranges that were not continuous with the APL Base record’s continuous managed care contract effective and end date (i.e., the MC_PLAN_CNTRCT_START_DT and MC_PLAN_CNTRCT_END_DT), then this flag will be equal to 1.

^Back to TOC^
**MC_PLAN_CNTRCT_END_DT**

**LABEL:** Managed Care Plan Contract End Date

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

**SHORT NAME:** MC_PLAN_CNTRCT_END_DT

**LONG NAME:** MC_PLAN_CNTRCT_END_DT

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

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

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

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

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

**LABEL:** Managed Care Plan Contract Start Date

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

**SHORT NAME:** MC_PLAN_CNTRCT_START_DT

**LONG NAME:** MC_PLAN_CNTRCT_START_DT

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

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

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

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

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

LABEL: Managed Care Plan Location — County (FIPS) Code

DESCRIPTION: The county FIPS code for the managed care plan service location associated with a unique managed care service location ID.

SHORT NAME: MC_PLAN_CNTY_CD

LONG NAME: MC_PLAN_CNTY_CD

TYPE: CHAR

LENGTH: 4

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: Three digit numeric, with leading zeros (e.g., 087)  
https://www.nber.org/data/ssa-fips-state-county-crosswalk.html

COMMENT: Codes represent FIPS county codes.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_01</td>
<td>Managed Care Plan Eligible Population Active Indicator — January through December</td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_02</td>
<td>A flag to indicate the managed care entity authorized to enroll the Medicaid population specified in the MC_PLAN_ELGBLTY_GRP_POP_CD variable was active in the given month. Each of 12 months.</td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_03</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_04</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_05</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_06</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_07</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_08</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_09</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_10</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_11</td>
<td></td>
</tr>
<tr>
<td>MC_PLAN_ELGBL_POP_ACTV_IND_12</td>
<td></td>
</tr>
</tbody>
</table>

**Type:** CHAR

**Length:** 1

**File(s):** APL Population Enrolled

**Source:** T-MSIS Annual Managed Care Plan TAF
VALUES: 0 = No 1 = Yes

COMMENT: —
**MC_PLAN_ELGBLTY_GRP_POP_CD**

**LABEL:** Managed Care Plan Authorized Eligibility Group Population Code

**DESCRIPTION:** The eligibility group(s) the state is authorized to enroll in managed care plans by its operating authority

**SHORT NAME:** MC_PLAN_ELGBLTY_GRP_POP_CD

**LONG NAME:** MC_PLAN_ELGBLTY_GRP_POP_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Population Enrolled

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 01 = Parents and Other Caretaker Relatives
- 02 = Transitional Medical Assistance
- 03 = Extended Medicaid due to Earnings
- 04 = Extended Medicaid due to Spousal Support Collections
- 05 = Pregnant Women
- 06 = Deemed Newborns
- 07 = Infants and Children under Age 19
- 08 = Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care
- 09 = Former Foster Care Children
- 11 = Individuals Receiving SSI
- 12 = Aged, Blind and Disabled Individuals in 209(b) States
- 13 = Individuals Receiving Mandatory State Supplements
- 14 = Individuals Who Are Essential Spouses
- 15 = Institutionalized Individuals Continuously Eligible Since 1973
- 16 = Blind or Disabled Individuals Eligible in 1973
- 17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972
- 18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977
- 19 = Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI
- 20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security
- 21 = Working Disabled under 1619(b)
- 22 = Disabled Adult Children
- 23 = Qualified Medicare Beneficiaries
- 24 = Qualified Disabled and Working Individuals
- 25 = Specified Low Income Medicare Beneficiaries
- 26 = Qualifying Individuals
- 27 = Optional Coverage of Parents and Other Caretaker Relatives
- 28 = Reasonable Classifications of Individuals under Age 21
- 29 = Children with Non-IV-E Adoption Assistance
- 30 = Independent Foster Care Adolescents
- 31 = Optional Targeted Low-Income Children
- 32 = Individuals Electing COBRA Continuation Coverage
33 = Individuals above 133% FPL under Age 65
34 = Certain Individuals Needing Treatment for Breast or Cervical Cancer
35 = Individuals Eligible for Family Planning Services
36 = Individuals with Tuberculosis
37 = Aged, Blind, or Disabled Individuals Eligible for but Not Receiving Cash Assistance
38 = Individuals Eligible for Cash Assistance except for Institutionalization
39 = Individuals Receiving Home and Community Based Services under Institutional Rules
40 = Optional State Supplement Recipients — 1634 States, and SSI Criteria States with 1616 Agreements
41 = Optional State Supplement Recipients — 209(b) States, and SSI Criteria States without 1616 Agreements
42 = Institutionalized Individuals Eligible under a Special Income Level
43 = Individuals participating in a PACE Program under Institutional Rules
44 = Individuals Receiving Hospice Care
45 = Qualified Disabled Children under Age 19
46 = Poverty Level Aged or Disabled
47 = Work Incentives Eligibility Group
48 = Ticket to Work Basic Group
49 = Ticket to Work Medical Improvements Group
50 = Family Opportunity Act Children with Disabilities
51 = Individuals Eligible for Home and Community-Based Services
52 = Individuals Eligible for Home and Community-Based Services — Special Income Level
53 = Medically Needy Pregnant Women
54 = Medically Needy Children under Age 18
55 = Medically Needy Children Age 18 through 20
56 = Medically Needy Parents and Other Caretakers
59 = Medically Needy Aged, Blind or Disabled
60 = Medically Needy Blind or Disabled Individuals Eligible in 1973
61 = Targeted Low-Income Children
62 = Deemed Newborn
63 = Children Ineligible for Medicaid Due to Loss of Income Disregards
64 = Coverage from Conception to Birth
65 = Children with Access to Public Employee Coverage
66 = Children Eligible for Dental Only Supplemental Coverage
67 = Targeted Low-Income Pregnant Women
68 = Pregnant Women with Access to Public Employee Coverage
69 = Individuals with Mental Health Conditions (expansion group)
70 = Family Planning Participants (expansion group)
71 = Other expansion group
72 = Adult Group — Individuals at or below 133% FPL,19–64, newly eligible for all states
73 = Adult Group — Individuals at or below 133% FPL,19–64, not newly eligible for non 1905z(3) states
74 = Adult Group — Individuals at or below 133% FPL,19–64, not newly eligible parent/caretaker-relative(s) in 1905z(3) states
75 = Adult Group — Individuals at or below 133% FPL,19–64, not newly eligible non-parent/caretaker-relative(s) in 1905z(3) states
76 = Uninsured Individual eligible for COVID-19 testing — Uninsured individuals who are eligible for medical assistance for COVID-19 diagnostic products and any visit described as a COVID-19
testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020.

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

**LABEL:** Managed Care Plan Identification Number

**DESCRIPTION:** Contains the ID number the state issued to the managed care entity.

**SHORT NAME:** MC_PLAN_ID

**LONG NAME:** MC_PLAN_ID

**TYPE:** CHAR

**LENGTH:** 12

**FILE(S):** All Annual Managed Care Plan files

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:** State-assigned unique managed care identification number. The field can contain any alphanumeric characters, digits, or symbols (e.g., 01234816, 45, CH)

**COMMENT:** This variable will never contain NULL values.

This field, in conjunction with other fields, can be used to link to other TAF.
MC_PLAN_LCTN_ACTV_IND_01
MC_PLAN_LCTN_ACTV_IND_02
MC_PLAN_LCTN_ACTV_IND_03
MC_PLAN_LCTN_ACTV_IND_04
MC_PLAN_LCTN_ACTV_IND_05
MC_PLAN_LCTN_ACTV_IND_06
MC_PLAN_LCTN_ACTV_IND_07
MC_PLAN_LCTN_ACTV_IND_08
MC_PLAN_LCTN_ACTV_IND_09
MC_PLAN_LCTN_ACTV_IND_10
MC_PLAN_LCTN_ACTV_IND_11
MC_PLAN_LCTN_ACTV_IND_12

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

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

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

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

TYPE: CHAR

LENGTH: 1

FILE(S): APL Location

SOURCE: T-MSIS Annual Managed Care Plan TAF
VALUES:  
0 = No  
1 = Yes  

COMMENT: —
**MC_PLAN_LCTN_ID**

**LABEL:** Managed Care Plan Location Identifier

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

**SHORT NAME:** MC_PLAN_LCTN_ID

**LONG NAME:** MC_PLAN_LCTN_ID

**TYPE:** CHAR

**LENGTH:** 15

**FILE(S):** APL Location

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:** State-reported location identification number. The field can contain any alphanumeric characters, digits or symbols (e.g., 13222.00001, 1)

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

**LABEL:** Managed Care Plan Name

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

**SHORT NAME:** MC_PLAN_NAME

**LONG NAME:** MC_PLAN_NAME

**TYPE:** CHAR

**LENGTH:** 82

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

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

**COMMENT:** The value was chosen using the last-best method for values from the monthly TAF (calendar year).
MC_PLAN_OPRTG_AUTH_ACTV_IND_01
MC_PLAN_OPRTG_AUTH_ACTV_IND_02
MC_PLAN_OPRTG_AUTH_ACTV_IND_03
MC_PLAN_OPRTG_AUTH_ACTV_IND_04
MC_PLAN_OPRTG_AUTH_ACTV_IND_05
MC_PLAN_OPRTG_AUTH_ACTV_IND_06
MC_PLAN_OPRTG_AUTH_ACTV_IND_07
MC_PLAN_OPRTG_AUTH_ACTV_IND_08
MC_PLAN_OPRTG_AUTH_ACTV_IND_09
MC_PLAN_OPRTG_AUTH_ACTV_IND_10
MC_PLAN_OPRTG_AUTH_ACTV_IND_11
MC_PLAN_OPRTG_AUTH_ACTV_IND_12

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

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

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

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

TYPE: CHAR

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

**LABEL:** Managed Care Plan Operating Authority Code

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

**SHORT NAME:** MC_PLAN_OPRTG_AUTHRTY_CD

**LONG NAME:** MC_PLAN_OPRTG_AUTHRTY_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Operating Authority

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**

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

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

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

[^Back to TOC^]
MC_PLAN_PGM_CD

LABEL: Managed Care Plan Program Code

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

SHORT NAME: MC_PLAN_PGM_CD

LONG NAME: MC_PLAN_PGM_CD

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

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

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

LABEL: Managed Care Plan Reimbursement Type Code

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

SHORT NAME: MC_PLAN_REIMBRSMNT_TYPE_CD

LONG NAME: MC_PLAN_REIMBRSMNT_TYPE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

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

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

**LABEL:** Managed Care Plan Reimbursement Type Category Code

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

**SHORT NAME:** MC_PLAN_REIMBRSMTP_TYPE_CTGRY_CD

**LONG NAME:** MC_PLAN_REIMBRSMTP_TYPE_CTGRY_CD

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
1 = Risk-based capitation
2 = Non-risk capitation
3 = Fee-for-service (FFS)
4 = Primary care case management (PCCM)
5 = Other
Null/missing = unknown/missing

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

This field is derived from the MC_PLAN_REIMBRSMTP_TYPE_CD using the following logic:
1 if MC_PLAN_REIMBRSMTP_TYPE_CD equals “01”, “02”, “03”
2 if MC_PLAN_REIMBRSMTP_TYPE_CD equals “04”
3 if MC_PLAN_REIMBRSMTP_TYPE_CD equals “05”
4 if MC_PLAN_REIMBRSMTP_TYPE_CD equals “06,” “08”
5 if MC_PLAN_REIMBRSMTP_TYPE_CD equals “07”
MC_PLAN_SAREA_ACTV_IND_01
MC_PLAN_SAREA_ACTV_IND_02
MC_PLAN_SAREA_ACTV_IND_03
MC_PLAN_SAREA_ACTV_IND_04
MC_PLAN_SAREA_ACTV_IND_05
MC_PLAN_SAREA_ACTV_IND_06
MC_PLAN_SAREA_ACTV_IND_07
MC_PLAN_SAREA_ACTV_IND_08
MC_PLAN_SAREA_ACTV_IND_09
MC_PLAN_SAREA_ACTV_IND_10
MC_PLAN_SAREA_ACTV_IND_11
MC_PLAN_SAREA_ACTV_IND_12

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): APL Service Area

SOURCE: T-MSIS Annual Managed Care Plan TAF
VALUES:  
0 = No  
1 = Yes  

COMMENT: —
**MC_PLAN_SAREA_CD**

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

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

**SHORT NAME:** MC_PLAN_SAREA_CD

**LONG NAME:** MC_PLAN_SAREA_CD

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
1 = Statewide — the managed care entity provides services to beneficiaries throughout the entire state.
2 = County — the managed care entity provides services to beneficiaries in specified counties.
3 = City — the managed care entity provides services to beneficiaries in specified cities.
4 = Region — the managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ("region" is state-defined).
5 = Zip code — the managed care entity program provides services to beneficiaries in specified zip codes.
6 = Other — the managed care entity provides services to beneficiaries in "other" area(s), not statewide, county, city, or region.
Null/missing = unknown/missing

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

**LABEL:** Managed Care Plan Service Area Name

**DESCRIPTION:** The specific identifiers for the counties, cities, regions, zip codes, and/or other geographic areas that the managed care entity serves.

**SHORT NAME:** MC_PLAN_SAREA_NAME

**LONG NAME:** MC_PLAN_SAREA_NAME

**TYPE:** CHAR

**LENGTH:** 45

**FILE(S):** APL Service Area

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:** The field can contain any alphanumeric characters, digits, or symbols (e.g., BROWN COUNTY, ALL MA STATEWIDE, 0234). Null/missing = unknown/missing

**COMMENT:** Each managed care service area name is associated with a MC_PLAN_ID.

[^Back to TOC^]
**MC_PLAN_STATE_CD**

**LABEL:** Managed Care Plan Location — State (ANSI Code)

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

**SHORT NAME:** MC_PLAN_STATE_CD

**LONG NAME:** MC_PLAN_STATE_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Location

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**

<table>
<thead>
<tr>
<th>State Code</th>
<th>State Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Alabama</td>
</tr>
<tr>
<td>02</td>
<td>Alaska</td>
</tr>
<tr>
<td>04</td>
<td>Arizona</td>
</tr>
<tr>
<td>05</td>
<td>Arkansas</td>
</tr>
<tr>
<td>06</td>
<td>California</td>
</tr>
<tr>
<td>08</td>
<td>Colorado</td>
</tr>
<tr>
<td>09</td>
<td>Connecticut</td>
</tr>
<tr>
<td>10</td>
<td>Delaware</td>
</tr>
<tr>
<td>11</td>
<td>District of Columbia</td>
</tr>
<tr>
<td>12</td>
<td>Florida</td>
</tr>
<tr>
<td>13</td>
<td>Georgia</td>
</tr>
<tr>
<td>15</td>
<td>Hawaii</td>
</tr>
<tr>
<td>16</td>
<td>Idaho</td>
</tr>
<tr>
<td>17</td>
<td>Illinois</td>
</tr>
<tr>
<td>18</td>
<td>Indiana</td>
</tr>
<tr>
<td>19</td>
<td>Iowa</td>
</tr>
<tr>
<td>20</td>
<td>Kansas</td>
</tr>
<tr>
<td>21</td>
<td>Kentucky</td>
</tr>
<tr>
<td>22</td>
<td>Louisiana</td>
</tr>
<tr>
<td>23</td>
<td>Maine</td>
</tr>
<tr>
<td>24</td>
<td>Maryland</td>
</tr>
<tr>
<td>25</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>26</td>
<td>Michigan</td>
</tr>
<tr>
<td>27</td>
<td>Minnesota</td>
</tr>
<tr>
<td>28</td>
<td>Mississippi</td>
</tr>
<tr>
<td>29</td>
<td>Missouri</td>
</tr>
<tr>
<td>30</td>
<td>Montana</td>
</tr>
<tr>
<td>31</td>
<td>Nebraska</td>
</tr>
<tr>
<td>32</td>
<td>Nevada</td>
</tr>
<tr>
<td>33</td>
<td>New Hampshire</td>
</tr>
<tr>
<td>34</td>
<td>New Jersey</td>
</tr>
<tr>
<td>35</td>
<td>New Mexico</td>
</tr>
<tr>
<td>36</td>
<td>New York</td>
</tr>
<tr>
<td>37</td>
<td>North Carolina</td>
</tr>
<tr>
<td>38</td>
<td>North Dakota</td>
</tr>
<tr>
<td>39</td>
<td>Ohio</td>
</tr>
<tr>
<td>40</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>41</td>
<td>Oregon</td>
</tr>
<tr>
<td>42</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>44</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>45</td>
<td>South Carolina</td>
</tr>
<tr>
<td>46</td>
<td>South Dakota</td>
</tr>
<tr>
<td>47</td>
<td>Tennessee</td>
</tr>
<tr>
<td>48</td>
<td>Texas</td>
</tr>
<tr>
<td>49</td>
<td>Utah</td>
</tr>
<tr>
<td>50</td>
<td>Vermont</td>
</tr>
<tr>
<td>51</td>
<td>Virginia</td>
</tr>
<tr>
<td>53</td>
<td>Washington</td>
</tr>
<tr>
<td>54</td>
<td>West Virginia</td>
</tr>
<tr>
<td>55</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>56</td>
<td>Wyoming</td>
</tr>
<tr>
<td>72</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>78</td>
<td>United States Virgin Islands</td>
</tr>
</tbody>
</table>

**COMMENT:** Codes represent FIPS state codes.
MC_PLAN_STATEWIDE_IND

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

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

SHORT NAME: MC_PLAN_STATEWIDE_IND

LONG NAME: MC_PLAN_STATEWIDE_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: —
MC_PLAN_TYPE_CD

LABEL: Managed Care Plan Type Code

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

SHORT NAME: MC_PLAN_TYPE_CD

LONG NAME: MC_PLAN_TYPE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES:

01 = Comprehensive Managed Care Organization (MCO)
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 Services and Supports (LTSS) 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 = unknown/missing

COMMENT: —
**MC_PLAN_TYPE_CTRGARY_CD**

**LABEL:** Managed Care Plan Type Category Code

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

**SHORT NAME:** MC_PLAN_TYPE_CTRGARY_CD

**LONG NAME:** MC_PLAN_TYPE_CTRGARY_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**

1 = Comprehensive medical care
2 = PCCM
3 = Medical only prepaid health plan
4 = LTC PIHP
5 = Mental health and/or SUD plan
6 = Dental PAHP
7 = Transportation PAHP
8 = Disease management PAHP
9 = Pharmacy PAHP
10 = Accountable Care Organization
11 = Health home or medical home
12 = Integrated care for dual eligible
13 = Other
Null/missing = unknown/missing

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

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

**LABEL:** Managed Care Plan Waiver ID

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

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

**SHORT NAME:** MC_PLAN_WVR_ID

**LONG NAME:** MC_PLAN_WVR_ID

**TYPE:** CHAR

**LENGTH:** 20

**FILE(S):** APL Operating Authority

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

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

Null/missing = unknown/missing

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

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

**LABEL:** Managed Care Plan Location — Zip Code

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

**SHORT NAME:** MC_PLAN_ZIP_CD

**LONG NAME:** MC_PLAN_ZIP_CD

**TYPE:** CHAR

**LENGTH:** 13

**FILE(S):** APL Location

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:** Zip code, up to 9 digits

**COMMENT:** —
**MDCD_MAND_CVRG_ABD_POP_IND**

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

**DESCRIPTION:** Indicates if the managed care entity is authorized to enroll the mandatory Aged/Blind/Disabled (A/B/D) eligibility groups; ever in the calendar year.

**SHORT NAME:** MDCD_MAND_CVRG_ABD_POP_IND

**LONG NAME:** MDCD_MAND_CVRG_ABD_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “11”-“26” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD. These values are:
  - 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
**MDCD_MAND_CVRG_ADLT_POP_IND**

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

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

**SHORT NAME:** MDCD_MAND_CVRG_ADLT_POP_IND

**LONG NAME:** MDCD_MAND_CVRG_ADLT_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
0 = No
1 = Yes

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

These values are:
01 = Parents and Other Caretaker Relatives
02 = Transitional Medical Assistance
03 = Extended Medicaid due to Earnings
04 = Extended Medicaid due to Spousal Support Collections
05 = Pregnant Women
06 = Deemed Newborns
07 = Infants and Children under Age 19
08 = Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care
09 = Former Foster Care Children
72 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 — newly eligible for all states
73 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 — not newly eligible parent/caretaker-relative(s) in 1905z(3) states
74 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 — not newly eligible parent/caretaker-relative(s) in 1905z(3) states
75 = Adult Group — Individuals at or below 133% FPL Age 19 through 64 — not newly eligible non-parent/caretaker/relative(s) in 1905z(3) states
**MDCD_MDCLY_NDY_CVRG_ABD_POP_IND**

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

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

**SHORT NAME:** MDCD_MDCLY_NDY_CVRG_ABD_POP_IND

**LONG NAME:** MDCD_MDCLY_NDY_CVRG_ABD_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

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

These values are:
- 59 = Medically Needy Aged, Blind or Disabled
- 60 = Medically Needy Blind or Disabled Individuals Eligible in 1973

^Back to TOC^
**MDCD_MDCALLY_NDY_CVRG_ADLT_POP_IND**

**LABEL:** Eligible Population Indicator: Medicaid Medically Needy Family-Adult — Ever in Calendar Year

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

**SHORT NAME:** MDCD_MDCALLY_NDY_CVRG_ADLT_POP_IND

**LONG NAME:** MDCD_MDCALLY_NDY_CVRG_ADLT_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
0 = No
1 = Yes

**COMMENT:** This data element is triggered by a value of “53”–“56” in any instance of **MC_PLAN_ELGBLTY_GRP_POP_CD**.

- 53 = Medically Needy Pregnant Women
- 54 = Medically Needy Children under Age 18
- 55 = Medically Needy Children Age 18 through 20
- 56 = Medically Needy Parents and Other Caretakers

[^Back to TOC^]
**MDCD_OPTNL_CVRG_ABD_POP_IND**

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

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

**SHORT NAME:** MDCD_OPTNL_CVRG_ABD_POP_IND

**LONG NAME:** MDCD_OPTNL_CVRG_ABD_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “37”–“52” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD. These values are:

- 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
**MDCD_OPTNL_CVRG_ADLT_POP_IND**

**LABEL:** Eligible Population Indicator: Medicaid Optional Coverage Adult-Children — Ever in Calendar Year

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

**SHORT NAME:** MDCD_OPTNL_CVRG_ADLT_POP_IND

**LONG NAME:** MDCD_OPTNL_CVRG_ADLT_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:**
This data element is triggered by a value of “27”-“36” or “76” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

These values are:
- 27 = Optional Coverage of Parents and Other Caretaker Relatives
- 28 = Reasonable Classifications of Individuals under Age 21
- 29 = Children with Non-IV-E Adoption Assistance
- 30 = Independent Foster Care Adolescents
- 31 = Optional Targeted Low-Income Children
- 32 = Individuals Electing COBRA Continuation Coverage
- 33 = Individuals above 133% FPL under Age 65
- 34 = Certain Individuals Needing Treatment for Breast or Cervical Cancer
- 35 = Individuals Eligible for Family Planning Services
- 36 = Individuals with Tuberculosis
- 76 = Uninsured Individual eligible for COVID-19 testing
### OPRTG_AUTHRTY_1115_DEMO_WVR_IND

**LABEL:** Operating Authority Indicator: 1115 Demo Waiver — Ever in Calendar Year

**DESCRIPTION:** Indicates when the operating authority is 1115 demonstration for the MC_PLAN_ID; ever in the calendar year.

**SHORT NAME:** OPRTG_AUTHRTY_1115_DEMO_WVR_IND

**LONG NAME:** OPRTG_AUTHRTY_1115_DEMO_WVR_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “01” (1115 demonstration waiver program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.
**OPRTG_AUTHRTY_1902A70_NEMT_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1902A70_NEMT_IND

**LONG NAME:** OPRTG_AUTHRTY_1902A70_NEMT_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “11” (1902(a)(70) non-emergency medical transportation program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.
**OPRTG_AUTHRTY_1905T_PCCM_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1905T_PCCM_IND

**LONG NAME:** OPRTG_AUTHRTY_1905T_PCCM_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
0 = No
1 = Yes

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

[^Back to TOC^]
**OPRTG_AUTHRTY_1915A_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1915A_IND

**LONG NAME:** OPRTG_AUTHRTY_1915A_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “04” (1915(a) voluntary managed care program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.
OPRTG_AUTHRTY_1915AC_WVR_IND

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

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

SHORT NAME: OPRTG_AUTHRTY_1915AC_WVR_IND

LONG NAME: OPRTG_AUTHRTY_1915AC_WVR_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
        1 = Yes

COMMENT: This data element is triggered by a value of “06” (Concurrent 1915(a)/1915(c) waivers) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.
**OPRTG_AUTHRTY_1915AI_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1915AI_IND

**LONG NAME:** OPRTG_AUTHRTY_1915AI_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “13” (Concurrent 1915(a)/1915(i) Home and Community-Based Services (HCBS) state plan services) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[Back to TOC]
OPRTG_AUTHRTY_1915B_WVR_IND

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

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

SHORT NAME: OPRTG_AUTHRTY_1915B_WVR_IND

LONG NAME: OPRTG_AUTHRTY_1915B_WVR_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “02” (1915(b) waiver program) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.
**OPRTG_AUTHRTY_1915BC_WVR_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1915BC_WVR_IND

**LONG NAME:** OPRTG_AUTHRTY_1915BC_WVR_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “05” (Concurrent 1915(b)/1915(c) waivers) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^Back to TOC^]
**OPRTG_AUTHRTY_1915BI_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1915BI_IND

**LONG NAME:** OPRTG_AUTHRTY_1915BI_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “12” (Concurrent 1915(b)/1915(i) Home and Community-Based Services (HCBS) state plan services) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.
OPRTG_AUTHRTY_1932A_1915C_IND

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

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

SHORT NAME: OPRTG_AUTHRTY_1932A_1915C_IND

LONG NAME: OPRTG_AUTHRTY_1932A_1915C_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

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

^Back to TOC^
**OPRTG_AUTHRTY_1932A_1915I_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1932A_1915I_IND

**LONG NAME:** OPRTG_AUTHRTY_1932A_1915I_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “14” (Concurrent 1932(a)/1915(i) Home and Community-Based Services (HCBS) state plan services) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^Back to TOC^]
OPRTG_AUTHRTY_1932A_SPO_IND

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

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

SHORT NAME: OPRTG_AUTHRTY_1932A_SPO_IND

LONG NAME: OPRTG_AUTHRTY_1932A_SPO_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

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

^Back to TOC^
**OPRTG_AUTHRTY_1937_ABP_IND**

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

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

**SHORT NAME:** OPRTG_AUTHRTY_1937_ABP_IND

**LONG NAME:** OPRTG_AUTHRTY_1937_ABP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by a value of “10” (1937 Alternative Benefit Plan) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.
OPRTG_AUTHRTY_1945_HLTH_HOME_IND

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

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

SHORT NAME: OPRTG_AUTHRTY_1945_HLTH_HOME_IND

LONG NAME: OPRTG_AUTHRTY_1945_HLTH_HOME_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

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

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

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

**SHORT NAME:** OPRTG_AUTHRTY_PACE_IND

**LONG NAME:** OPRTG_AUTHRTY_PACE_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
0 = No
1 = Yes

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

**LABEL:** Plan File Version Representing the Iteration of the File

**DESCRIPTION:** Indicator representing the iteration of the file.

**SHORT NAME:** PL_VRSN

**LONG NAME:** PL_VRSN

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

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

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

^Back to TOC^
RFRNC_YR

LABEL: Reference Year

DESCRIPTION: This variable represents the year of the data file

SHORT NAME: RFRNC_YR

LONG NAME: RFRNC_YR

TYPE: CHAR

LENGTH: 4

FILE(S): All Annual Managed Care Plan files

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: YYYY

COMMENT: First year possible is 2014.
**SPLMTL_OPRTG_AUTHRTY**

**LABEL:** Annual Managed Care Plan Record in Supplemental Operating Authority File

**DESCRIPTION:** A flag to indicate that there are one or more record(s) in the Operating Authority supplemental file for this managed care plan/entity (i.e., CCW_APL_LINK_KEY).

**SHORT NAME:** SPLMTL_OPRTG_AUTHRTY

**LONG NAME:** SPLMTL_OPRTG_AUTHRTY

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).

[^Back to TOC^]
**SPLMTL_POP_ENRLMT**

**LABEL:** Annual Managed Care Plan Record in Supplemental Enrolled Population File

**DESCRIPTION:** A flag to indicate that there are one or more record(s) in the Population Enrolled supplemental file for this managed care plan/entity (i.e., CCW_APL_LINK_KEY).

**SHORT NAME:** SPLMTL_POP_ENRLMT

**LONG NAME:** SPLMTL_POP_ENRLMT

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).
**SPLMTL_SAREA**

**LABEL:** Annual Managed Care Plan Record in Supplemental Service Area File

**DESCRIPTION:** A flag to indicate that there are one or more record(s) in the Service Area supplemental file for this managed care plan/entity (i.e., CCW_APL_LINK_KEY).

**SHORT NAME:** SPLMTL_SAREA

**LONG NAME:** SPLMTL_SAREA

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**

0 = No
1 = Yes

**COMMENT:** The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).
<table>
<thead>
<tr>
<th><strong>SPLMTL_SRVC_ADDR_LCTN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LABEL:</strong></td>
</tr>
<tr>
<td><strong>DESCRIPTION:</strong></td>
</tr>
<tr>
<td><strong>SHORT NAME:</strong></td>
</tr>
<tr>
<td><strong>LONG NAME:</strong></td>
</tr>
<tr>
<td><strong>TYPE:</strong></td>
</tr>
<tr>
<td><strong>LENGTH:</strong></td>
</tr>
<tr>
<td><strong>FILE(S):</strong></td>
</tr>
<tr>
<td><strong>SOURCE:</strong></td>
</tr>
<tr>
<td><strong>VALUES:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>COMMENT:</strong></td>
</tr>
</tbody>
</table>
**STATE_CD**

**LABEL:** Submitting State Alpha Abbreviation

**DESCRIPTION:** Submitting State (postal abbreviation)

**SHORT NAME:** STATE_CD

**LONG NAME:** STATE_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** All Annual Managed Care Plan files

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

**VALUES:** Two-character postal state code

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

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

LABEL: Submitting State Entity Code

DESCRIPTION: The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.

SHORT NAME: SUBMTG_STATE_CD

LONG NAME: SUBMTG_STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): All Annual Managed Care Plan files

SOURCE: T-MSIS Annual Managed Care Plan TAF

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

2-digit value (with leading zeros)

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

COMMENT: Codes represent FIPS state codes, with the exception of ‘93,’ ‘94’ (MT TPA), ‘96’ (IA CHIP) and ‘97,’ which represent non-Medicaid entities from states that submit CHIP or TPA separately from Medicaid.
**UNK_ELGBLTY_GRP_POP_IND**

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

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

**SHORT NAME:** UNK_ELGBLTY_GRP_POP_IND

**LONG NAME:** UNK_ELGBLTY_GRP_POP_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

**SOURCE:** T-MSIS Annual Managed Care Plan TAF

**VALUES:**
- 0 = No
- 1 = Yes

**COMMENT:** This data element is triggered by an invalid value (i.e., not values 01–76) in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.
WVR_1115_EXPNSN_CVRG_POP_IND

LABEL: Eligible Population Indicator: 1115 Expansion Groups Coverage Waiver — Ever in Calendar Year

DESCRIPTION: Indicates if the managed care entity is authorized to enroll the 1115 expansion eligibility groups; ever in the calendar year.

SHORT NAME: WVR_1115_EXPNSN_CVRG_POP_IND

LONG NAME: WVR_1115_EXPNSN_CVRG_POP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): APL Base

SOURCE: T-MSIS Annual Managed Care Plan TAF

VALUES: 0 = No
1 = Yes

COMMENT: This data element is triggered by a value of “69”–“71” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

These values are:
69 = Individuals with Mental Health Conditions (expansion group)
70 = Family Planning Participants (expansion group)
71 = Other expansion group

^Back to TOC^