

# Chronic Condition Warehouse

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## Chronic Condition Warehouse

# CODEBOOK: T-MSIS Analytic Files (TAF) Annual Managed Care Plan (APL)

JUNE 2021 | VERSION 1.0

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## Revision Log

Date	Changed by	Revisions	Version
June 2021	K. Schneider K. Russell	Initial release of codebook	1.0

## Tips on Navigating the Codebook

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

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

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

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

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

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

# Table of Contents

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

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

<b>Variable Details.....</b>	<b>1</b>
CCW_APL_LINK_KEY.....	1
CCW_LD_DT.....	2
CHIP_CVRG_CHLDRN_POP_IND.....	3
CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND.....	4
CHIP_OPTNS_CVRG_CHLDRN_POP_IND.....	5
CMS_RGN.....	6
DA_RUN_ID.....	7
MC_ENT_ACRDTN_ACHVMT_DT_1.....	8
MC_ENT_ACRDTN_ACHVMT_DT_2.....	8
MC_ENT_ACRDTN_ACHVMT_DT_3.....	8
MC_ENT_ACRDTN_ACHVMT_DT_4.....	8
MC_ENT_ACRDTN_ACHVMT_DT_5.....	8
MC_ENT_ACRDTN_END_DT_1.....	9
MC_ENT_ACRDTN_END_DT_2.....	9
MC_ENT_ACRDTN_END_DT_3.....	9
MC_ENT_ACRDTN_END_DT_4.....	9
MC_ENT_ACRDTN_END_DT_5.....	9
MC_ENT_ACRDTN_ORG_CD_1.....	10
MC_ENT_ACRDTN_ORG_CD_2.....	10
MC_ENT_ACRDTN_ORG_CD_3.....	10
MC_ENT_ACRDTN_ORG_CD_4.....	10
MC_ENT_ACRDTN_ORG_CD_5.....	10
MC_ENT_GOVT_PCT.....	11
MC_ENT_PRFT_STUS_CD.....	12
MC_PLAN_ACTV_IND_01.....	13
MC_PLAN_ACTV_IND_02.....	13
MC_PLAN_ACTV_IND_03.....	13
MC_PLAN_ACTV_IND_04.....	13
MC_PLAN_ACTV_IND_05.....	13
MC_PLAN_ACTV_IND_06.....	13
MC_PLAN_ACTV_IND_07.....	13
MC_PLAN_ACTV_IND_08.....	13
MC_PLAN_ACTV_IND_09.....	13
MC_PLAN_ACTV_IND_10.....	13
MC_PLAN_ACTV_IND_11.....	13

MC_PLAN_ACTV_IND_12.....	13
MC_PLAN_ADR_LINE_1.....	15
MC_PLAN_ADR_LINE_2.....	15
MC_PLAN_ADR_LINE_3.....	15
MC_PLAN_CBSA_CD.....	16
MC_PLAN_CITY.....	17
MC_PLAN_CNTRCT_ADDTNL_PRD_IND.....	18
MC_PLAN_CNTRCT_END_DT.....	19
MC_PLAN_CNTRCT_START_DT.....	20
MC_PLAN_CNTY_CD.....	21
MC_PLAN_ELGBL_POP_ACTV_IND_01.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_02.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_03.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_04.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_05.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_06.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_07.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_08.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_09.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_10.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_11.....	22
MC_PLAN_ELGBL_POP_ACTV_IND_12.....	22
MC_PLAN_ELGBLTY_GRP_POP_CD.....	24
MC_PLAN_ID.....	27
MC_PLAN_LCTN_ACTV_IND_01.....	28
MC_PLAN_LCTN_ACTV_IND_02.....	28
MC_PLAN_LCTN_ACTV_IND_03.....	28
MC_PLAN_LCTN_ACTV_IND_04.....	28
MC_PLAN_LCTN_ACTV_IND_05.....	28
MC_PLAN_LCTN_ACTV_IND_06.....	28
MC_PLAN_LCTN_ACTV_IND_07.....	28
MC_PLAN_LCTN_ACTV_IND_08.....	28
MC_PLAN_LCTN_ACTV_IND_09.....	28
MC_PLAN_LCTN_ACTV_IND_10.....	28
MC_PLAN_LCTN_ACTV_IND_11.....	28
MC_PLAN_LCTN_ACTV_IND_12.....	28
MC_PLAN_LCTN_ID.....	30
MC_PLAN_NAME.....	31
MC_PLAN_OPRTG_AUTH_ACTV_IND_01.....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_02.....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_03.....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_04.....	32

MC_PLAN_OPRTG_AUTH_ACTV_IND_05 .....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_06 .....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_07 .....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_08 .....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_09 .....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_10 .....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_11 .....	32
MC_PLAN_OPRTG_AUTH_ACTV_IND_12 .....	32
MC_PLAN_OPRTG_AUTHRTY_CD.....	34
MC_PLAN_PGM_CD.....	35
MC_PLAN_REIMBRSMT_TYPE_CD.....	36
MC_PLAN_REIMBRSMT_TYPE_CTGRY_CD .....	37
MC_PLAN_SAREA_ACTV_IND_01.....	38
MC_PLAN_SAREA_ACTV_IND_02.....	38
MC_PLAN_SAREA_ACTV_IND_03.....	38
MC_PLAN_SAREA_ACTV_IND_04.....	38
MC_PLAN_SAREA_ACTV_IND_05.....	38
MC_PLAN_SAREA_ACTV_IND_06.....	38
MC_PLAN_SAREA_ACTV_IND_07.....	38
MC_PLAN_SAREA_ACTV_IND_08.....	38
MC_PLAN_SAREA_ACTV_IND_09.....	38
MC_PLAN_SAREA_ACTV_IND_10.....	38
MC_PLAN_SAREA_ACTV_IND_11.....	38
MC_PLAN_SAREA_ACTV_IND_12.....	38
MC_PLAN_SAREA_CD .....	40
MC_PLAN_SAREA_NAME.....	41
MC_PLAN_STATE_CD.....	42
MC_PLAN_STATEWIDE_IND.....	43
MC_PLAN_TYPE_CD.....	44
MC_PLAN_TYPE_CTGRY_CD .....	45
MC_PLAN_WVR_ID.....	46
MC_PLAN_ZIP_CD .....	47
MDCD_MAND_CVRG_ABD_POP_IND .....	48
MDCD_MAND_CVRG_ADLT_POP_IND .....	49
MDCD_MDCLY_NDY_CVRG_ABD_POP_IND .....	50
MDCD_MDCLY_NDY_CVRG_ADLT_POP_IND.....	51
MDCD_OPTNL_CVRG_ABD_POP_IND .....	52
MDCD_OPTNL_CVRG_ADLT_POP_IND.....	53
OPRTG_AUTHRTY_1115_DEMO_WVR_IND.....	54
OPRTG_AUTHRTY_1902A70_NEMT_IND.....	55
OPRTG_AUTHRTY_1905T_PCCM_IND.....	56
OPRTG_AUTHRTY_1915A_IND.....	57

OPRTG_AUTHRTY_1915AC_WVR_IND .....	58
OPRTG_AUTHRTY_1915AI_IND.....	59
OPRTG_AUTHRTY_1915B_WVR_IND .....	60
OPRTG_AUTHRTY_1915BC_WVR_IND .....	61
OPRTG_AUTHRTY_1915BI_IND.....	62
OPRTG_AUTHRTY_1932A_1915C_IND .....	63
OPRTG_AUTHRTY_1932A_1915I_IND .....	64
OPRTG_AUTHRTY_1932A_SPO_IND.....	65
OPRTG_AUTHRTY_1937_ABP_IND.....	66
OPRTG_AUTHRTY_1945_HLTH_HOME_IND.....	67
OPRTG_AUTHRTY_PACE_IND.....	68
PL_VRSN.....	69
RFRNC_YR.....	70
SPLMTL_OPRTG_AUTHRTY .....	71
SPLMTL_POP_ENRLMT .....	72
SPLMTL_SAREA.....	73
SPLMTL_SRVC_ADDR_LCTN .....	74
STATE_CD.....	75
SUBMTG_STATE_CD .....	76
UNK_ELGBLTY_GRP_POP_IND .....	77
WVR_1115_EXPNSN_CVRG_POP_IND .....	78



## 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

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

[^ Back to TOC ^](#)

## CCW\_LD\_DT

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

[^ Back to TOC ^](#)

## CHIP\_CVRG\_CHLDRN\_POP\_IND

<b>LABEL:</b>	Eligible Population Indicator: CHIP Coverage Children — Ever in Calendar Year
<b>DESCRIPTION:</b>	Indicates if the managed care entity is authorized to enroll the CHIP Coverage — Children eligibility groups; ever in the calendar year.
<b>SHORT NAME:</b>	CHIP_CVRG_CHLDRN_POP_IND
<b>LONG NAME:</b>	CHIP_CVRG_CHLDRN_POP_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	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_ELGLTY_GRP_POP_CD.

[^ Back to TOC ^](#)

## CHIP\_OPTN\_CVRG\_PRGNT\_WMN\_POP\_IND

<b>LABEL:</b>	Eligible Population Indicator: CHIP Additional Coverage Options for Pregnant Women — Ever in Calendar Year
<b>DESCRIPTION:</b>	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.
<b>SHORT NAME:</b>	CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND
<b>LONG NAME:</b>	CHIP_OPTN_CVRG_PRGNT_WMN_POP_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

## CHIP\_OPTNS\_CVRG\_CHLDRN\_POP\_IND

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

[^ Back to TOC ^](#)

## CMS\_RGN

**LABEL:** CMS Region for Submitting State

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

**SHORT NAME:** CMS\_RGN

**LONG NAME:** CMS\_RGN

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

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

**VALUES:**

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

**COMMENT:** —

[^ Back to TOC ^](#)

## DA\_RUN\_ID

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

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

**SHORT NAME:** DA\_RUN\_ID

**LONG NAME:** DA\_RUN\_ID

**TYPE:** NUM

**LENGTH:** 6

**FILE(S):** APL Base

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

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

**COMMENT:** —

[^ Back to TOC ^](#)

[MC\\_ENT\\_ACRDTN\\_ACHVMT\\_DT\\_1](#)

[MC\\_ENT\\_ACRDTN\\_ACHVMT\\_DT\\_2](#)

[MC\\_ENT\\_ACRDTN\\_ACHVMT\\_DT\\_3](#)

[MC\\_ENT\\_ACRDTN\\_ACHVMT\\_DT\\_4](#)

[MC\\_ENT\\_ACRDTN\\_ACHVMT\\_DT\\_5](#)

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

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

**SHORT NAME:**

MC\_ENT\_ACRDTN\_ACHVMT\_DT\_1  
MC\_ENT\_ACRDTN\_ACHVMT\_DT\_2

MC\_ENT\_ACRDTN\_ACHVMT\_DT\_3  
MC\_ENT\_ACRDTN\_ACHVMT\_DT\_4  
MC\_ENT\_ACRDTN\_ACHVMT\_DT\_5

**LONG NAME:**

MC\_ENT\_ACRDTN\_ACHVMT\_DT\_1  
MC\_ENT\_ACRDTN\_ACHVMT\_DT\_2

MC\_ENT\_ACRDTN\_ACHVMT\_DT\_3  
MC\_ENT\_ACRDTN\_ACHVMT\_DT\_4  
MC\_ENT\_ACRDTN\_ACHVMT\_DT\_5

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** APL Base

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

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

Null/missing = not applicable (no associated accreditation organization  
(MC\_ENT\_ACRDTN\_ORG\_CD\_#)

**COMMENT:** This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC\_ENT\_ACRDTN\_ORG\_CD value (lowest value is considered MC\_ENT\_ACRDTN\_ORG\_CD\_1); the associated MC\_ENT\_ACRDTN\_ACHVMT\_DT and MC\_ENT\_ACRDTN\_END\_DT use the same numeric suffix. That is, the MC\_ENT\_ACRDTN\_ACHVMT\_DT\_1 is the accreditation achievement start date associated with MC\_ENT\_ACRDTN\_ORG\_CD\_1 and MC\_ENT\_ACRDTN\_ACHVMT\_DT\_2 is the achievement start date associated with MC\_ENT\_ACRDTN\_ORG\_CD\_2.

[^ Back to TOC ^](#)



[MC\\_ENT\\_ACRDTN\\_END\\_DT\\_1](#)

[MC\\_ENT\\_ACRDTN\\_END\\_DT\\_2](#)

[MC\\_ENT\\_ACRDTN\\_END\\_DT\\_3](#)

[MC\\_ENT\\_ACRDTN\\_END\\_DT\\_4](#)

[MC\\_ENT\\_ACRDTN\\_END\\_DT\\_5](#)

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

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

**SHORT NAME:**

MC\_ENT\_ACRDTN\_END\_DT\_1  
MC\_ENT\_ACRDTN\_END\_DT\_2

MC\_ENT\_ACRDTN\_END\_DT\_3  
MC\_ENT\_ACRDTN\_END\_DT\_4  
MC\_ENT\_ACRDTN\_END\_DT\_5

**LONG NAME:**

MC\_ENT\_ACRDTN\_END\_DT\_1  
MC\_ENT\_ACRDTN\_END\_DT\_2

MC\_ENT\_ACRDTN\_END\_DT\_3  
MC\_ENT\_ACRDTN\_END\_DT\_4  
MC\_ENT\_ACRDTN\_END\_DT\_5

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** APL Base

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

**VALUES:** Date (numeric, system dependent)  
31DEC9999 = (default value) no ending date/still active  
Null/missing = not applicable (no associated accreditation start date MC\_ENT\_ACRDTN\_START\_DT)

**COMMENT:** This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC\_ENT\_ACRDTN\_ORG\_CD value (lowest value is considered MC\_ENT\_ACRDTN\_ORG\_CD\_1) ; the associated MC\_ENT\_ACRDTN\_ACHVMT\_DT and MC\_ENT\_ACRDTN\_END\_DT use the same numeric suffix. That is, the MC\_ENT\_ACRDTN\_END\_DT\_1 is the end date associated with MC\_ENT\_ACRDTN\_ACHVMT\_DT\_1 and MC\_ENT\_ACRDTN\_END\_DT\_2 is the end date associated with MC\_ENT\_ACRDTN\_ORG\_CD\_2.

[^ Back to TOC ^](#)

[MC\\_ENT\\_ACRDTN\\_ORG\\_CD\\_1](#)

[MC\\_ENT\\_ACRDTN\\_ORG\\_CD\\_2](#)

[MC\\_ENT\\_ACRDTN\\_ORG\\_CD\\_3](#)

[MC\\_ENT\\_ACRDTN\\_ORG\\_CD\\_4](#)

[MC\\_ENT\\_ACRDTN\\_ORG\\_CD\\_5](#)

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

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

**SHORT NAME:**

MC\_ENT\_ACRDTN\_ORG\_CD\_1  
MC\_ENT\_ACRDTN\_ORG\_CD\_2

MC\_ENT\_ACRDTN\_ORG\_CD\_3  
MC\_ENT\_ACRDTN\_ORG\_CD\_4  
MC\_ENT\_ACRDTN\_ORG\_CD\_5

**LONG NAME:**

MC\_ENT\_ACRDTN\_ORG\_CD\_1  
MC\_ENT\_ACRDTN\_ORG\_CD\_2

MC\_ENT\_ACRDTN\_ORG\_CD\_3  
MC\_ENT\_ACRDTN\_ORG\_CD\_4  
MC\_ENT\_ACRDTN\_ORG\_CD\_5

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

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

**VALUES:**

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

08 = Accreditation Association for Ambulatory  
Health Care (AAHC) — 3 years  
11 = Not accredited  
12 = Other  
13 = National Committee for Quality Assurance  
— accredited  
14 = National Committee for Quality Assurance  
— interim  
15 = National Committee for Quality Assurance  
— denied  
Null/missing

**COMMENT:** This data element is created from each submitted value reported in T-MSIS (up to a maximum of 5 values). They are ordered using the MC\_ENT\_ACRDTN\_ORG\_CD (lowest value is considered MC\_ENT\_ACRDTN\_ORG\_CD\_1); the associated MC\_ENT\_ACRDTN\_ACHVMT\_DT and MC\_ENT\_ACRDTN\_END\_DT use the same numeric suffix. There can be more than one entry for an ACRDTN\_ORG if more than one date range was found on the monthly records.

[^ Back to TOC ^](#)

## MC\_ENT\_GOVT\_PCT

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

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

**SHORT NAME:** MC\_ENT\_GOVT\_PCT

**LONG NAME:** MC\_ENT\_GOVT\_PCT

**TYPE:** NUM

**LENGTH:** 3

**FILE(S):** APL Base

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

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

**COMMENT:** The value was chosen using the last-best method for values from the monthly TAF (calendar year).  
Guidance to plans was to include Medicaid and Medicare in calculation of percentage of business in public programs for IRS health insurer tax exemption as required in the Affordable Care Act (ACA).

[^ Back to TOC ^](#)

## MC\_ENT\_PRFT\_STUS\_CD

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

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

**SHORT NAME:** MC\_ENT\_PRFT\_STUS\_CD

**LONG NAME:** MC\_ENT\_PRFT\_STUS\_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

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

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

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

[^ Back to TOC ^](#)

[MC\\_PLAN\\_ACTV\\_IND\\_01](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_02](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_03](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_04](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_05](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_06](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_07](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_08](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_09](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_10](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_11](#)  
[MC\\_PLAN\\_ACTV\\_IND\\_12](#)

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

**DESCRIPTION:** A flag to indicate the managed care plan ID specified in the MC\_PLAN\_ID variable was active in the given month. Each of 12 months.

**SHORT NAME:**

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

**LONG NAME:**

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

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** —

[^ Back to TOC ^](#)

### [MC\\_PLAN\\_ADR\\_LINE\\_1](#)

### [MC\\_PLAN\\_ADR\\_LINE\\_2](#)

### [MC\\_PLAN\\_ADR\\_LINE\\_3](#)

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

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

**SHORT NAME:** MC\_PLAN\_ADR\_LINE\_1  
MC\_PLAN\_ADR\_LINE\_2  
MC\_PLAN\_ADR\_LINE\_3

**LONG NAME:** MC\_PLAN\_ADR\_LINE\_1  
MC\_PLAN\_ADR\_LINE\_2  
MC\_PLAN\_ADR\_LINE\_3

**TYPE:** CHAR

**LENGTH:** 90

**FILE(S):** APL Location

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

**VALUES:** Street address, numbers, and spaces

**COMMENT:** The managed care organization (MCO) service location may have up to three lines for describing the street address. Note that there are separate fields for the MCO city (MC\_PLAN\_CITY) and state (MC\_PLAN\_STATE\_CD).

[^ Back to TOC ^](#)

## MC\_PLAN\_CBSA\_CD

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

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

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

**SHORT NAME:** MC\_PLAN\_CBSA\_CD

**LONG NAME:** MC\_PLAN\_CBSA\_CD

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

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

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

[^ Back to TOC ^](#)



## MC\_PLAN\_CITY

<b>LABEL:</b>	Managed Care Plan Location — City
<b>DESCRIPTION:</b>	The city of the managed care service location associated with a unique managed care service location ID.
<b>SHORT NAME:</b>	MC_PLAN_CITY
<b>LONG NAME:</b>	MC_PLAN_CITY
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	42
<b>FILE(S):</b>	APL Location
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	City name
<b>COMMENT:</b>	—

[^ Back to TOC ^](#)

## MC\_PLAN\_CNTRCT\_ADDTNL\_PRD\_IND

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

[^ Back to TOC ^](#)

## MC\_PLAN\_CNTRCT\_END\_DT

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

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

**SHORT NAME:** MC\_PLAN\_CNTRCT\_END\_DT

**LONG NAME:** MC\_PLAN\_CNTRCT\_END\_DT

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** APL Base

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

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

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

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

If the APL Base variable MC\_PLAN\_CNTRCT\_ADDTNL\_PRD\_IND equals 1, there are contract dates that are not within the date range MC\_PLAN\_CNTRCT\_START\_DT to MC\_PLAN\_CNTRCT\_END\_DT.

[^ Back to TOC ^](#)

## MC\_PLAN\_CNTRCT\_START\_DT

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

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

**SHORT NAME:** MC\_PLAN\_CNTRCT\_START\_DT

**LONG NAME:** MC\_PLAN\_CNTRCT\_START\_DT

**TYPE:** DATE

**LENGTH:** 8

**FILE(S):** APL Base

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

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

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

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

If the APL Base variable MC\_PLAN\_CNTRCT\_ADDTNL\_PRD\_IND equals 1, there are contract dates that are not within the date range MC\_PLAN\_CNTRCT\_START\_DT to MC\_PLAN\_CNTRCT\_END\_DT.

[^ Back to TOC ^](#)

## MC\_PLAN\_CNTY\_CD

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

[^ Back to TOC ^](#)

MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_01  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_02  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_03  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_04  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_05  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_06  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_07  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_08  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_09  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_10  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_11  
 MC\_PLAN\_ELGBL\_POP\_ACTV\_IND\_12

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

**DESCRIPTION:** A flag to indicate the managed care entity authorized to enroll the Medicaid population specified in the MC\_PLAN\_ELGBLTY\_GRP\_POP\_CD variable was active in the given month. Each of 12 months.

**SHORT NAME:**

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

**LONG NAME:**

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

**TYPE:** CHAR

**LENGTH:** 1

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

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

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

**COMMENT:** —

[^ Back to TOC ^](#)

## MC\_PLAN\_ELGLTY\_GRP\_POP\_CD

<b>LABEL:</b>	Managed Care Plan Authorized Eligibility Group Population Code
<b>DESCRIPTION:</b>	The eligibility group(s) the state is authorized to enroll in managed care plans by its operating authority
<b>SHORT NAME:</b>	MC_PLAN_ELGLTY_GRP_POP_CD
<b>LONG NAME:</b>	MC_PLAN_ELGLTY_GRP_POP_CD
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>FILE(S):</b>	APL Population Enrolled
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	01 = Parents and Other Caretaker Relatives 02 = Transitional Medical Assistance 03 = Extended Medicaid due to Earnings 04 = Extended Medicaid due to Spousal Support Collections 05 = Pregnant Women 06 = Deemed Newborns 07 = Infants and Children under Age 19 08 = Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care 09 = Former Foster Care Children 11 = Individuals Receiving SSI 12 = Aged, Blind and Disabled Individuals in 209(b) States 13 = Individuals Receiving Mandatory State Supplements 14 = Individuals Who Are Essential Spouses 15 = Institutionalized Individuals Continuously Eligible Since 1973 16 = Blind or Disabled Individuals Eligible in 1973 17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972 18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977 19 = Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI 20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security 21 = Working Disabled under 1619(b) 22 = Disabled Adult Children 23 = Qualified Medicare Beneficiaries 24 = Qualified Disabled and Working Individuals 25 = Specified Low Income Medicare Beneficiaries 26 = Qualifying Individuals 27 = Optional Coverage of Parents and Other Caretaker Relatives 28 = Reasonable Classifications of Individuals under Age 21 29 = Children with Non-IV-E Adoption Assistance 30 = Independent Foster Care Adolescents 31 = Optional Targeted Low-Income Children 32 = Individuals Electing COBRA Continuation Coverage



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

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

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

[^ Back to TOC ^](#)

## MC\_PLAN\_ID

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

[^ Back to TOC ^](#)

MC\_PLAN\_LCTN\_ACTV\_IND\_01  
 MC\_PLAN\_LCTN\_ACTV\_IND\_02  
 MC\_PLAN\_LCTN\_ACTV\_IND\_03  
 MC\_PLAN\_LCTN\_ACTV\_IND\_04  
 MC\_PLAN\_LCTN\_ACTV\_IND\_05  
 MC\_PLAN\_LCTN\_ACTV\_IND\_06  
 MC\_PLAN\_LCTN\_ACTV\_IND\_07  
 MC\_PLAN\_LCTN\_ACTV\_IND\_08  
 MC\_PLAN\_LCTN\_ACTV\_IND\_09  
 MC\_PLAN\_LCTN\_ACTV\_IND\_10  
 MC\_PLAN\_LCTN\_ACTV\_IND\_11  
 MC\_PLAN\_LCTN\_ACTV\_IND\_12

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

**DESCRIPTION:** A flag to indicate the managed care entity location specified in the MC\_PLAN\_LCTN\_ID variable was active in the given month. Each of 12 months.

**SHORT NAME:**

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

**LONG NAME:**

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

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Location

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

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

**COMMENT:** —

[^ Back to TOC ^](#)

## MC\_PLAN\_LCTN\_ID

**LABEL:** Managed Care Plan Location Identifier

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

**SHORT NAME:** MC\_PLAN\_LCTN\_ID

**LONG NAME:** MC\_PLAN\_LCTN\_ID

**TYPE:** CHAR

**LENGTH:** 15

**FILE(S):** APL Location

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

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

**COMMENT:** This variable corresponds to the other location information in the APL location record, including: MC\_PLAN\_ADR\_LINE\_1-3, MC\_PLAN\_CITY, MC\_PLAN\_STATE\_CD, MC\_PLAN\_ZIP\_CD, and MC\_PLAN\_CNTY\_CD.

[^ Back to TOC ^](#)

## MC\_PLAN\_NAME

**LABEL:** Managed Care Plan Name

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

**SHORT NAME:** MC\_PLAN\_NAME

**LONG NAME:** MC\_PLAN\_NAME

**TYPE:** CHAR

**LENGTH:** 82

**FILE(S):** APL Base

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

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

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

[^ Back to TOC ^](#)

MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_01  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_02  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_03  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_04  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_05  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_06  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_07  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_08  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_09  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_10  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_11  
 MC\_PLAN\_OPRTG\_AUTH\_ACTV\_IND\_12

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

**DESCRIPTION:** A flag to indicate the operating authority and/or waiver ID specified in the MC\_PLAN\_OPRTG\_AUTHRTY\_CD and MC\_PLAN\_WVR\_ID variable(s) was active in the given month. Each of 12 months.

**SHORT NAME:**

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

**LONG NAME:**

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

**TYPE:** CHAR

**LENGTH:** 1



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

[^ Back to TOC ^](#)

## MC\_PLAN\_OPRTG\_AUTHRTY\_CD

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

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

**SHORT NAME:** MC\_PLAN\_OPRTG\_AUTHRTY\_CD

**LONG NAME:** MC\_PLAN\_OPRTG\_AUTHRTY\_CD

**TYPE:** CHAR

**LENGTH:** 2

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

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

**VALUES:**

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

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

This data element also triggers the individual operating authority indicators such as OPRTG\_AUTHRTY\_1115\_DEMO\_WVR\_IND, etc. that appear on the APL Base file. If any of the MC\_PLAN\_OPRTG\_AUTHRTY\_CD data elements contain a value of "02," for example, then OPRTG\_AUTHRTY\_1915B\_WVR\_IND will be triggered.

[^ Back to TOC ^](#)

## MC\_PLAN\_PGM\_CD

**LABEL:** Managed Care Plan Program Code

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

**SHORT NAME:** MC\_PLAN\_PGM\_CD

**LONG NAME:** MC\_PLAN\_PGM\_CD

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

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

[^ Back to TOC ^](#)

## MC\_PLAN\_REIMBRSMT\_TYPE\_CD

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

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

**SHORT NAME:** MC\_PLAN\_REIMBRSMT\_TYPE\_CD

**LONG NAME:** MC\_PLAN\_REIMBRSMT\_TYPE\_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

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

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

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

[^ Back to TOC ^](#)

## MC\_PLAN\_REIMBRSMT\_TYPE\_CTGRY\_CD

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

[^ Back to TOC ^](#)

MC\_PLAN\_SAREA\_ACTV\_IND\_01  
 MC\_PLAN\_SAREA\_ACTV\_IND\_02  
 MC\_PLAN\_SAREA\_ACTV\_IND\_03  
 MC\_PLAN\_SAREA\_ACTV\_IND\_04  
 MC\_PLAN\_SAREA\_ACTV\_IND\_05  
 MC\_PLAN\_SAREA\_ACTV\_IND\_06  
 MC\_PLAN\_SAREA\_ACTV\_IND\_07  
 MC\_PLAN\_SAREA\_ACTV\_IND\_08  
 MC\_PLAN\_SAREA\_ACTV\_IND\_09  
 MC\_PLAN\_SAREA\_ACTV\_IND\_10  
 MC\_PLAN\_SAREA\_ACTV\_IND\_11  
 MC\_PLAN\_SAREA\_ACTV\_IND\_12

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

**DESCRIPTION:** A flag to indicate the managed care service area specified in the MC\_PLAN\_SAREA\_NAME variable was active in the given month. Each of 12 months.

**SHORT NAME:**

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

**LONG NAME:**

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

**TYPE:** CHAR

**LENGTH:** 1

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

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

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

**COMMENT:** —

[^ Back to TOC ^](#)

## MC\_PLAN\_SAREA\_CD

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

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

**SHORT NAME:** MC\_PLAN\_SAREA\_CD

**LONG NAME:** MC\_PLAN\_SAREA\_CD

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

**VALUES:**

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

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

[^ Back to TOC ^](#)



## **MC\_PLAN\_SAREA\_NAME**

<b>LABEL:</b>	Managed Care Plan Service Area Name
<b>DESCRIPTION:</b>	The specific identifiers for the counties, cities, regions, zip codes, and/or other geographic areas that the managed care entity serves.
<b>SHORT NAME:</b>	MC_PLAN_SAREA_NAME
<b>LONG NAME:</b>	MC_PLAN_SAREA_NAME
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	45
<b>FILE(S):</b>	APL Service Area
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	The field can contain any alphanumeric characters, digits, or symbols (e.g., BROWN COUNTY, ALL MA STATEWIDE, 0234). Null/missing = unknown/missing
<b>COMMENT:</b>	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:** <https://www.census.gov/library/reference/code-lists/ansi/ansi-codes-for-states.html>

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

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

[^ Back to TOC ^](#)

## MC\_PLAN\_STATEWIDE\_IND

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

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

**SHORT NAME:** MC\_PLAN\_STATEWIDE\_IND

**LONG NAME:** MC\_PLAN\_STATEWIDE\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** —

[^ Back to TOC ^](#)

## MC\_PLAN\_TYPE\_CD

**LABEL:** Managed Care Plan Type Code

**DESCRIPTION:** The type of managed care plan that corresponds to MC\_PLAN\_ID

**SHORT NAME:** MC\_PLAN\_TYPE\_CD

**LONG NAME:** MC\_PLAN\_TYPE\_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

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

**VALUES:**

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

**COMMENT:** —

[^ Back to TOC ^](#)

## MC\_PLAN\_TYPE\_CTGRY\_CD

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

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

**SHORT NAME:** MC\_PLAN\_TYPE\_CTGRY\_CD

**LONG NAME:** MC\_PLAN\_TYPE\_CTGRY\_CD

**TYPE:** CHAR

**LENGTH:** 2

**FILE(S):** APL Base

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

**VALUES:**

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

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

**COMMENT:** This field is derived from the MC\_PLAN\_TYPE\_CD using the following logic:

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

[^ Back to TOC ^](#)

## MC\_PLAN\_WVR\_ID

**LABEL:** Managed Care Plan Waiver ID

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

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

**SHORT NAME:** MC\_PLAN\_WVR\_ID

**LONG NAME:** MC\_PLAN\_WVR\_ID

**TYPE:** CHAR

**LENGTH:** 20

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

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

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

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

The MC\_PLAN\_WVR\_ID will equal the waiver ID that corresponds to the operating authority in MC\_PLAN\_OPRTG\_AUTHRTY\_CD on the same record. Sometimes an operating authority does not require a waiver identification number. In those instances, the corresponding MC\_PLAN\_WVR\_ID will be equal to NULL.

[^ Back to TOC ^](#)

## MC\_PLAN\_ZIP\_CD

<b>LABEL:</b>	Managed Care Plan Location — Zip Code
<b>DESCRIPTION:</b>	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).
<b>SHORT NAME:</b>	MC_PLAN_ZIP_CD
<b>LONG NAME:</b>	MC_PLAN_ZIP_CD
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	13
<b>FILE(S):</b>	APL Location
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	Zip code, up to 9 digits
<b>COMMENT:</b>	—

[^ Back to TOC ^](#)

## MDCD\_MAND\_CVRG\_ABD\_POP\_IND

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

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

**SHORT NAME:** MDCD\_MAND\_CVRG\_ABD\_POP\_IND

**LONG NAME:** MDCD\_MAND\_CVRG\_ABD\_POP\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** 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   | 19 = Disabled Widows and Widowers Ineligible for SSI due to increase in OASDI                |
| 12 = Aged, Blind and Disabled Individuals in 209(b) States                                       | 20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security |
| 13 = Individuals Receiving Mandatory State Supplements   | 21 = Working Disabled under 1619(b)  |
| 14 = Individuals Who Are Essential Spouses   | 22 = Disabled Adult Children   |
| 15 = Institutionalized Individuals Continuously Eligible Since 1973                              | 23 = Qualified Medicare Beneficiaries  |
| 16 = Blind or Disabled Individuals Eligible in 1973  | 24 = Qualified Disabled and Working Individuals  |
| 17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972   | 25 = Specified Low Income Medicare Beneficiaries   |
| 18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977 | 26 = Qualifying Individuals  |

[^ Back to TOC ^](#)



## MDCD\_MAND\_CVRG\_ADLT\_POP\_IND

<b>LABEL:</b>	Eligible Population Indicator: Medicaid Mandatory Coverage Family-Adult — Ever in Calendar Year
<b>DESCRIPTION:</b>	Indicates if the managed care entity is authorized to enroll the mandatory family/adult eligibility groups; ever in the calendar year.
<b>SHORT NAME:</b>	MDCD_MAND_CVRG_ADLT_POP_IND
<b>LONG NAME:</b>	MDCD_MAND_CVRG_ADLT_POP_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	This data element is triggered by a value of “01”-“09” or “72”-“75” in any instance of MC_PLAN_ELGBLTY_GRP_POP_CD.

These values are:

01 = Parents and Other Caretaker Relatives

02 = Transitional Medical Assistance

03 = Extended Medicaid due to Earnings

04 = Extended Medicaid due to Spousal Support Collections

05 = Pregnant Women

06 = Deemed Newborns

07 = Infants and Children under Age 19

08 = Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

09 = Former Foster Care Children

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

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

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

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

[^ Back to TOC ^](#)

## MDCD\_MDCLY\_NDY\_CVRG\_ABD\_POP\_IND

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

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

**SHORT NAME:** MDCD\_MDCLY\_NDY\_CVRG\_ABD\_POP\_IND

**LONG NAME:** MDCD\_MDCLY\_NDY\_CVRG\_ABD\_POP\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** This data element is triggered by a value of “59”–“60” in any instance of MC\_PLAN\_ELGLTY\_GRP\_POP\_CD.

These values are:

59 = Medically Needy Aged, Blind or Disabled

60 = Medically Needy Blind or Disabled Individuals Eligible in 1973

[^ Back to TOC ^](#)

## **MDCD\_MDCLY\_NDY\_CVRG\_ADLT\_POP\_IND**

<b>LABEL:</b>	Eligible Population Indicator: Medicaid Medically Needy Family-Adult — Ever in Calendar Year
<b>DESCRIPTION:</b>	Indicates if the managed care entity is authorized to enroll the medically needy adult/family eligibility groups; ever in the calendar year.
<b>SHORT NAME:</b>	MDCD_MDCLY_NDY_CVRG_ADLT_POP_IND
<b>LONG NAME:</b>	MDCD_MDCLY_NDY_CVRG_ADLT_POP_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	This data element is triggered by a value of “53”–“56” in any instance of MC_PLAN_ELGLTY_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

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

[^ Back to TOC ^](#)

## MDCD\_OPTNL\_CVRG\_ADLT\_POP\_IND

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

These values are:

27 = Optional Coverage of Parents and Other Caretaker Relatives

28 = Reasonable Classifications of Individuals under Age 21

29 = Children with Non-IV-E Adoption Assistance

30 = Independent Foster Care Adolescents

31 = Optional Targeted Low-Income Children

32 = Individuals Electing COBRA Continuation Coverage

33 = Individuals above 133% FPL under Age 65

34 = Certain Individuals Needing Treatment for Breast or Cervical Cancer

35 = Individuals Eligible for Family Planning Services

36 = Individuals with Tuberculosis

76 = Uninsured Individual eligible for COVID-19 testing

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1115\_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.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1902A70\_NEMT\_IND

- LABEL:** Operating Authority Indicator: 1902(a)(70) Non-Emergency Medical Transport (NEMT) — Ever in Calendar Year
- DESCRIPTION:** Indicates 1902(a)(70) Non-Emergency Medical Transport (NEMT) operating authority for the MC\_PLAN\_ID; ever in the calendar year.
- SHORT NAME:** OPRTG\_AUTHRTY\_1902A70\_NEMT\_IND
- LONG NAME:** OPRTG\_AUTHRTY\_1902A70\_NEMT\_IND
- TYPE:** CHAR
- LENGTH:** 1
- FILE(S):** APL Base
- SOURCE:** T-MSIS Annual Managed Care Plan TAF
- VALUES:** 0 = No  
1 = Yes
- COMMENT:** This data element is triggered by a value of “11” (1902(a)(70) non-emergency medical transportation program) in any instance of MC\_PLAN\_OPRTG\_AUTHRTY\_CD.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1905T\_PCCM\_IND

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

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

**SHORT NAME:** OPRTG\_AUTHRTY\_1905T\_PCCM\_IND

**LONG NAME:** OPRTG\_AUTHRTY\_1905T\_PCCM\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** This data element is triggered by a value of “09” (1905(t) voluntary PCCM program) in any instance of MC\_PLAN\_OPRTG\_AUTHRTY\_CD.

[^ Back to TOC ^](#)



## OPRTG\_AUTHRTY\_1915A\_IND

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

**DESCRIPTION:** Indicates 1915(a) operating authority for the MC\_PLAN\_ID; ever in the calendar year

**SHORT NAME:** OPRTG\_AUTHRTY\_1915A\_IND

**LONG NAME:** OPRTG\_AUTHRTY\_1915A\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** This data element is triggered by a value of “04” (1915(a) voluntary managed care program) in any instance of MC\_PLAN\_OPRTG\_AUTHRTY\_CD.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1915AC\_WVR\_IND

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

**DESCRIPTION:** Indicates 1915(a)/1915(c) operating authority for the MC\_PLAN\_ID; ever in the calendar year.

**SHORT NAME:** OPRTG\_AUTHRTY\_1915AC\_WVR\_IND

**LONG NAME:** OPRTG\_AUTHRTY\_1915AC\_WVR\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** This data element is triggered by a value of “06” (Concurrent 1915(a)/1915(c) waivers) in any instance of MC\_PLAN\_OPRTG\_AUTHRTY\_CD.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1915AI\_IND

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

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

**SHORT NAME:** OPRTG\_AUTHRTY\_1915AI\_IND

**LONG NAME:** OPRTG\_AUTHRTY\_1915AI\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

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

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_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.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1915BC\_WVR\_IND

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

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

**SHORT NAME:** OPRTG\_AUTHRTY\_1915BC\_WVR\_IND

**LONG NAME:** OPRTG\_AUTHRTY\_1915BC\_WVR\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** This data element is triggered by a value of “05” (Concurrent 1915(b)/1915(c) waivers) in any instance of MC\_PLAN\_OPRTG\_AUTHRTY\_CD.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1915BI\_IND

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

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_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.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_1945\_HLTH\_HOME\_IND

<b>LABEL:</b>	Operating Authority Indicator: 1945 Health Home — Ever in Calendar Year
<b>DESCRIPTION:</b>	Indicates 1945 health homes for the MC_PLAN_ID; ever in the calendar year.
<b>SHORT NAME:</b>	OPRTG_AUTHRTY_1945_HLTH_HOME_IND
<b>LONG NAME:</b>	OPRTG_AUTHRTY_1945_HLTH_HOME_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	This data element is triggered by a value of “15” (1945 Health Homes) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

## OPRTG\_AUTHRTY\_PACE\_IND

<b>LABEL:</b>	Operating Authority Indicator: PACE — Ever in Calendar Year
<b>DESCRIPTION:</b>	Indicates Program of All-Inclusive Care for the Elderly (PACE) programs for the MC_PLAN_ID; ever in the calendar year.
<b>SHORT NAME:</b>	OPRTG_AUTHRTY_PACE_IND
<b>LONG NAME:</b>	OPRTG_AUTHRTY_PACE_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	This data element is triggered by a value of “08” (PACE) in any instance of MC_PLAN_OPRTG_AUTHRTY_CD.

[^ Back to TOC ^](#)

## PL\_VRSN

<b>LABEL:</b>	Plan File Version Representing the Iteration of the File
<b>DESCRIPTION:</b>	Indicator representing the iteration of the file.
<b>SHORT NAME:</b>	PL_VRSN
<b>LONG NAME:</b>	PL_VRSN
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	A two-character number ("01," "02," "14," etc.)
<b>COMMENT:</b>	The higher the number, the later/more recent the iteration of the file.

[^ Back to TOC ^](#)

## RFRNC\_YR

**LABEL:** Reference Year

**DESCRIPTION:** This variable represents the year of the data file

**SHORT NAME:** RFRNC\_YR

**LONG NAME:** RFRNC\_YR

**TYPE:** CHAR

**LENGTH:** 4

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

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

**VALUES:** YYYY

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

[^ Back to TOC ^](#)

## SPLMTL\_OPRTG\_AUTHRTY

<b>LABEL:</b>	Annual Managed Care Plan Record in Supplemental Operating Authority File
<b>DESCRIPTION:</b>	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).
<b>SHORT NAME:</b>	SPLMTL_OPRTG_AUTHRTY
<b>LONG NAME:</b>	SPLMTL_OPRTG_AUTHRTY
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	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

<b>LABEL:</b>	Annual Managed Care Plan Record in Supplemental Enrolled Population File
<b>DESCRIPTION:</b>	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).
<b>SHORT NAME:</b>	SPLMTL_POP_ENRLMT
<b>LONG NAME:</b>	SPLMTL_POP_ENRLMT
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).

[^ Back to TOC ^](#)



## SPLMTL\_SAREA

<b>LABEL:</b>	Annual Managed Care Plan Record in Supplemental Service Area File
<b>DESCRIPTION:</b>	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) .
<b>SHORT NAME:</b>	SPLMTL_SAREA
<b>LONG NAME:</b>	SPLMTL_SAREA
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	The CCW_APL_LINK_KEY identifies each unique combination of submitting state entity code (SUBMTG_STATE_CD) and state managed care plan/entity (MC_PLAN_ID).

[^ Back to TOC ^](#)

## SPLMTL\_SRVC\_ADDR\_LCTN

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

[^ Back to TOC ^](#)

## STATE\_CD

**LABEL:** Submitting State Alpha Abbreviation  
**DESCRIPTION:** Submitting State (postal abbreviation)  
**SHORT NAME:** STATE\_CD  
**LONG NAME:** STATE\_CD  
**TYPE:** CHAR  
**LENGTH:** 2  
**FILE(S):** All Annual Managed Care Plan files  
**SOURCE:** CCW and CMS/Census Bureau crosswalk (derived)  
**VALUES:** Two-character postal state code

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

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

[^ Back to TOC ^](#)

## SUBMTG\_STATE\_CD

**LABEL:** Submitting State Entity Code

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

**SHORT NAME:** SUBMTG\_STATE\_CD

**LONG NAME:** SUBMTG\_STATE\_CD

**TYPE:** CHAR

**LENGTH:** 2

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

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

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

2-digit value (with leading zeros)

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

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

[^ Back to TOC ^](#)

## UNK\_ELGLTY\_GRP\_POP\_IND

<b>LABEL:</b>	Eligible Population Indicator: Unknown Eligibility Group — Ever in Calendar Year
<b>DESCRIPTION:</b>	Indicates if the managed care entity is associated with an unknown eligibility group; ever in the calendar year.
<b>SHORT NAME:</b>	UNK_ELGLTY_GRP_POP_IND
<b>LONG NAME:</b>	UNK_ELGLTY_GRP_POP_IND
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>FILE(S):</b>	APL Base
<b>SOURCE:</b>	T-MSIS Annual Managed Care Plan TAF
<b>VALUES:</b>	0 = No 1 = Yes
<b>COMMENT:</b>	This data element is triggered by an invalid value (i.e., not values 01–76) in any instance of MC_PLAN_ELGLTY_GRP_POP_CD.

[^ Back to TOC ^](#)

## **WVR\_1115\_EXPNSN\_CVRG\_POP\_IND**

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

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

**SHORT NAME:** WVR\_1115\_EXPNSN\_CVRG\_POP\_IND

**LONG NAME:** WVR\_1115\_EXPNSN\_CVRG\_POP\_IND

**TYPE:** CHAR

**LENGTH:** 1

**FILE(S):** APL Base

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

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

**COMMENT:** This data element is triggered by a value of “69”–“71” in any instance of MC\_PLAN\_ELGBLTY\_GRP\_POP\_CD.

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

[^ Back to TOC ^](#)