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Chronic Conditions Warehouse Virtual Research Data Center

T-MSIS Analytic Files (TAF) Demographic and Eligibility Research Identifiable Files (RIFs) Codebook

DECEMBER 2024 | VERSION 1.7

Revision Log

Date	Changed by	Revisions	Version
December 2024	K. Schneider	<ul style="list-style-type: none"> Added valid values for: ELGBLTY_CHG_RSN_CD_01–12, LCKIN_PRVDR_TYPE_CD_1–3, MRTL_STUS_CD, RSTRCTD_BNFTS_CD_01–12 Added value for Guam to STATE_CD and SUBMTG_STATE_CD and added detail to SUBMTG_STATE_CD for MT TPA (94) and WY CHIP (93) 	1.7
December 2023	K. Schneider	Added comment to BENE_ZIP_CD regarding field length	1.6
October 2022	K. Schneider	<ul style="list-style-type: none"> Added new variables to the DE base file: ELLBL_AFTR_EOY_IND and ELGBLTY_CHG_RSN_CD_01– ELGBLTY_CHG_RSN_CD_12 Added valid new value for RACE_ETHNCTY_CD and RACE_ETHNCTY_EXP_CD 	1.5
November 2021	K. Schneider	<ul style="list-style-type: none"> Adjusted the descriptions for those variables populated using the "latest" methodology which also look back to prior service years to populate their values Replaced "all prior years" with "the two prior years" 	1.4
September 2021	K. Schneider A. Meyer	<ul style="list-style-type: none"> Updated description and values for SUBMTG_STATE_CD Updated values for CTZNSHP_IND, CTZNSHP_VRFCTN_PENDG_IND, and IMGRTN_VRFCTN_PENDG_IND Added values to DE base file related to COVID-19 to the monthly ELGBLTY_GRP_CD_01–12 and ELGBLTY_GRP_CD_LTST, RSTRCTD_BNFTS_CD_01–12 and RSTRCTD_BNFTS_CD_LTST; added managed care plan type code values to MC_PLAN_TYPE_CD_01–MC_PLAN_TYPE_CD_12 and the series: MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12 Added two new summary variables to the Managed Care file: LTSS_PIHP_MOS and OTH_PLAN_MOS 	1.3
October 2020	K. Schneider	Updated value description for DE_VRSN, added value for RSTRCTD_BNFTS_CD_MM, RSTRCTD_BNFTS_CD_LTST, and clarified definition for VET_IND	1.2
August 2020	K. Schneider	Updated to for the 2017–2018 data release; adjusted field width for AGE_GRP_CD	1.1
November 2019	K. Schneider K. Russell	Initial release of Codebook TAF Demographic and Eligibility files	1.0

Tips on Navigating the Codebook

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

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

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

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

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

Table of Contents

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

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

Variable Details.....	1
ABP_SPO_1937_IND_01	1
ABP_SPO_1937_IND_02	1
ABP_SPO_1937_IND_03	1
ABP_SPO_1937_IND_04	1
ABP_SPO_1937_IND_05	1
ABP_SPO_1937_IND_06	1
ABP_SPO_1937_IND_07	1
ABP_SPO_1937_IND_08	1
ABP_SPO_1937_IND_09	1
ABP_SPO_1937_IND_10	1
ABP_SPO_1937_IND_11	1
ABP_SPO_1937_IND_12	1
ACO_MOS	3
AGE	4
AGE_GRP_CD	5
BENE_CNTY_CD.....	6
BENE_ID	7
BENE_STATE_CD	8
BENE_ZIP_CD	10
BIRTH_CNCPTN_IND	11
BIRTH_CNCPTN_IND_01	12
BIRTH_CNCPTN_IND_02	12
BIRTH_CNCPTN_IND_03	12
BIRTH_CNCPTN_IND_04	12
BIRTH_CNCPTN_IND_05	12
BIRTH_CNCPTN_IND_06	12
BIRTH_CNCPTN_IND_07	12

BIRTH_CNCPTN_IND_08	12
BIRTH_CNCPTN_IND_09	12
BIRTH_CNCPTN_IND_10	12
BIRTH_CNCPTN_IND_11	12
BIRTH_CNCPTN_IND_12	12
BIRTH_DT.....	14
CARE_LVL_STUS_CD.....	15
CARE_LVL_STUS_CD_01.....	16
CARE_LVL_STUS_CD_02.....	16
CARE_LVL_STUS_CD_03.....	16
CARE_LVL_STUS_CD_04.....	16
CARE_LVL_STUS_CD_05.....	16
CARE_LVL_STUS_CD_06.....	16
CARE_LVL_STUS_CD_07.....	16
CARE_LVL_STUS_CD_08.....	16
CARE_LVL_STUS_CD_09.....	16
CARE_LVL_STUS_CD_10.....	16
CARE_LVL_STUS_CD_11.....	16
CARE_LVL_STUS_CD_12.....	16
CCW_LD_DT	18
CFC_SPO_IND_01.....	19
CFC_SPO_IND_02.....	19
CFC_SPO_IND_03.....	19
CFC_SPO_IND_04.....	19
CFC_SPO_IND_05.....	19
CFC_SPO_IND_06.....	19
CFC_SPO_IND_07.....	19
CFC_SPO_IND_08.....	19
CFC_SPO_IND_09.....	19
CFC_SPO_IND_10.....	19
CFC_SPO_IND_11.....	19
CFC_SPO_IND_12.....	19
CHIP_CD_01.....	21

CHIP_CD_02.....	21
CHIP_CD_03.....	21
CHIP_CD_04.....	21
CHIP_CD_05.....	21
CHIP_CD_06.....	21
CHIP_CD_07.....	21
CHIP_CD_08.....	21
CHIP_CD_09.....	21
CHIP_CD_10.....	21
CHIP_CD_11.....	21
CHIP_CD_12.....	21
CHIP_CD_LTST.....	23
CHIP_ENRLMT_DAYS_01.....	24
CHIP_ENRLMT_DAYS_02.....	24
CHIP_ENRLMT_DAYS_03.....	24
CHIP_ENRLMT_DAYS_04.....	24
CHIP_ENRLMT_DAYS_05.....	24
CHIP_ENRLMT_DAYS_06.....	24
CHIP_ENRLMT_DAYS_07.....	24
CHIP_ENRLMT_DAYS_08.....	24
CHIP_ENRLMT_DAYS_09.....	24
CHIP_ENRLMT_DAYS_10.....	24
CHIP_ENRLMT_DAYS_11.....	24
CHIP_ENRLMT_DAYS_12.....	24
CHIP_ENRLMT_DAYS_YR	26
CMMI_SECT_1115A_DEMO_IND_01.....	27
CMMI_SECT_1115A_DEMO_IND_02.....	27
CMMI_SECT_1115A_DEMO_IND_03.....	27
CMMI_SECT_1115A_DEMO_IND_04.....	27
CMMI_SECT_1115A_DEMO_IND_05.....	27
CMMI_SECT_1115A_DEMO_IND_06.....	27
CMMI_SECT_1115A_DEMO_IND_07.....	27
CMMI_SECT_1115A_DEMO_IND_08.....	27

CMMI_SECT_1115A_DEMO_IND_09.....	27
CMMI_SECT_1115A_DEMO_IND_10.....	27
CMMI_SECT_1115A_DEMO_IND_11.....	27
CMMI_SECT_1115A_DEMO_IND_12.....	27
CMPRHNSV_MCO_MOS.....	29
CRTFD_AMRCN_INDN_ALSKN_NTV_CD.....	30
CTZNSHP_IND	31
CTZNSHP_VRFCTN_PENDG_IND.....	32
DA_RUN_ID	33
DE_VRSN.....	34
DEATH_DT	35
DEATH_IND.....	36
DISEASE_MGMT_PAHP_MOS	37
DNTL_PAHP_MOS.....	38
DSBLTY_BLND_IND	39
DSBLTY_DEAF_IND.....	40
DSBLTY_DFCLTY_CNCNTRTNG_IND	41
DSBLTY_DFCLTY_CNCNTRTNG_IND_01.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_02.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_03.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_04.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_05.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_06.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_07.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_08.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_09.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_10.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_11.....	42
DSBLTY_DFCLTY_CNCNTRTNG_IND_12.....	42
DSBLTY_DFCLTY_DRSGN_BATHNG_IND	44
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_01.....	45
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_02.....	45
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_03.....	45

DSBLTY_DFCLTY_DRSNG_BTHNG_IND_04.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_05.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_06.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_07.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_08.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_09.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_10.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_11.....	45
DSBLTY_DFCLTY_DRSNG_BTHNG_IND_12.....	45
DSBLTY_DFCLTY_ERNDS_IND.....	47
DSBLTY_DFCLTY_ERNDS_IND_01.....	48
DSBLTY_DFCLTY_ERNDS_IND_02.....	48
DSBLTY_DFCLTY_ERNDS_IND_03.....	48
DSBLTY_DFCLTY_ERNDS_IND_04.....	48
DSBLTY_DFCLTY_ERNDS_IND_05.....	48
DSBLTY_DFCLTY_ERNDS_IND_06.....	48
DSBLTY_DFCLTY_ERNDS_IND_07.....	48
DSBLTY_DFCLTY_ERNDS_IND_08.....	48
DSBLTY_DFCLTY_ERNDS_IND_09.....	48
DSBLTY_DFCLTY_ERNDS_IND_10.....	48
DSBLTY_DFCLTY_ERNDS_IND_11.....	48
DSBLTY_DFCLTY_ERNDS_IND_12.....	48
DSBLTY_DFCLTY_WLKG_IND.....	50
DSBLTY_DFCLTY_WLKG_IND_01.....	51
DSBLTY_DFCLTY_WLKG_IND_02.....	51
DSBLTY_DFCLTY_WLKG_IND_03.....	51
DSBLTY_DFCLTY_WLKG_IND_04.....	51
DSBLTY_DFCLTY_WLKG_IND_05.....	51
DSBLTY_DFCLTY_WLKG_IND_06.....	51
DSBLTY_DFCLTY_WLKG_IND_07.....	51
DSBLTY_DFCLTY_WLKG_IND_08.....	51
DSBLTY_DFCLTY_WLKG_IND_09.....	51
DSBLTY_DFCLTY_WLKG_IND_10.....	51

DSBLTY_DFCLTY_WLKG_IND_11	51
DSBLTY_DFCLTY_WLKG_IND_12	51
DSBLTY_OTHR_IND.....	53
DSTR_RLTD_WVR_1115_MOS	54
DUAL_ELGBL_CD_01	55
DUAL_ELGBL_CD_02	55
DUAL_ELGBL_CD_03	55
DUAL_ELGBL_CD_04	55
DUAL_ELGBL_CD_05	55
DUAL_ELGBL_CD_06	55
DUAL_ELGBL_CD_07	55
DUAL_ELGBL_CD_08	55
DUAL_ELGBL_CD_09	55
DUAL_ELGBL_CD_10	55
DUAL_ELGBL_CD_11	55
DUAL_ELGBL_CD_12	55
DUAL_ELGBL_CD_LTST.....	57
ELGBL_AFTR_EOY_IND.....	58
ELGBLTY_CHG_RSN_CD_01.....	59
ELGBLTY_CHG_RSN_CD_02.....	59
ELGBLTY_CHG_RSN_CD_03.....	59
ELGBLTY_CHG_RSN_CD_04.....	59
ELGBLTY_CHG_RSN_CD_05.....	59
ELGBLTY_CHG_RSN_CD_06.....	59
ELGBLTY_CHG_RSN_CD_07.....	59
ELGBLTY_CHG_RSN_CD_08.....	59
ELGBLTY_CHG_RSN_CD_09.....	59
ELGBLTY_CHG_RSN_CD_10.....	59
ELGBLTY_CHG_RSN_CD_11.....	59
ELGBLTY_CHG_RSN_CD_12.....	59
ELGBLTY_GRP_CD_01	62
ELGBLTY_GRP_CD_02	62
ELGBLTY_GRP_CD_03	62

ELLBLTY_GRP_CD_04	62
ELLBLTY_GRP_CD_05	62
ELLBLTY_GRP_CD_06	62
ELLBLTY_GRP_CD_07	62
ELLBLTY_GRP_CD_08	62
ELLBLTY_GRP_CD_09	62
ELLBLTY_GRP_CD_10	62
ELLBLTY_GRP_CD_11	62
ELLBLTY_GRP_CD_12	62
ELLBLTY_GRP_CD_LTST	65
ENGLSH_LANG_PRFCNCY_CD	68
ENHNCD_PCCM_MOS	69
ENRLMT_END_DT	70
ENRLMT_START_DT	71
ENRLMT_TYPE_CD	72
ETHNCTY_CD	73
FMLY_PLNG_ONLY_WVR_1115_MOS	74
HCBS_AGED_CC_IND	75
HCBS_AUTSM_CC_IND	76
HCBS_BRN_INJURY_CC_IND	77
HCBS_DEVDIS_CC_IND	78
HCBS_DSBLD_OTH_CC_IND	79
HCBS_HIV_AIDS_CC_IND	80
HCBS_INTLCTL_DSBLTS_CC_IND	81
HCBS_MENTL_ILL_CC_IND	82
HCBS_PHYS_DSBLTS_CC_IND	83
HCBS_TECH_DPNDNT_MF_CC_IND	84
HIFA_WVR_1115_MOS	85
HIO_MOS	86
HLTH_HOME_ASTHMA_CC_IND	87
HLTH_HOME_DBTS_CC_IND	88
HLTH_HOME_ENT_NAME	89
HLTH_HOME_HIV_AIDS_CC_IND	90

HLTH_HOME_HRT_DISEASE_CC_IND	91
HLTH_HOME_MH_CC_IND.....	92
HLTH_HOME_OTH_CC_IND.....	93
HLTH_HOME_OVRWT_CC_IND	94
HLTH_HOME_PGM_IND_01.....	95
HLTH_HOME_PGM_IND_02.....	95
HLTH_HOME_PGM_IND_03.....	95
HLTH_HOME_PGM_IND_04.....	95
HLTH_HOME_PGM_IND_05.....	95
HLTH_HOME_PGM_IND_06.....	95
HLTH_HOME_PGM_IND_07.....	95
HLTH_HOME_PGM_IND_08.....	95
HLTH_HOME_PGM_IND_09.....	95
HLTH_HOME_PGM_IND_10.....	95
HLTH_HOME_PGM_IND_11.....	95
HLTH_HOME_PGM_IND_12.....	95
HLTH_HOME_PRVDR_ID.....	97
HLTH_HOME_SUD_CC_IND.....	98
HLTH_MDCL_HOME_MOS	99
HSEHLD_SIZE_CD	100
IMGRTN_STUS_5YR_BAR_END_DT	101
IMGRTN_STUS_CD.....	102
IMGRTN_VRFCTN_PENDG_IND.....	103
INCM_CD	104
INTGRTD_CARE_DUAL_ELLBL_MOS	105
LCKIN_IND	106
LCKIN_PRVDR_ID_1	107
LCKIN_PRVDR_ID_2	107
LCKIN_PRVDR_ID_3	107
LCKIN_PRVDR_TYPE_CD_1.....	108
LCKIN_PRVDR_TYPE_CD_2.....	108
LCKIN_PRVDR_TYPE_CD_3.....	108
LTC_PIHP_MOS.....	110

LTSS_LVL_CD_1_01	111
LTSS_LVL_CD_1_02	111
LTSS_LVL_CD_1_03	111
LTSS_LVL_CD_1_04	111
LTSS_LVL_CD_1_05	111
LTSS_LVL_CD_1_06	111
LTSS_LVL_CD_1_07	111
LTSS_LVL_CD_1_08	111
LTSS_LVL_CD_1_09	111
LTSS_LVL_CD_1_10	111
LTSS_LVL_CD_1_11	111
LTSS_LVL_CD_1_12	111
LTSS_LVL_CD_1_LTST	113
LTSS_LVL_CD_2_01	114
LTSS_LVL_CD_2_02	114
LTSS_LVL_CD_2_03	114
LTSS_LVL_CD_2_04	114
LTSS_LVL_CD_2_05	114
LTSS_LVL_CD_2_06	114
LTSS_LVL_CD_2_07	114
LTSS_LVL_CD_2_08	114
LTSS_LVL_CD_2_09	114
LTSS_LVL_CD_2_10	114
LTSS_LVL_CD_2_11	114
LTSS_LVL_CD_2_12	114
LTSS_LVL_CD_2_LTST	116
LTSS_LVL_CD_3_01	117
LTSS_LVL_CD_3_02	117
LTSS_LVL_CD_3_03	117
LTSS_LVL_CD_3_04	117
LTSS_LVL_CD_3_05	117
LTSS_LVL_CD_3_06	117
LTSS_LVL_CD_3_07	117

LTSS_LVL_CD_3_08	117
LTSS_LVL_CD_3_09	117
LTSS_LVL_CD_3_10	117
LTSS_LVL_CD_3_11	117
LTSS_LVL_CD_3_12	117
LTSS_LVL_CD_3_LTST.....	119
LTSS_PIHP_MOS	120
LTSS_PRVDR_ID_1	121
LTSS_PRVDR_ID_2	121
LTSS_PRVDR_ID_3	121
MASBOE_CD_01	122
MASBOE_CD_02	122
MASBOE_CD_03	122
MASBOE_CD_04	122
MASBOE_CD_05	122
MASBOE_CD_06	122
MASBOE_CD_07	122
MASBOE_CD_08	122
MASBOE_CD_09	122
MASBOE_CD_10	122
MASBOE_CD_11	122
MASBOE_CD_12	122
MASBOE_CD_LTST.....	124
MC_PLAN_ID_01_01.....	126
MC_PLAN_ID_01_02.....	126
MC_PLAN_ID_01_03.....	126
MC_PLAN_ID_01_04.....	126
MC_PLAN_ID_01_05.....	126
MC_PLAN_ID_01_06.....	126
MC_PLAN_ID_01_07.....	126
MC_PLAN_ID_01_08.....	126
MC_PLAN_ID_01_09.....	126
MC_PLAN_ID_01_10.....	126

MC_PLAN_ID_01_11.....	126
MC_PLAN_ID_01_12.....	126
MC_PLAN_ID_02_01.....	128
MC_PLAN_ID_02_02.....	128
MC_PLAN_ID_02_03.....	128
MC_PLAN_ID_02_04.....	128
MC_PLAN_ID_02_05.....	128
MC_PLAN_ID_02_06.....	128
MC_PLAN_ID_02_07.....	128
MC_PLAN_ID_02_08.....	128
MC_PLAN_ID_02_09.....	128
MC_PLAN_ID_02_10.....	128
MC_PLAN_ID_02_11.....	128
MC_PLAN_ID_02_12.....	128
MC_PLAN_ID_03_01.....	130
MC_PLAN_ID_03_02.....	130
MC_PLAN_ID_03_03.....	130
MC_PLAN_ID_03_04.....	130
MC_PLAN_ID_03_05.....	130
MC_PLAN_ID_03_06.....	130
MC_PLAN_ID_03_07.....	130
MC_PLAN_ID_03_08.....	130
MC_PLAN_ID_03_09.....	130
MC_PLAN_ID_03_10.....	130
MC_PLAN_ID_03_11.....	130
MC_PLAN_ID_03_12.....	130
MC_PLAN_ID_04_01.....	132
MC_PLAN_ID_04_02.....	132
MC_PLAN_ID_04_03.....	132
MC_PLAN_ID_04_04.....	132
MC_PLAN_ID_04_05.....	132
MC_PLAN_ID_04_06.....	132
MC_PLAN_ID_04_07.....	132

MC_PLAN_ID_04_08.....	132
MC_PLAN_ID_04_09.....	132
MC_PLAN_ID_04_10.....	132
MC_PLAN_ID_04_11.....	132
MC_PLAN_ID_04_12.....	132
MC_PLAN_ID_05_01.....	134
MC_PLAN_ID_05_02.....	134
MC_PLAN_ID_05_03.....	134
MC_PLAN_ID_05_04.....	134
MC_PLAN_ID_05_05.....	134
MC_PLAN_ID_05_06.....	134
MC_PLAN_ID_05_07.....	134
MC_PLAN_ID_05_08.....	134
MC_PLAN_ID_05_09.....	134
MC_PLAN_ID_05_10.....	134
MC_PLAN_ID_05_11.....	134
MC_PLAN_ID_05_12.....	134
MC_PLAN_ID_06_01.....	136
MC_PLAN_ID_06_02.....	136
MC_PLAN_ID_06_03.....	136
MC_PLAN_ID_06_04.....	136
MC_PLAN_ID_06_05.....	136
MC_PLAN_ID_06_06.....	136
MC_PLAN_ID_06_07.....	136
MC_PLAN_ID_06_08.....	136
MC_PLAN_ID_06_09.....	136
MC_PLAN_ID_06_10.....	136
MC_PLAN_ID_06_11.....	136
MC_PLAN_ID_06_12.....	136
MC_PLAN_ID_07_01.....	138
MC_PLAN_ID_07_02.....	138
MC_PLAN_ID_07_03.....	138
MC_PLAN_ID_07_04.....	138

MC_PLAN_ID_07_05.....	138
MC_PLAN_ID_07_06.....	138
MC_PLAN_ID_07_07.....	138
MC_PLAN_ID_07_08.....	138
MC_PLAN_ID_07_09.....	138
MC_PLAN_ID_07_10.....	138
MC_PLAN_ID_07_11.....	138
MC_PLAN_ID_07_12.....	138
MC_PLAN_ID_08_01.....	140
MC_PLAN_ID_08_02.....	140
MC_PLAN_ID_08_03.....	140
MC_PLAN_ID_08_04.....	140
MC_PLAN_ID_08_05.....	140
MC_PLAN_ID_08_06.....	140
MC_PLAN_ID_08_07.....	140
MC_PLAN_ID_08_08.....	140
MC_PLAN_ID_08_09.....	140
MC_PLAN_ID_08_10.....	140
MC_PLAN_ID_08_11.....	140
MC_PLAN_ID_08_12.....	140
MC_PLAN_ID_09_01.....	142
MC_PLAN_ID_09_02.....	142
MC_PLAN_ID_09_03.....	142
MC_PLAN_ID_09_04.....	142
MC_PLAN_ID_09_05.....	142
MC_PLAN_ID_09_06.....	142
MC_PLAN_ID_09_07.....	142
MC_PLAN_ID_09_08.....	142
MC_PLAN_ID_09_09.....	142
MC_PLAN_ID_09_10.....	142
MC_PLAN_ID_09_11.....	142
MC_PLAN_ID_09_12.....	142
MC_PLAN_ID_10_01.....	144

MC_PLAN_ID_10_02.....	144
MC_PLAN_ID_10_03.....	144
MC_PLAN_ID_10_04.....	144
MC_PLAN_ID_10_05.....	144
MC_PLAN_ID_10_06.....	144
MC_PLAN_ID_10_07.....	144
MC_PLAN_ID_10_08.....	144
MC_PLAN_ID_10_09.....	144
MC_PLAN_ID_10_10.....	144
MC_PLAN_ID_10_11.....	144
MC_PLAN_ID_10_12.....	144
MC_PLAN_ID_11_01.....	146
MC_PLAN_ID_11_02.....	146
MC_PLAN_ID_11_03.....	146
MC_PLAN_ID_11_04.....	146
MC_PLAN_ID_11_05.....	146
MC_PLAN_ID_11_06.....	146
MC_PLAN_ID_11_07.....	146
MC_PLAN_ID_11_08.....	146
MC_PLAN_ID_11_09.....	146
MC_PLAN_ID_11_10.....	146
MC_PLAN_ID_11_11.....	146
MC_PLAN_ID_11_12.....	146
MC_PLAN_ID_12_01.....	148
MC_PLAN_ID_12_02.....	148
MC_PLAN_ID_12_03.....	148
MC_PLAN_ID_12_04.....	148
MC_PLAN_ID_12_05.....	148
MC_PLAN_ID_12_06.....	148
MC_PLAN_ID_12_07.....	148
MC_PLAN_ID_12_08.....	148
MC_PLAN_ID_12_09.....	148
MC_PLAN_ID_12_10.....	148

MC_PLAN_ID_12_11.....	148
MC_PLAN_ID_12_12.....	148
MC_PLAN_ID_13_01.....	150
MC_PLAN_ID_13_02.....	150
MC_PLAN_ID_13_03.....	150
MC_PLAN_ID_13_04.....	150
MC_PLAN_ID_13_05.....	150
MC_PLAN_ID_13_06.....	150
MC_PLAN_ID_13_07.....	150
MC_PLAN_ID_13_08.....	150
MC_PLAN_ID_13_09.....	150
MC_PLAN_ID_13_10.....	150
MC_PLAN_ID_13_11.....	150
MC_PLAN_ID_13_12.....	150
MC_PLAN_ID_14_01.....	152
MC_PLAN_ID_14_02.....	152
MC_PLAN_ID_14_03.....	152
MC_PLAN_ID_14_04.....	152
MC_PLAN_ID_14_05.....	152
MC_PLAN_ID_14_06.....	152
MC_PLAN_ID_14_07.....	152
MC_PLAN_ID_14_08.....	152
MC_PLAN_ID_14_09.....	152
MC_PLAN_ID_14_10.....	152
MC_PLAN_ID_14_11.....	152
MC_PLAN_ID_14_12.....	152
MC_PLAN_ID_15_01.....	154
MC_PLAN_ID_15_02.....	154
MC_PLAN_ID_15_03.....	154
MC_PLAN_ID_15_04.....	154
MC_PLAN_ID_15_05.....	154
MC_PLAN_ID_15_06.....	154
MC_PLAN_ID_15_07.....	154

MC_PLAN_ID_15_08.....	154
MC_PLAN_ID_15_09.....	154
MC_PLAN_ID_15_10.....	154
MC_PLAN_ID_15_11.....	154
MC_PLAN_ID_15_12.....	154
MC_PLAN_ID_16_01.....	156
MC_PLAN_ID_16_02.....	156
MC_PLAN_ID_16_03.....	156
MC_PLAN_ID_16_04.....	156
MC_PLAN_ID_16_05.....	156
MC_PLAN_ID_16_06.....	156
MC_PLAN_ID_16_07.....	156
MC_PLAN_ID_16_08.....	156
MC_PLAN_ID_16_09.....	156
MC_PLAN_ID_16_10.....	156
MC_PLAN_ID_16_11.....	156
MC_PLAN_ID_16_12.....	156
MC_PLAN_TYPE_CD_01.....	158
MC_PLAN_TYPE_CD_02.....	158
MC_PLAN_TYPE_CD_03.....	158
MC_PLAN_TYPE_CD_04.....	158
MC_PLAN_TYPE_CD_05.....	158
MC_PLAN_TYPE_CD_06.....	158
MC_PLAN_TYPE_CD_07.....	158
MC_PLAN_TYPE_CD_08.....	158
MC_PLAN_TYPE_CD_09.....	158
MC_PLAN_TYPE_CD_10.....	158
MC_PLAN_TYPE_CD_11.....	158
MC_PLAN_TYPE_CD_12.....	158
MC_PLAN_TYPE_CD_01_01.....	161
MC_PLAN_TYPE_CD_01_02.....	161
MC_PLAN_TYPE_CD_01_03.....	161
MC_PLAN_TYPE_CD_01_04.....	161

MC_PLAN_TYPE_CD_01_05	161
MC_PLAN_TYPE_CD_01_06	161
MC_PLAN_TYPE_CD_01_07	161
MC_PLAN_TYPE_CD_01_08	161
MC_PLAN_TYPE_CD_01_09	161
MC_PLAN_TYPE_CD_01_10	161
MC_PLAN_TYPE_CD_01_11	161
MC_PLAN_TYPE_CD_01_12	161
MC_PLAN_TYPE_CD_02_01	163
MC_PLAN_TYPE_CD_02_02	163
MC_PLAN_TYPE_CD_02_03	163
MC_PLAN_TYPE_CD_02_04	163
MC_PLAN_TYPE_CD_02_05	163
MC_PLAN_TYPE_CD_02_06	163
MC_PLAN_TYPE_CD_02_07	163
MC_PLAN_TYPE_CD_02_08	163
MC_PLAN_TYPE_CD_02_09	163
MC_PLAN_TYPE_CD_02_10	163
MC_PLAN_TYPE_CD_02_11	163
MC_PLAN_TYPE_CD_02_12	163
MC_PLAN_TYPE_CD_03_01	165
MC_PLAN_TYPE_CD_03_02	165
MC_PLAN_TYPE_CD_03_03	165
MC_PLAN_TYPE_CD_03_04	165
MC_PLAN_TYPE_CD_03_05	165
MC_PLAN_TYPE_CD_03_06	165
MC_PLAN_TYPE_CD_03_07	165
MC_PLAN_TYPE_CD_03_08	165
MC_PLAN_TYPE_CD_03_09	165
MC_PLAN_TYPE_CD_03_10	165
MC_PLAN_TYPE_CD_03_11	165
MC_PLAN_TYPE_CD_03_12	165
MC_PLAN_TYPE_CD_04_01	167

MC_PLAN_TYPE_CD_04_02	167
MC_PLAN_TYPE_CD_04_03	167
MC_PLAN_TYPE_CD_04_04	167
MC_PLAN_TYPE_CD_04_05	167
MC_PLAN_TYPE_CD_04_06	167
MC_PLAN_TYPE_CD_04_07	167
MC_PLAN_TYPE_CD_04_08	167
MC_PLAN_TYPE_CD_04_09	167
MC_PLAN_TYPE_CD_04_10	167
MC_PLAN_TYPE_CD_04_11	167
MC_PLAN_TYPE_CD_04_12	167
MC_PLAN_TYPE_CD_05_01	169
MC_PLAN_TYPE_CD_05_02	169
MC_PLAN_TYPE_CD_05_03	169
MC_PLAN_TYPE_CD_05_04	169
MC_PLAN_TYPE_CD_05_05	169
MC_PLAN_TYPE_CD_05_06	169
MC_PLAN_TYPE_CD_05_07	169
MC_PLAN_TYPE_CD_05_08	169
MC_PLAN_TYPE_CD_05_09	169
MC_PLAN_TYPE_CD_05_10	169
MC_PLAN_TYPE_CD_05_11	169
MC_PLAN_TYPE_CD_05_12	169
MC_PLAN_TYPE_CD_06_01	171
MC_PLAN_TYPE_CD_06_02	171
MC_PLAN_TYPE_CD_06_03	171
MC_PLAN_TYPE_CD_06_04	171
MC_PLAN_TYPE_CD_06_05	171
MC_PLAN_TYPE_CD_06_06	171
MC_PLAN_TYPE_CD_06_07	171
MC_PLAN_TYPE_CD_06_08	171
MC_PLAN_TYPE_CD_06_09	171
MC_PLAN_TYPE_CD_06_10	171

MC_PLAN_TYPE_CD_06_11	171
MC_PLAN_TYPE_CD_06_12	171
MC_PLAN_TYPE_CD_07_01	173
MC_PLAN_TYPE_CD_07_02	173
MC_PLAN_TYPE_CD_07_03	173
MC_PLAN_TYPE_CD_07_04	173
MC_PLAN_TYPE_CD_07_05	173
MC_PLAN_TYPE_CD_07_06	173
MC_PLAN_TYPE_CD_07_07	173
MC_PLAN_TYPE_CD_07_08	173
MC_PLAN_TYPE_CD_07_09	173
MC_PLAN_TYPE_CD_07_10	173
MC_PLAN_TYPE_CD_07_11	173
MC_PLAN_TYPE_CD_07_12	173
MC_PLAN_TYPE_CD_08_01	175
MC_PLAN_TYPE_CD_08_02	175
MC_PLAN_TYPE_CD_08_03	175
MC_PLAN_TYPE_CD_08_04	175
MC_PLAN_TYPE_CD_08_05	175
MC_PLAN_TYPE_CD_08_06	175
MC_PLAN_TYPE_CD_08_07	175
MC_PLAN_TYPE_CD_08_08	175
MC_PLAN_TYPE_CD_08_09	175
MC_PLAN_TYPE_CD_08_10	175
MC_PLAN_TYPE_CD_08_11	175
MC_PLAN_TYPE_CD_08_12	175
MC_PLAN_TYPE_CD_09_01	177
MC_PLAN_TYPE_CD_09_02	177
MC_PLAN_TYPE_CD_09_03	177
MC_PLAN_TYPE_CD_09_04	177
MC_PLAN_TYPE_CD_09_05	177
MC_PLAN_TYPE_CD_09_06	177
MC_PLAN_TYPE_CD_09_07	177

MC_PLAN_TYPE_CD_09_08	177
MC_PLAN_TYPE_CD_09_09	177
MC_PLAN_TYPE_CD_09_10	177
MC_PLAN_TYPE_CD_09_11	177
MC_PLAN_TYPE_CD_09_12	177
MC_PLAN_TYPE_CD_10_01	179
MC_PLAN_TYPE_CD_10_02	179
MC_PLAN_TYPE_CD_10_03	179
MC_PLAN_TYPE_CD_10_04	179
MC_PLAN_TYPE_CD_10_05	179
MC_PLAN_TYPE_CD_10_06	179
MC_PLAN_TYPE_CD_10_07	179
MC_PLAN_TYPE_CD_10_08	179
MC_PLAN_TYPE_CD_10_09	179
MC_PLAN_TYPE_CD_10_10	179
MC_PLAN_TYPE_CD_10_11	179
MC_PLAN_TYPE_CD_10_12	179
MC_PLAN_TYPE_CD_11_01	181
MC_PLAN_TYPE_CD_11_02	181
MC_PLAN_TYPE_CD_11_03	181
MC_PLAN_TYPE_CD_11_04	181
MC_PLAN_TYPE_CD_11_05	181
MC_PLAN_TYPE_CD_11_06	181
MC_PLAN_TYPE_CD_11_07	181
MC_PLAN_TYPE_CD_11_08	181
MC_PLAN_TYPE_CD_11_09	181
MC_PLAN_TYPE_CD_11_10	181
MC_PLAN_TYPE_CD_11_11	181
MC_PLAN_TYPE_CD_11_12	181
MC_PLAN_TYPE_CD_12_01	183
MC_PLAN_TYPE_CD_12_02	183
MC_PLAN_TYPE_CD_12_03	183
MC_PLAN_TYPE_CD_12_04	183

MC_PLAN_TYPE_CD_12_05	183
MC_PLAN_TYPE_CD_12_06	183
MC_PLAN_TYPE_CD_12_07	183
MC_PLAN_TYPE_CD_12_08	183
MC_PLAN_TYPE_CD_12_09	183
MC_PLAN_TYPE_CD_12_10	183
MC_PLAN_TYPE_CD_12_11	183
MC_PLAN_TYPE_CD_12_12	183
MC_PLAN_TYPE_CD_13_01	185
MC_PLAN_TYPE_CD_13_02	185
MC_PLAN_TYPE_CD_13_03	185
MC_PLAN_TYPE_CD_13_04	185
MC_PLAN_TYPE_CD_13_05	185
MC_PLAN_TYPE_CD_13_06	185
MC_PLAN_TYPE_CD_13_07	185
MC_PLAN_TYPE_CD_13_08	185
MC_PLAN_TYPE_CD_13_09	185
MC_PLAN_TYPE_CD_13_10	185
MC_PLAN_TYPE_CD_13_11	185
MC_PLAN_TYPE_CD_13_12	185
MC_PLAN_TYPE_CD_14_01	187
MC_PLAN_TYPE_CD_14_02	187
MC_PLAN_TYPE_CD_14_03	187
MC_PLAN_TYPE_CD_14_04	187
MC_PLAN_TYPE_CD_14_05	187
MC_PLAN_TYPE_CD_14_06	187
MC_PLAN_TYPE_CD_14_07	187
MC_PLAN_TYPE_CD_14_08	187
MC_PLAN_TYPE_CD_14_09	187
MC_PLAN_TYPE_CD_14_10	187
MC_PLAN_TYPE_CD_14_11	187
MC_PLAN_TYPE_CD_14_12	187
MC_PLAN_TYPE_CD_15_01	189

MC_PLAN_TYPE_CD_15_02	189
MC_PLAN_TYPE_CD_15_03	189
MC_PLAN_TYPE_CD_15_04	189
MC_PLAN_TYPE_CD_15_05	189
MC_PLAN_TYPE_CD_15_06	189
MC_PLAN_TYPE_CD_15_07	189
MC_PLAN_TYPE_CD_15_08	189
MC_PLAN_TYPE_CD_15_09	189
MC_PLAN_TYPE_CD_15_10	189
MC_PLAN_TYPE_CD_15_11	189
MC_PLAN_TYPE_CD_15_12	189
MC_PLAN_TYPE_CD_16_01	191
MC_PLAN_TYPE_CD_16_02	191
MC_PLAN_TYPE_CD_16_03	191
MC_PLAN_TYPE_CD_16_04	191
MC_PLAN_TYPE_CD_16_05	191
MC_PLAN_TYPE_CD_16_06	191
MC_PLAN_TYPE_CD_16_07	191
MC_PLAN_TYPE_CD_16_08	191
MC_PLAN_TYPE_CD_16_09	191
MC_PLAN_TYPE_CD_16_10	191
MC_PLAN_TYPE_CD_16_11	191
MC_PLAN_TYPE_CD_16_12	191
MDCD_ENRLMT_DAYS_01.....	193
MDCD_ENRLMT_DAYS_02.....	193
MDCD_ENRLMT_DAYS_03.....	193
MDCD_ENRLMT_DAYS_04.....	193
MDCD_ENRLMT_DAYS_05.....	193
MDCD_ENRLMT_DAYS_06.....	193
MDCD_ENRLMT_DAYS_07.....	193
MDCD_ENRLMT_DAYS_08.....	193
MDCD_ENRLMT_DAYS_09.....	193
MDCD_ENRLMT_DAYS_10.....	193

MDCD_ENRLMT_DAYS_11.....	193
MDCD_ENRLMT_DAYS_12.....	193
MDCD_ENRLMT_DAYS_YR.....	194
MFP_IND_01.....	195
MFP_IND_02.....	195
MFP_IND_03.....	195
MFP_IND_04.....	195
MFP_IND_05.....	195
MFP_IND_06.....	195
MFP_IND_07.....	195
MFP_IND_08.....	195
MFP_IND_09.....	195
MFP_IND_10.....	195
MFP_IND_11.....	195
MFP_IND_12.....	195
MFP_IND_LTST	197
MFP_LVS_WTH_FMLY_CD	198
MFP_PRTCTN_END_RSN_CD.....	199
MFP_QLFYD_INSTN_CD	200
MFP_QLFYD_RSDNC_CD	201
MFP_RINSTLZD_RSN_CD.....	202
MH_PAHP_MOS	203
MH_PIHP_MOS.....	204
MH_SUD_PAHP_MOS.....	205
MH_SUD_PIHP_MOS	206
MISG_ELGLTY_DATA_IND.....	207
MISG_ENRLMT_TYPE_IND_01	208
MISG_ENRLMT_TYPE_IND_02	208
MISG_ENRLMT_TYPE_IND_03	208
MISG_ENRLMT_TYPE_IND_04	208
MISG_ENRLMT_TYPE_IND_05	208
MISG_ENRLMT_TYPE_IND_06	208
MISG_ENRLMT_TYPE_IND_07	208

MISG_ENRLMT_TYPE_IND_08	208
MISG_ENRLMT_TYPE_IND_09	208
MISG_ENRLMT_TYPE_IND_10	208
MISG_ENRLMT_TYPE_IND_11	208
MISG_ENRLMT_TYPE_IND_12	208
MRTL_STUS_CD	210
MSIS_CASE_NUM	211
MSIS_ID	212
OTH_PLAN_MOS.....	213
OTH_WVR_1115_MOS.....	214
OTH_WVR_TYPE_MOS.....	215
PACE_MOS.....	216
PAHP_MOS	217
PHRMCY_PAHP_MOS	218
PHRMCY_WVR_1115_MOS.....	219
PIHP_MOS	220
PRMRY_LANG_CD.....	221
PRMRY_LANG_GRP_CD	224
RACE_ETHNCTY_CD	225
RACE_ETHNCTY_EXP_CD	226
RFRNC_YR.....	227
RSTRCTD_BNFTS_CD_01	228
RSTRCTD_BNFTS_CD_02	228
RSTRCTD_BNFTS_CD_03	228
RSTRCTD_BNFTS_CD_04	228
RSTRCTD_BNFTS_CD_05	228
RSTRCTD_BNFTS_CD_06	228
RSTRCTD_BNFTS_CD_07	228
RSTRCTD_BNFTS_CD_08	228
RSTRCTD_BNFTS_CD_09	228
RSTRCTD_BNFTS_CD_10	228
RSTRCTD_BNFTS_CD_11	228
RSTRCTD_BNFTS_CD_12	228

RSTRCTD_BNFTS_CD_LTST.....	231
SEX_CD	233
SPLMTL_DSB_HCBS.....	234
SPLMTL_DSB_LCKIN.....	235
SPLMTL_DSB_LTSS.....	236
SPLMTL_DSB_OTHR.....	237
SPLMTL_DTS	238
SPLMTL_HLTH_HOME_SPO.....	239
SPLMTL_MC.....	240
SPLMTL_MFP	241
SPLMTL_WVR	242
SPO_1915A_IND_01.....	243
SPO_1915A_IND_02.....	243
SPO_1915A_IND_03.....	243
SPO_1915A_IND_04.....	243
SPO_1915A_IND_05.....	243
SPO_1915A_IND_06.....	243
SPO_1915A_IND_07.....	243
SPO_1915A_IND_08.....	243
SPO_1915A_IND_09.....	243
SPO_1915A_IND_10.....	243
SPO_1915A_IND_11.....	243
SPO_1915A_IND_12.....	243
SPO_1915I_IND_01.....	245
SPO_1915I_IND_02.....	245
SPO_1915I_IND_03.....	245
SPO_1915I_IND_04.....	245
SPO_1915I_IND_05.....	245
SPO_1915I_IND_06.....	245
SPO_1915I_IND_07.....	245
SPO_1915I_IND_08.....	245
SPO_1915I_IND_09.....	245
SPO_1915I_IND_10.....	245

SPO_1915I_IND_11.....	245
SPO_1915I_IND_12.....	245
SPO_1915J_IND_01.....	247
SPO_1915J_IND_02.....	247
SPO_1915J_IND_03.....	247
SPO_1915J_IND_04.....	247
SPO_1915J_IND_05.....	247
SPO_1915J_IND_06.....	247
SPO_1915J_IND_07.....	247
SPO_1915J_IND_08.....	247
SPO_1915J_IND_09.....	247
SPO_1915J_IND_10.....	247
SPO_1915J_IND_11.....	247
SPO_1915J_IND_12.....	247
SPO_1932A_IND_01.....	249
SPO_1932A_IND_02.....	249
SPO_1932A_IND_03.....	249
SPO_1932A_IND_04.....	249
SPO_1932A_IND_05.....	249
SPO_1932A_IND_06.....	249
SPO_1932A_IND_07.....	249
SPO_1932A_IND_08.....	249
SPO_1932A_IND_09.....	249
SPO_1932A_IND_10.....	249
SPO_1932A_IND_11.....	249
SPO_1932A_IND_12.....	249
SSDI_IND.....	251
SSDI_IND_01.....	252
SSDI_IND_02.....	252
SSDI_IND_03.....	252
SSDI_IND_04.....	252
SSDI_IND_05.....	252
SSDI_IND_06.....	252

SSDI_IND_07	252
SSDI_IND_08	252
SSDI_IND_09	252
SSDI_IND_10	252
SSDI_IND_11	252
SSDI_IND_12	252
SSI_IND	254
SSI_IND_01	255
SSI_IND_02	255
SSI_IND_03	255
SSI_IND_04	255
SSI_IND_05	255
SSI_IND_06	255
SSI_IND_07	255
SSI_IND_08	255
SSI_IND_09	255
SSI_IND_10	255
SSI_IND_11	255
SSI_IND_12	255
SSI_STATE_SPLMT_CD	257
SSI_STATE_SPLMT_CD_01.....	258
SSI_STATE_SPLMT_CD_02.....	258
SSI_STATE_SPLMT_CD_03.....	258
SSI_STATE_SPLMT_CD_04.....	258
SSI_STATE_SPLMT_CD_05.....	258
SSI_STATE_SPLMT_CD_06.....	258
SSI_STATE_SPLMT_CD_07.....	258
SSI_STATE_SPLMT_CD_08.....	258
SSI_STATE_SPLMT_CD_09.....	258
SSI_STATE_SPLMT_CD_10.....	258
SSI_STATE_SPLMT_CD_11.....	258
SSI_STATE_SPLMT_CD_12.....	258
SSI_STUS_CD.....	260

SSI_STUS_CD_01.....	261
SSI_STUS_CD_02.....	261
SSI_STUS_CD_03.....	261
SSI_STUS_CD_04.....	261
SSI_STUS_CD_05.....	261
SSI_STUS_CD_06.....	261
SSI_STUS_CD_07.....	261
SSI_STUS_CD_08.....	261
SSI_STUS_CD_09.....	261
SSI_STUS_CD_10.....	261
SSI_STUS_CD_11.....	261
SSI_STUS_CD_12.....	261
STATE_CD	263
STATE_SPEC_ELGBLTY_GRP_CD_01.....	264
STATE_SPEC_ELGBLTY_GRP_CD_02.....	264
STATE_SPEC_ELGBLTY_GRP_CD_03.....	264
STATE_SPEC_ELGBLTY_GRP_CD_04.....	264
STATE_SPEC_ELGBLTY_GRP_CD_05.....	264
STATE_SPEC_ELGBLTY_GRP_CD_06.....	264
STATE_SPEC_ELGBLTY_GRP_CD_07.....	264
STATE_SPEC_ELGBLTY_GRP_CD_08.....	264
STATE_SPEC_ELGBLTY_GRP_CD_09.....	264
STATE_SPEC_ELGBLTY_GRP_CD_10.....	264
STATE_SPEC_ELGBLTY_GRP_CD_11.....	264
STATE_SPEC_ELGBLTY_GRP_CD_12.....	264
STATE_SPEC_ELGBLTY_GRP_CD_LTST.....	266
SUBMTG_STATE_CD	267
SUD_PAHP_MOS.....	268
SUD_PIHP_MOS.....	269
TANF_CASH_CD	270
TANF_CASH_CD_01.....	271
TANF_CASH_CD_02.....	271
TANF_CASH_CD_03.....	271

TANF_CASH_CD_04.....	271
TANF_CASH_CD_05.....	271
TANF_CASH_CD_06.....	271
TANF_CASH_CD_07.....	271
TANF_CASH_CD_08.....	271
TANF_CASH_CD_09.....	271
TANF_CASH_CD_10.....	271
TANF_CASH_CD_11.....	271
TANF_CASH_CD_12.....	271
TPL_INSRNC_CVRG_IND	273
TPL_INSRNC_CVRG_IND_01.....	274
TPL_INSRNC_CVRG_IND_02.....	274
TPL_INSRNC_CVRG_IND_03.....	274
TPL_INSRNC_CVRG_IND_04.....	274
TPL_INSRNC_CVRG_IND_05.....	274
TPL_INSRNC_CVRG_IND_06.....	274
TPL_INSRNC_CVRG_IND_07.....	274
TPL_INSRNC_CVRG_IND_08.....	274
TPL_INSRNC_CVRG_IND_09.....	274
TPL_INSRNC_CVRG_IND_10.....	274
TPL_INSRNC_CVRG_IND_11.....	274
TPL_INSRNC_CVRG_IND_12.....	274
TPL_OTHR_CVRG_IND	276
TPL_OTHR_CVRG_IND_01.....	277
TPL_OTHR_CVRG_IND_02.....	277
TPL_OTHR_CVRG_IND_03.....	277
TPL_OTHR_CVRG_IND_04.....	277
TPL_OTHR_CVRG_IND_05.....	277
TPL_OTHR_CVRG_IND_06.....	277
TPL_OTHR_CVRG_IND_07.....	277
TPL_OTHR_CVRG_IND_08.....	277
TPL_OTHR_CVRG_IND_09.....	277
TPL_OTHR_CVRG_IND_10.....	277

TPL_OTHR_CVRG_IND_11.....	277
TPL_OTHR_CVRG_IND_12.....	277
TRDTNL_PCCM_MOS.....	279
TRNSPRTN_PAHP_MOS	280
VET_IND.....	281
WVR_1115_TYPE_CD	282
WVR_1915B_MOS	283
WVR_1915BC_MOS	284
WVR_1915C_MOS	285
WVR_1915C_TYPE_CD	286
WVR_ID_01_01.....	287
WVR_ID_01_02.....	287
WVR_ID_01_03.....	287
WVR_ID_01_04.....	287
WVR_ID_01_05.....	287
WVR_ID_01_06.....	287
WVR_ID_01_07.....	287
WVR_ID_01_08.....	287
WVR_ID_01_09.....	287
WVR_ID_01_10.....	287
WVR_ID_01_11.....	287
WVR_ID_01_12.....	287
WVR_ID_02_01.....	289
WVR_ID_02_02.....	289
WVR_ID_02_03.....	289
WVR_ID_02_04.....	289
WVR_ID_02_05.....	289
WVR_ID_02_06.....	289
WVR_ID_02_07.....	289
WVR_ID_02_08.....	289
WVR_ID_02_09.....	289
WVR_ID_02_10.....	289
WVR_ID_02_11.....	289

WVR_ID_02_12.....	289
WVR_ID_03_01.....	291
WVR_ID_03_02.....	291
WVR_ID_03_03.....	291
WVR_ID_03_04.....	291
WVR_ID_03_05.....	291
WVR_ID_03_06.....	291
WVR_ID_03_07.....	291
WVR_ID_03_08.....	291
WVR_ID_03_09.....	291
WVR_ID_03_10.....	291
WVR_ID_03_11.....	291
WVR_ID_03_12.....	291
WVR_ID_04_01.....	293
WVR_ID_04_02.....	293
WVR_ID_04_03.....	293
WVR_ID_04_04.....	293
WVR_ID_04_05.....	293
WVR_ID_04_06.....	293
WVR_ID_04_07.....	293
WVR_ID_04_08.....	293
WVR_ID_04_09.....	293
WVR_ID_04_10.....	293
WVR_ID_04_11.....	293
WVR_ID_04_12.....	293
WVR_ID_05_01.....	295
WVR_ID_05_02.....	295
WVR_ID_05_03.....	295
WVR_ID_05_04.....	295
WVR_ID_05_05.....	295
WVR_ID_05_06.....	295
WVR_ID_05_07.....	295
WVR_ID_05_08.....	295

WVR_ID_05_09.....	295
WVR_ID_05_10.....	295
WVR_ID_05_11.....	295
WVR_ID_05_12.....	295
WVR_ID_06_01.....	297
WVR_ID_06_02.....	297
WVR_ID_06_03.....	297
WVR_ID_06_04.....	297
WVR_ID_06_05.....	297
WVR_ID_06_06.....	297
WVR_ID_06_07.....	297
WVR_ID_06_08.....	297
WVR_ID_06_09.....	297
WVR_ID_06_10.....	297
WVR_ID_06_11.....	297
WVR_ID_06_12.....	297
WVR_ID_07_01.....	299
WVR_ID_07_02.....	299
WVR_ID_07_03.....	299
WVR_ID_07_04.....	299
WVR_ID_07_05.....	299
WVR_ID_07_06.....	299
WVR_ID_07_07.....	299
WVR_ID_07_08.....	299
WVR_ID_07_09.....	299
WVR_ID_07_10.....	299
WVR_ID_07_11.....	299
WVR_ID_07_12.....	299
WVR_ID_08_01.....	301
WVR_ID_08_02.....	301
WVR_ID_08_03.....	301
WVR_ID_08_04.....	301
WVR_ID_08_05.....	301

WVR_ID_08_06.....	301
WVR_ID_08_07.....	301
WVR_ID_08_08.....	301
WVR_ID_08_09.....	301
WVR_ID_08_10.....	301
WVR_ID_08_11.....	301
WVR_ID_08_12.....	301
WVR_ID_09_01.....	303
WVR_ID_09_02.....	303
WVR_ID_09_03.....	303
WVR_ID_09_04.....	303
WVR_ID_09_05.....	303
WVR_ID_09_06.....	303
WVR_ID_09_07.....	303
WVR_ID_09_08.....	303
WVR_ID_09_09.....	303
WVR_ID_09_10.....	303
WVR_ID_09_11.....	303
WVR_ID_09_12.....	303
WVR_ID_10_01.....	305
WVR_ID_10_02.....	305
WVR_ID_10_03.....	305
WVR_ID_10_04.....	305
WVR_ID_10_05.....	305
WVR_ID_10_06.....	305
WVR_ID_10_07.....	305
WVR_ID_10_08.....	305
WVR_ID_10_09.....	305
WVR_ID_10_10.....	305
WVR_ID_10_11.....	305
WVR_ID_10_12.....	305
WVR_TYPE_CD_01_01	307
WVR_TYPE_CD_01_02	307

WVR_TYPE_CD_01_03	307
WVR_TYPE_CD_01_04	307
WVR_TYPE_CD_01_05	307
WVR_TYPE_CD_01_06	307
WVR_TYPE_CD_01_07	307
WVR_TYPE_CD_01_08	307
WVR_TYPE_CD_01_09	307
WVR_TYPE_CD_01_10	307
WVR_TYPE_CD_01_11	307
WVR_TYPE_CD_01_12	307
WVR_TYPE_CD_02_01	309
WVR_TYPE_CD_02_02	309
WVR_TYPE_CD_02_03	309
WVR_TYPE_CD_02_04	309
WVR_TYPE_CD_02_05	309
WVR_TYPE_CD_02_06	309
WVR_TYPE_CD_02_07	309
WVR_TYPE_CD_02_08	309
WVR_TYPE_CD_02_09	309
WVR_TYPE_CD_02_10	309
WVR_TYPE_CD_02_11	309
WVR_TYPE_CD_02_12	309
WVR_TYPE_CD_03_01	311
WVR_TYPE_CD_03_02	311
WVR_TYPE_CD_03_03	311
WVR_TYPE_CD_03_04	311
WVR_TYPE_CD_03_05	311
WVR_TYPE_CD_03_06	311
WVR_TYPE_CD_03_07	311
WVR_TYPE_CD_03_08	311
WVR_TYPE_CD_03_09	311
WVR_TYPE_CD_03_10	311
WVR_TYPE_CD_03_11	311

WVR_TYPE_CD_03_12	311
WVR_TYPE_CD_04_01	313
WVR_TYPE_CD_04_02	313
WVR_TYPE_CD_04_03	313
WVR_TYPE_CD_04_04	313
WVR_TYPE_CD_04_05	313
WVR_TYPE_CD_04_06	313
WVR_TYPE_CD_04_07	313
WVR_TYPE_CD_04_08	313
WVR_TYPE_CD_04_09	313
WVR_TYPE_CD_04_10	313
WVR_TYPE_CD_04_11	313
WVR_TYPE_CD_04_12	313
WVR_TYPE_CD_05_01	315
WVR_TYPE_CD_05_02	315
WVR_TYPE_CD_05_03	315
WVR_TYPE_CD_05_04	315
WVR_TYPE_CD_05_05	315
WVR_TYPE_CD_05_06	315
WVR_TYPE_CD_05_07	315
WVR_TYPE_CD_05_08	315
WVR_TYPE_CD_05_09	315
WVR_TYPE_CD_05_10	315
WVR_TYPE_CD_05_11	315
WVR_TYPE_CD_05_12	315
WVR_TYPE_CD_06_01	317
WVR_TYPE_CD_06_02	317
WVR_TYPE_CD_06_03	317
WVR_TYPE_CD_06_04	317
WVR_TYPE_CD_06_05	317
WVR_TYPE_CD_06_06	317
WVR_TYPE_CD_06_07	317
WVR_TYPE_CD_06_08	317

WVR_TYPE_CD_06_09	317
WVR_TYPE_CD_06_10	317
WVR_TYPE_CD_06_11	317
WVR_TYPE_CD_06_12	317
WVR_TYPE_CD_07_01	319
WVR_TYPE_CD_07_02	319
WVR_TYPE_CD_07_03	319
WVR_TYPE_CD_07_04	319
WVR_TYPE_CD_07_05	319
WVR_TYPE_CD_07_06	319
WVR_TYPE_CD_07_07	319
WVR_TYPE_CD_07_08	319
WVR_TYPE_CD_07_09	319
WVR_TYPE_CD_07_10	319
WVR_TYPE_CD_07_11	319
WVR_TYPE_CD_07_12	319
WVR_TYPE_CD_08_01	321
WVR_TYPE_CD_08_02	321
WVR_TYPE_CD_08_03	321
WVR_TYPE_CD_08_04	321
WVR_TYPE_CD_08_05	321
WVR_TYPE_CD_08_06	321
WVR_TYPE_CD_08_07	321
WVR_TYPE_CD_08_08	321
WVR_TYPE_CD_08_09	321
WVR_TYPE_CD_08_10	321
WVR_TYPE_CD_08_11	321
WVR_TYPE_CD_08_12	321
WVR_TYPE_CD_09_01	323
WVR_TYPE_CD_09_02	323
WVR_TYPE_CD_09_03	323
WVR_TYPE_CD_09_04	323
WVR_TYPE_CD_09_05	323

WVR_TYPE_CD_09_06	323
WVR_TYPE_CD_09_07	323
WVR_TYPE_CD_09_08	323
WVR_TYPE_CD_09_09	323
WVR_TYPE_CD_09_10	323
WVR_TYPE_CD_09_11	323
WVR_TYPE_CD_09_12	323
WVR_TYPE_CD_10_01	325
WVR_TYPE_CD_10_02	325
WVR_TYPE_CD_10_03	325
WVR_TYPE_CD_10_04	325
WVR_TYPE_CD_10_05	325
WVR_TYPE_CD_10_06	325
WVR_TYPE_CD_10_07	325
WVR_TYPE_CD_10_08	325
WVR_TYPE_CD_10_09	325
WVR_TYPE_CD_10_10	325
WVR_TYPE_CD_10_11	325
WVR_TYPE_CD_10_12	325

Variable Details

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

[**ABP_SPO_1937_IND_01**](#)

[**ABP_SPO_1937_IND_02**](#)

[**ABP_SPO_1937_IND_03**](#)

[**ABP_SPO_1937_IND_04**](#)

[**ABP_SPO_1937_IND_05**](#)

[**ABP_SPO_1937_IND_06**](#)

[**ABP_SPO_1937_IND_07**](#)

[**ABP_SPO_1937_IND_08**](#)

[**ABP_SPO_1937_IND_09**](#)

[**ABP_SPO_1937_IND_10**](#)

[**ABP_SPO_1937_IND_11**](#)

[**ABP_SPO_1937_IND_12**](#)

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

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

SHORT NAME:

ABP_SPO_1937_IND_01	ABP_SPO_1937_IND_07
ABP_SPO_1937_IND_02	ABP_SPO_1937_IND_08
ABP_SPO_1937_IND_03	ABP_SPO_1937_IND_09
ABP_SPO_1937_IND_04	ABP_SPO_1937_IND_10
ABP_SPO_1937_IND_05	ABP_SPO_1937_IND_11
ABP_SPO_1937_IND_06	ABP_SPO_1937_IND_12

LONG NAME:

ABP_SPO_1937_IND_01	ABP_SPO_1937_IND_07
ABP_SPO_1937_IND_02	ABP_SPO_1937_IND_08
ABP_SPO_1937_IND_03	ABP_SPO_1937_IND_09
ABP_SPO_1937_IND_04	ABP_SPO_1937_IND_10
ABP_SPO_1937_IND_05	ABP_SPO_1937_IND_11
ABP_SPO_1937_IND_06	ABP_SPO_1937_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

ACO_MOS

LABEL: Accountable Care Organization (ACO) Months

DESCRIPTION: Number of months the beneficiary was enrolled in an accountable care organization (ACO) in the calendar year.

SHORT NAME: ACO_MOS

LONG NAME: ACO_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 60 (accountable care organization [ACO]).

[^ Back to TOC ^](#)

AGE

LABEL: Age (in years)

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

SHORT NAME: AGE

LONG NAME: AGE

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: -1 through 125

Null/missing = source value is missing or unknown

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

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

[^ Back to TOC ^](#)

AGE_GRP_CD

LABEL: Age Group

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

SHORT NAME: AGE_GRP_CD

LONG NAME: AGE_GRP_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 1 = Age <1
- 2 = Age 1–5
- 3 = Age 6–14
- 4 = Age 15–18
- 5 = Age 19–20
- 6 = Age 21–44
- 7 = Age 45–64
- 8 = Age 65–74
- 9 = Age 75–84
- 10 = Age 85–125
- Null/missing = source value is missing or unknown

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

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

[^ Back to TOC ^](#)

BENE_CNTY_CD

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

DESCRIPTION: ANSI county numeric FIPS code indicating the county for the selected type of address

SHORT NAME: BENE_CNTY_CD

LONG NAME: BENE_CNTY_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: <https://www.nber.org/data/ssa-fips-state-county-crosswalk.html>

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

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

[^ Back to TOC ^](#)

BENE_ID

LABEL: Encrypted CCW Beneficiary Identifier

DESCRIPTION: Encrypted CCW Beneficiary Identifier

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

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

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

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

FILE(S): All demographic and eligibility

SOURCE: CCW (derived)

VALUES: 15-character alphanumeric string (Ex. 2222222GDDGjJs)
NULL = not enough identifying information to assign a BENE_ID

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

[^ Back to TOC ^](#)

BENE_STATE_CD

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

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

SHORT NAME: BENE_STATE_CD

LONG NAME: BENE_STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

81 = Baker Island
84 = Howland Island
86 = Jarvis Island
Null/missing = source value is missing or unknown

89 = Kingman Reef
95 = Palmyra Atoll

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

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

[^ Back to TOC ^](#)

BENE_ZIP_CD

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

DESCRIPTION: The zip code for the beneficiary home address; most recent in the calendar and the two prior years.

SHORT NAME: BENE_ZIP_CD

LONG NAME: BENE_ZIP_CD

TYPE: CHAR

LENGTH: 9

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: The value must consist of digits, where each value is 0 through 9

No special characters such as hyphens or parentheses.

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

When this file is delivered outside the CCW VRDC, only the first five (of the nine digit) zip code will be populated.

[^ Back to TOC ^](#)

BIRTH_CNCPTN_IND

LABEL: Birth to Conception Indicator — Latest in Year

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

SHORT NAME: BIRTH_CNCPTN_IND

LONG NAME: BIRTH_CNCPTN_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**BIRTH_CNCPTN_IND_01**](#)
[**BIRTH_CNCPTN_IND_02**](#)
[**BIRTH_CNCPTN_IND_03**](#)
[**BIRTH_CNCPTN_IND_04**](#)
[**BIRTH_CNCPTN_IND_05**](#)
[**BIRTH_CNCPTN_IND_06**](#)
[**BIRTH_CNCPTN_IND_07**](#)
[**BIRTH_CNCPTN_IND_08**](#)
[**BIRTH_CNCPTN_IND_09**](#)
[**BIRTH_CNCPTN_IND_10**](#)
[**BIRTH_CNCPTN_IND_11**](#)
[**BIRTH_CNCPTN_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

BIRTH_DT

LABEL: Date of Birth

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

SHORT NAME: BIRTH_DT

LONG NAME: BIRTH_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

[^ Back to TOC ^](#)

CARE_LVL_STUS_CD

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

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

SHORT NAME: CARE_LVL_STUS_CD

LONG NAME: CARE_LVL_STUS_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

[**CARE_LVL_STUS_CD_01**](#)
[**CARE_LVL_STUS_CD_02**](#)
[**CARE_LVL_STUS_CD_03**](#)
[**CARE_LVL_STUS_CD_04**](#)
[**CARE_LVL_STUS_CD_05**](#)
[**CARE_LVL_STUS_CD_06**](#)
[**CARE_LVL_STUS_CD_07**](#)
[**CARE_LVL_STUS_CD_08**](#)
[**CARE_LVL_STUS_CD_09**](#)
[**CARE_LVL_STUS_CD_10**](#)
[**CARE_LVL_STUS_CD_11**](#)
[**CARE_LVL_STUS_CD_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 001 = Hospital as defined in 42 Code of Federal Regulations (CFR) §440.10

002 = Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160

003 = Nursing facility

004 = Intermediate care facility for individuals with intellectual disabilities (ICF/IID)

005 = Other type of facility

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

CCW_LD_DT

LABEL: CCW Load Date

DESCRIPTION: The Date Source File was Loaded to the CCW

SHORT NAME: CCW_LD_DT

LONG NAME: CCW_LD_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: CCW (derived)

VALUES: Date (numeric, system dependent)

COMMENT: States may resubmit T-MSIS claims data to CMS. This date indicates when the claims were obtained by CCW. As a result, CCW load dates may not be the same across states for a given TAF RIF service year.

[^ Back to TOC ^](#)

[**CFC_SPO_IND_01**](#)

[**CFC_SPO_IND_02**](#)

[**CFC_SPO_IND_03**](#)

[**CFC_SPO_IND_04**](#)

[**CFC_SPO_IND_05**](#)

[**CFC_SPO_IND_06**](#)

[**CFC_SPO_IND_07**](#)

[**CFC_SPO_IND_08**](#)

[**CFC_SPO_IND_09**](#)

[**CFC_SPO_IND_10**](#)

[**CFC_SPO_IND_11**](#)

[**CFC_SPO_IND_12**](#)

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

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

SHORT NAME:

CFC_SPO_IND_01
CFC_SPO_IND_02
CFC_SPO_IND_03
CFC_SPO_IND_04
CFC_SPO_IND_05
CFC_SPO_IND_06

CFC_SPO_IND_07
CFC_SPO_IND_08
CFC_SPO_IND_09
CFC_SPO_IND_10
CFC_SPO_IND_11
CFC_SPO_IND_12

LONG NAME:

CFC_SPO_IND_01
CFC_SPO_IND_02
CFC_SPO_IND_03
CFC_SPO_IND_04
CFC_SPO_IND_05
CFC_SPO_IND_06

CFC_SPO_IND_07
CFC_SPO_IND_08
CFC_SPO_IND_09
CFC_SPO_IND_10
CFC_SPO_IND_11
CFC_SPO_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**CHIP_CD_01**](#)

[**CHIP_CD_02**](#)

[**CHIP_CD_03**](#)

[**CHIP_CD_04**](#)

[**CHIP_CD_05**](#)

[**CHIP_CD_06**](#)

[**CHIP_CD_07**](#)

[**CHIP_CD_08**](#)

[**CHIP_CD_09**](#)

[**CHIP_CD_10**](#)

[**CHIP_CD_11**](#)

[**CHIP_CD_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

CHIP_CD_LTST

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

[^ Back to TOC ^](#)

[**CHIP_ENRLMT_DAYS_01**](#)
[**CHIP_ENRLMT_DAYS_02**](#)
[**CHIP_ENRLMT_DAYS_03**](#)
[**CHIP_ENRLMT_DAYS_04**](#)
[**CHIP_ENRLMT_DAYS_05**](#)
[**CHIP_ENRLMT_DAYS_06**](#)
[**CHIP_ENRLMT_DAYS_07**](#)
[**CHIP_ENRLMT_DAYS_08**](#)
[**CHIP_ENRLMT_DAYS_09**](#)
[**CHIP_ENRLMT_DAYS_10**](#)
[**CHIP_ENRLMT_DAYS_11**](#)
[**CHIP_ENRLMT_DAYS_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

CHIP_ENRLMT_DAYS_YR

LABEL: CHIP Enrollment Days — Total in Year

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

SHORT NAME: CHIP_ENRLMT_DAYS_YR

LONG NAME: CHIP_ENRLMT_DAYS_YR

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–366

Null/missing = source value is missing or unknown

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

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

[^ Back to TOC ^](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

CMPRHNSV_MCO_MOS

LABEL: Comprehensive Managed Care Organization (MCO) Plan Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Comprehensive Managed Care Organization (MCO) Managed Care Plan in the calendar year.

SHORT NAME: CMPRHNSV_MCO_MOS

LONG NAME: CMPRHNSV_MCO_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 01 (Comprehensive Managed Care Organization [MCO]).

[^ Back to TOC ^](#)

CRTFD_AMRCN_INDN_ALSKN_NTV_CD

LABEL: Certified American Indian or Alaska Native Code — Latest in Year

DESCRIPTION: “American Indian or Alaska Native” means any beneficiary defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, pursuant to 42 CFR § 136.12; i.e., a Certificate of Degree of Indian or Alaska Native Blood (CDIB). Please refer to the COMMENT for a complete definition of CBID.

SHORT NAME: CRTFD_AMRCN_INDN_ALSKN_NTV_CD

LONG NAME: CRTFD_AMRCN_INDN_ALSKN_NTV_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Individual does not meet the definition of an American Indian/Alaskan Native

1 = Individual meets the definition of an American Indian/Alaskan Native

2 = Yes, Individual does have Certificate of Degree of Indian or Alaska Native Blood (CDIB)

Null/missing = source value is missing or unknown

COMMENT: Certificate of Degree of Indian or Alaska Native Blood (CDIB) means the beneficiary:

1. Is a member of a Federally recognized Indian tribe;
2. Resides in an urban center and meets one or more of the following four criteria:
 - a. Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree of any such member;
 - b. Is an Eskimo or Aleut or other Alaska Native;
 - c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
 - d. Is determined to be an Indian under regulations promulgated by the Secretary of Health and Human Services;
3. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
4. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native; most recent in the calendar and the two prior years

[^ Back to TOC ^](#)

CTZNSHP_IND

LABEL: U.S. Citizenship Indicator — Latest in Year

DESCRIPTION: Indicates if the beneficiary is identified as a U.S. Citizen; most recent in the calendar and the two prior years.

SHORT NAME: CTZNSHP_IND

LONG NAME: CTZNSHP_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 0 = Non-citizen
- 1 = U.S. citizen (effective August 2021; previously was “Yes”). If the state’s eligibility determination system does not distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then this value is used for all U.S. citizens and U.S. nationals
- 2 = U.S. National (effective August 2021). If the state’s eligibility determination system does distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then this value is used for U.S. nationals who are not U.S. citizens

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

CTZNSHP_VRFCTN_PENDG_IND

LABEL: Beneficiary is Enrolled Pending Citizenship Verification — Latest in Year

DESCRIPTION: Indicates the beneficiary is enrolled in Medicaid pending citizenship verification; most recent in the calendar year.

SHORT NAME: CTZNSHP_VRFCTN_PENDG_IND

LONG NAME: CTZNSHP_VRFCTN_PENDG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Citizenship verified (effective August 2021; previously was “No”)
1 = Enrolled in Medicaid pending citizenship verification (effective August 2021; previously was “Yes”)
Null/missing = source value is missing or unknown

COMMENT: —

[^ 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: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: XXXX

COMMENT: Higher numbers indicate later run dates.

[^ Back to TOC ^](#)

DE_VRSN

LABEL: DE Version Representing the Iteration of the File

DESCRIPTION: Indicator representing the iteration of the file.

SHORT NAME: DE_VRSN

LONG NAME: DE_VRSN

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Two-digit values from 01–XX

COMMENT: A version number where the value 01 is assigned to the original annual file, and the version number is increased by one for each subsequent replacement file. The higher the number, the more time has elapsed following the enrollment dates in the file.

[^ Back to TOC ^](#)

DEATH_DT

LABEL: Date of Death

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

SHORT NAME: DEATH_DT

LONG NAME: DEATH_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

DEATH_IND

LABEL: Indicator that Beneficiary Died During the Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary was deceased in the calendar year of the data file, or in a prior year.

SHORT NAME: DEATH_IND

LONG NAME: DEATH_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = Not deceased during calendar year
1 = Deceased during calendar year
Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

DISEASE_MGMT_PAHP莫斯

LABEL: Disease Management Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Disease Management Prepaid Ambulatory Health Plan (PAHP) in the calendar year.

SHORT NAME: DISEASE_MGMT_PAHP莫斯

LONG NAME: DISEASE_MGMT_PAHP莫斯

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

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

[^ Back to TOC ^](#)

DNTL_PAHP_MOS

LABEL: Dental Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Dental Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year.

SHORT NAME: DNTL_PAHP_MOS

LONG NAME: DNTL_PAHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 14 (Dental PAHP).

[^ Back to TOC ^](#)

DSBLTY_BLND_IND

LABEL: Disability Indicator — Blind — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary is blind or has serious difficulty seeing, even when wearing glasses; ever in the calendar year.

SHORT NAME: DSBLY_BLND_IND

LONG NAME: DSBLY_BLND_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

DSBLTY_DEAF_IND

LABEL: Disability Indicator — Deaf — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary is deaf or has serious difficulty hearing; ever in the calendar year.

SHORT NAME: DSBLY_DEAF_IND

LONG NAME: DSBLY_DEAF_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

DSBLTY_DFCLTY_CNCNTRTNG_IND

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

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

SHORT NAME: DSBLTY_DFCLTY_CNCNTRTNG_IND

LONG NAME: DSBLTY_DFCLTY_CNCNTRTNG_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

DSBLTY_DFCLTY_DRSNG_BATHNG_IND

LABEL: Disability Indicator — Difficulty Dressing or Bathing — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary is five years old or older and has difficulty dressing or bathing; ever in the calendar year.

SHORT NAME: DSBLY_DFCLTY_DRSNG_BATHNG_IND

LONG NAME: DSBLY_DFCLTY_DRSNG_BATHNG_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_01**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_02**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_03**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_04**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_05**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_06**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_07**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_08**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_09**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_10**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_11**](#)
[**DSBLTY_DFCLTY_DRSGN_BTHNG_IND_12**](#)

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

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

SHORT NAME:

DSBLTY_DFCLTY_DRSGN_BTHNG_IND_01 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_07
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_02 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_08
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_03 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_09
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_04 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_10
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_05 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_11
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_06 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_12

LONG NAME:

DSBLTY_DFCLTY_DRSGN_BTHNG_IND_01 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_07
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_02 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_08
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_03 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_09
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_04 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_10
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_05 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_11
DSBLTY_DFCLTY_DRSGN_BTHNG_IND_06 DSBLTY_DFCLTY_DRSGN_BTHNG_IND_12

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

DSBLTY_DFCLTY_ERNDS_IND

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

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

SHORT NAME: DSBLY_DFCLTY_ERNDS_IND

LONG NAME: DSBLY_DFCLTY_ERNDS_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

[**DSBLTY_DFCLTY_ERNDS_IND_01**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_02**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_03**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_04**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_05**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_06**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_07**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_08**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_09**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_10**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_11**](#)
[**DSBLTY_DFCLTY_ERNDS_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

DSBLTY_DFCLTY_WLKG_IND

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

DESCRIPTION: A flag to indicate whether the beneficiary is five years old or older and has serious difficulty walking or climbing stairs; ever in the calendar year.

SHORT NAME: DSBLY_DFCLTY_WLKG_IND

LONG NAME: DSBLY_DFCLTY_WLKG_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

[**DSBLTY_DFCLTY_WLKG_IND_01**](#)
[**DSBLTY_DFCLTY_WLKG_IND_02**](#)
[**DSBLTY_DFCLTY_WLKG_IND_03**](#)
[**DSBLTY_DFCLTY_WLKG_IND_04**](#)
[**DSBLTY_DFCLTY_WLKG_IND_05**](#)
[**DSBLTY_DFCLTY_WLKG_IND_06**](#)
[**DSBLTY_DFCLTY_WLKG_IND_07**](#)
[**DSBLTY_DFCLTY_WLKG_IND_08**](#)
[**DSBLTY_DFCLTY_WLKG_IND_09**](#)
[**DSBLTY_DFCLTY_WLKG_IND_10**](#)
[**DSBLTY_DFCLTY_WLKG_IND_11**](#)
[**DSBLTY_DFCLTY_WLKG_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

DSBLTY_OTHR_IND

LABEL: Disability Indicator — Other Disability Not Listed — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary has another disability that is not included here; ever in the calendar year.

SHORT NAME: DSBLY_OTHR_IND

LONG NAME: DSBLY_OTHR_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = No
1 = Yes

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

[^ Back to TOC ^](#)

DSTR_RLTD_WVR_1115_MOS

LABEL: 1115 Disaster-Related Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1115 waiver for Hurricane evacuees (Disaster-Related demonstration) in the calendar year.

SHORT NAME: DSTR_RLTD_WVR_1115_MOS

LONG NAME: DSTR_RLTD_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 23 (1115 Disaster-related demonstration).

[^ Back to TOC ^](#)

DUAL_ELLBL_CD_01

DUAL_ELLBL_CD_02

DUAL_ELLBL_CD_03

DUAL_ELLBL_CD_04

DUAL_ELLBL_CD_05

DUAL_ELLBL_CD_06

DUAL_ELLBL_CD_07

DUAL_ELLBL_CD_08

DUAL_ELLBL_CD_09

DUAL_ELLBL_CD_10

DUAL_ELLBL_CD_11

DUAL_ELLBL_CD_12

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

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

SHORT NAME:

DUAL_ELLBL_CD_01	DUAL_ELLBL_CD_07
DUAL_ELLBL_CD_02	DUAL_ELLBL_CD_08
DUAL_ELLBL_CD_03	DUAL_ELLBL_CD_09
DUAL_ELLBL_CD_04	DUAL_ELLBL_CD_10
DUAL_ELLBL_CD_05	DUAL_ELLBL_CD_11
DUAL_ELLBL_CD_06	DUAL_ELLBL_CD_12

LONG NAME:

DUAL_ELLBL_CD_01	DUAL_ELLBL_CD_07
DUAL_ELLBL_CD_02	DUAL_ELLBL_CD_08
DUAL_ELLBL_CD_03	DUAL_ELLBL_CD_09
DUAL_ELLBL_CD_04	DUAL_ELLBL_CD_10
DUAL_ELLBL_CD_05	DUAL_ELLBL_CD_11
DUAL_ELLBL_CD_06	DUAL_ELLBL_CD_12

TYPE: CHAR

LENGTH: 2

FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	<p>00 = Eligible is not a Medicare beneficiary 01 = Eligible is entitled to Medicare — Qualified Medicare Beneficiary (QMB) only 02 = Eligible is entitled to Medicare — QMB and Medicaid coverage including prescription drugs 03 = Eligible is entitled to Medicare — Specified Low-Income Medicare Beneficiary (SLMB) only 04 = Eligible is entitled to Medicare — SLMB and Medicaid coverage including prescription drugs 05 = Eligible is entitled to Medicare — Qualified Disabled Working Individual (QDWI) 06 = Eligible is entitled to Medicare — Qualifying Individuals (QI) 08 = Eligible is entitled to Medicare — Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) including prescription drugs 09 = Eligible is entitled to Medicare — but without Medicaid coverage (This code is to be used only with specific CMS approval). 10 = Separate CHIP Eligible is entitled to Medicare Null/missing = source value is missing or unknown</p>
COMMENT:	Dual eligibles are often divided into “full duals” and “partial duals” based on the level of Medicaid benefits they receive. CMS generally considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals are sometimes divided into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries.

[^ Back to TOC ^](#)

DUAL_ELGL_CD_LTST

LABEL: Medicare-Medicaid Dual Eligibility Code — Latest in Year

DESCRIPTION: Indicates coverage for beneficiaries entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits; most recent in the calendar year.

SHORT NAME: DUAL_ELGL_CD_LTST

LONG NAME: DUAL_ELGL_CD_LTST

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

[^ Back to TOC ^](#)

ELLBL_AFTR_EOY_IND

LABEL: Eligible After End of Year — Indicator

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

SHORT NAME: ELLBL_AFTR_EOY_IND

LONG NAME: ELLBL_AFTR_EOY_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = No
1 = Yes

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

[^ Back to TOC ^](#)

[**ELLBLTY_CHG_RSN_CD_01**](#)
[**ELLBLTY_CHG_RSN_CD_02**](#)
[**ELLBLTY_CHG_RSN_CD_03**](#)
[**ELLBLTY_CHG_RSN_CD_04**](#)
[**ELLBLTY_CHG_RSN_CD_05**](#)
[**ELLBLTY_CHG_RSN_CD_06**](#)
[**ELLBLTY_CHG_RSN_CD_07**](#)
[**ELLBLTY_CHG_RSN_CD_08**](#)
[**ELLBLTY_CHG_RSN_CD_09**](#)
[**ELLBLTY_CHG_RSN_CD_10**](#)
[**ELLBLTY_CHG_RSN_CD_11**](#)
[**ELLBLTY_CHG_RSN_CD_12**](#)

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

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

SHORT NAME:

ELLBLTY_CHG_RSN_CD_01	ELLBLTY_CHG_RSN_CD_07
ELLBLTY_CHG_RSN_CD_02	ELLBLTY_CHG_RSN_CD_08
ELLBLTY_CHG_RSN_CD_03	ELLBLTY_CHG_RSN_CD_09
ELLBLTY_CHG_RSN_CD_04	ELLBLTY_CHG_RSN_CD_10
ELLBLTY_CHG_RSN_CD_05	ELLBLTY_CHG_RSN_CD_11
ELLBLTY_CHG_RSN_CD_06	ELLBLTY_CHG_RSN_CD_12

LONG NAME:

ELLBLTY_CHG_RSN_CD_01	ELLBLTY_CHG_RSN_CD_07
ELLBLTY_CHG_RSN_CD_02	ELLBLTY_CHG_RSN_CD_08
ELLBLTY_CHG_RSN_CD_03	ELLBLTY_CHG_RSN_CD_09
ELLBLTY_CHG_RSN_CD_04	ELLBLTY_CHG_RSN_CD_10
ELLBLTY_CHG_RSN_CD_05	ELLBLTY_CHG_RSN_CD_11
ELLBLTY_CHG_RSN_CD_06	ELLBLTY_CHG_RSN_CD_12

TYPE: CHAR

LENGTH:	2
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	<p>01 = Excess income 02 = Excess assets 03 = Income reduced 04 = Aged out of program 05 = No longer in the foster care system 06 = Death 07 = No longer disabled 08 = No longer institutionalized 09 = No longer in need of long-term care services 10 = Obtained employer sponsored insurance (ESI) 11 = Gained access to public employee's health plan 12 = Obtained other coverage (not ESI or public employees health plan) 13 = Failure to respond 14 = Failure to pay premium or enrollment fees 15 = Moved to a different state 16 = Voluntary request for termination 17 = Lack of verifications 18 = Fraud 19 = Suspension due to incarceration 20 = Residence in an institution for mental disease (IMD) 21 = Suspension/Termination with reason unknown 22 = Other 23 = Terminated due to incorrect granting of eligibility (e.g., someone is given eligibility in error and then eligibility is retracted/terminated) 24 = Household or family composition criteria not met (e.g., someone was incorrectly included or excluded from the household or family composition) 25: Non-financial program requirements not met (e.g. child support not paid, failure of drug tests, failure to apply for SSN, etc.) 26 = No longer meets categorical eligibility requirements 27 = End of pregnancy/postpartum coverage period — should only be used if the beneficiary did not obtain coverage through another coverage group like parent/caretaker relative 28 = Time limited eligibility expired (e.g., Transitional Medical Assistance (TMA)) 29 = Closed as duplicate 30 = Medical/Health status or condition or level of care requirements no longer met — for reasons other than no longer being institutionalized or no longer meeting disability requirements (e.g., completed breast and/or cervical cancer treatment, incarcerated individual no longer requires temporary inpatient level of care) 31 = Change in federal or state law or policy (e.g., a state or federal program is completely discontinued and not replaced by an equivalent or transitional program; unwinding of the Families First Coronavirus Response Act coverage of COVID testing for otherwise uninsured individuals who would have otherwise continued to be eligible if they had been re-determined eligible for at least the same program had the program not been terminated) Null/missing = source value is missing or unknown </p>

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

[^ Back to TOC ^](#)

ELLBLTY_GRP_CD_01
ELLBLTY_GRP_CD_02
ELLBLTY_GRP_CD_03
ELLBLTY_GRP_CD_04
ELLBLTY_GRP_CD_05
ELLBLTY_GRP_CD_06
ELLBLTY_GRP_CD_07
ELLBLTY_GRP_CD_08
ELLBLTY_GRP_CD_09
ELLBLTY_GRP_CD_10
ELLBLTY_GRP_CD_11
ELLBLTY_GRP_CD_12

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

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

SHORT NAME:

ELLBLTY_GRP_CD_01	ELLBLTY_GRP_CD_07
ELLBLTY_GRP_CD_02	ELLBLTY_GRP_CD_08
ELLBLTY_GRP_CD_03	ELLBLTY_GRP_CD_09
ELLBLTY_GRP_CD_04	ELLBLTY_GRP_CD_10
ELLBLTY_GRP_CD_05	ELLBLTY_GRP_CD_11
ELLBLTY_GRP_CD_06	ELLBLTY_GRP_CD_12

LONG NAME:

ELLBLTY_GRP_CD_01	ELLBLTY_GRP_CD_07
ELLBLTY_GRP_CD_02	ELLBLTY_GRP_CD_08
ELLBLTY_GRP_CD_03	ELLBLTY_GRP_CD_09
ELLBLTY_GRP_CD_04	ELLBLTY_GRP_CD_10
ELLBLTY_GRP_CD_05	ELLBLTY_GRP_CD_11
ELLBLTY_GRP_CD_06	ELLBLTY_GRP_CD_12

TYPE: CHAR

LENGTH:	2
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	<p>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</p>

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

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

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

[^ Back to TOC ^](#)

ELLBLTY_GRP_CD_LTST

LABEL: Eligibility Group Code — Latest in Year

DESCRIPTION: The eligibility group applicable to the beneficiary based on the eligibility determination process for the calendar year; most recent in the calendar year.

SHORT NAME: ELLBLTY_GRP_CD_LTST

LONG NAME: ELLBLTY_GRP_CD_LTST

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Parents and Other Caretaker Relatives
- 02 = Transitional Medical Assistance
- 03 = Extended Medicaid due to Earnings
- 04 = Extended Medicaid due to Spousal Support Collections
- 05 = Pregnant Women
- 06 = Deemed Newborns
- 07 = Infants and Children under Age 19
- 08 = Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care
- 09 = Former Foster Care Children
- 11 = Individuals Receiving SSI
- 12 = Aged, Blind and Disabled Individuals in 209(b) States
- 13 = Individuals Receiving Mandatory State Supplements
- 14 = Individuals Who Are Essential Spouses
- 15 = Institutionalized Individuals Continuously Eligible Since 1973
- 16 = Blind or Disabled Individuals Eligible in 1973
- 17 = Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972
- 18 = Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April 1977
- 19 = Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI
- 20 = Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security
- 21 = Working Disabled under 1619(b)
- 22 = Disabled Adult Children
- 23 = Qualified Medicare Beneficiaries
- 24 = Qualified Disabled and Working Individuals
- 25 = Specified Low Income Medicare Beneficiaries
- 26 = Qualifying Individuals
- 27 = Optional Coverage of Parents and Other Caretaker Relatives
- 28 = Reasonable Classifications of Individuals under Age 21
- 29 = Children with Non-IV-E Adoption Assistance
- 30 = Independent Foster Care Adolescents
- 31 = Optional Targeted Low-Income Children
- 32 = Individuals Electing COBRA Continuation Coverage

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

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

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

[^ Back to TOC ^](#)

ENGLSH_LANG_PRFCNCY_CD

LABEL: English Language Proficiency Code — Latest in Year

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

SHORT NAME: ENGLSH_LANG_PRFCNCY_CD

LONG NAME: ENGLSH_LANG_PRFCNCY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

ENHNCD_PCCM_MOS

LABEL: Enhanced Primary Care Case Management (PCCM) Months

DESCRIPTION: Number of months the beneficiary was enrolled in an Enhanced Primary Care Case Management (PCCM) Managed Care Plan in the calendar year.

SHORT NAME: ENHNCD_PCCM_MOS

LONG NAME: ENHNCD_PCCM_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 03 (Enhanced PCCM Provider arrangement).

[^ Back to TOC ^](#)

ENRLMT_END_DT

LABEL: Enrollment End Date (Within Calendar Year)

DESCRIPTION: Indicates the date at which a beneficiary's enrollment in Medicaid or CHIP is terminated. If the enrollment episode is terminated after December 31 of the calendar year, this date is edited to December 31 of the calendar year.

SHORT NAME: ENRLMT_END_DT

LONG NAME: ENRLMT_END_DT

TYPE: DATE

LENGTH: 8

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

[^ Back to TOC ^](#)

ENRLMT_START_DT

LABEL: Enrollment Start Date (Within Calendar Year)

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

SHORT NAME: ENRLMT_START_DT

LONG NAME: ENRLMT_START_DT

TYPE: DATE

LENGTH: 8

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: —

[^ Back to TOC ^](#)

ENRLMT_TYPE_CD

LABEL: Enrollment Type Code — Medicaid or CHIP

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

SHORT NAME: ENRLMT_TYPE_CD

LONG NAME: ENRLMT_TYPE_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Enrollment dates

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 1 = Medicaid or Medicaid Expansion CHIP

2 = Separate Title XXI CHIP

COMMENT: —

[^ Back to TOC ^](#)

ETHNCTY_CD

LABEL: Ethnicity Code — Latest in Year

DESCRIPTION: A code indicating that the beneficiary's ethnicity is Hispanic, Latino/a, or Spanish; most recent in the calendar and the two prior years.

SHORT NAME: ETHNCTY_CD

LONG NAME: ETHNCTY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 0 = Not of Hispanic, or Latino/a, or Spanish origin
- 1 = Mexican, Mexican American, Chicano/a
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Another Hispanic, Latino, or Spanish origin
- 5 = Hispanic or Latino, Subcategory Unknown
- Null/missing = source value is missing or unknown

COMMENT: If state had beneficiaries coded in their database as "Hispanic" or "Latino," then it was coded in T-MSIS as "Hispanic or Latino, Subcategory Unknown" (value = 5).

[^ Back to TOC ^](#)

FMLY_PLNG_ONLY_WVR_1115_MOS

LABEL: 1115 Family Planning Only Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1115 waiver that restricts benefits to Family Planning services in the calendar year.

SHORT NAME: FMLY_PLNG_ONLY_WVR_1115_MOS

LONG NAME: FMLY_PLNG_ONLY_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 24 (1115 Family planning demonstration).

[^ Back to TOC ^](#)

HCBS_AGED_CC_IND

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

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and community-based services (HCBS) Non-health home Chronic Condition “Aged”; most recent in the calendar year.

SHORT NAME: HCBS_AGED_CC_IND

LONG NAME: HCBS_AGED_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

HCBS_AUTSM_CC_IND

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

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Autism Spectrum Disorder”; most recent in the calendar year.

SHORT NAME: HCBS_AUTSM_CC_IND

LONG NAME: HCBS_AUTSM_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HCBS_BRN_INJURY_CC_IND

LABEL: HCBS Brain Injury State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Brain Injury”; most recent in the calendar year.

SHORT NAME: HCBS_BRN_INJURY_CC_IND

LONG NAME: HCBS_BRN_INJURY_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

HCBS_DEVDIS_CC_IND

LABEL: HCBS Developmental Disabilities State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Developmental Disabilities”; most recent in the calendar year.

SHORT NAME: HCBS_DEVDIS_CC_IND

LONG NAME: HCBS_DEVDIS_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

HCBS_DSBLD_OTH_CC_IND

LABEL: HCBS Disabled Other State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Disabled Other”; most recent in the calendar year.

SHORT NAME: HCBS_DSBLD_OTH_CC_IND

LONG NAME: HCBS_DSBLD_OTH_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

HCBS_HIV_AIDS_CC_IND

LABEL: HCBS HIV or AIDS State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “HIV/AIDS”; most recent in the calendar year.

SHORT NAME: HCBS_HIV_AIDS_CC_IND

LONG NAME: HCBS_HIV_AIDS_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

HCBS_INTLCTL_DSB LTS_CC_IND

LABEL: HCBS Intellectual Disabilities State-Reported Chronic condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Intellectual Disabilities”; most recent in the calendar year.

SHORT NAME: HCBS_INTLCTL_DSB LTS_CC_IND

LONG NAME: HCBS_INTLCTL_DSB LTS_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HCBS_MENTL_ILL_CC_IND

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

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

SHORT NAME: HCBS_MENTL_ILL_CC_IND

LONG NAME: HCBS_MENTL_ILL_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HCBS_PHYS_DSB LTS_CC_IND

LABEL: HCBS Physical Disabilities State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Physical Disabilities”; most recent in the calendar year.

SHORT NAME: HCBS_PHYS_DSB LTS_CC_IND

LONG NAME: HCBS_PHYS_DSB LTS_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HCBS_TECH_DPNDNT_MF_CC_IND

LABEL: HCBS Tech Dep Medically Fragile State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the Home and Community Based Services (HCBS) Non-health home Chronic Condition “Technology Dependent/Medically Fragile”; most recent in the calendar year.

SHORT NAME: HCBS_TECH_DPNDNT_MF_CC_IND

LONG NAME: HCBS_TECH_DPNDNT_MF_CC_IND

TYPE: NUM

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

HIFA_WVR_1115_MOS

LABEL: 1115 Health Insurance Flexibility and Accountability Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1115 (Health Insurance Flexibility and Accountability [HIFA] Demonstration Initiative) waiver in the calendar year.

SHORT NAME: HIFA_WVR_1115_MOS

LONG NAME: HIFA_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 21 (1115 HIFA Waiver).

[^ Back to TOC ^](#)

HIO_MOS

LABEL: Health Insuring Organization (HIO) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Health Insuring Organization (HIO) Managed Care Plan in the calendar year.

SHORT NAME: HIO_MOS

LONG NAME: HIO_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 04 (Health Insuring Organization [HIO]).

[^ Back to TOC ^](#)

HLTH_HOME_ASTHMA_CC_IND

LABEL: health home Asthma State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “Asthma”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_ASTHMA_CC_IND

LONG NAME: HLTH_HOME_ASTHMA_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HLTH_HOME_DBTS_CC_IND

LABEL: Health Home Diabetes State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “Diabetes”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_DBTS_CC_IND

LONG NAME: HLTH_HOME_DBTS_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HLTH_HOME_ENT_NAME

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

[^ Back to TOC ^](#)

HLTH_HOME_HIV_AIDS_CC_IND

LABEL: Health Home HIV or AIDS State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “HIV/AIDS”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_HIV_AIDS_CC_IND

LONG NAME: HLTH_HOME_HIV_AIDS_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HLTH_HOME_HRT_DISEASE_CC_IND

LABEL: Health Home Heart Disease State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “Heart Disease”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_HRT_DISEASE_CC_IND

LONG NAME: HLTH_HOME_HRT_DISEASE_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HLTH_HOME_MH_CC_IND

LABEL: Health Home Mental Health State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “mental health”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_MH_CC_IND

LONG NAME: HLTH_HOME_MH_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HLTH_HOME_OTH_CC_IND

LABEL: Health Home Other Condition State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “Other”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_OTH_CC_IND

LONG NAME: HLTH_HOME_OTH_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HLTH_HOME_OVRWT_CC_IND

LABEL: Health Home Overweight State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “Overweight”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_OVRWT_CC_IND

LONG NAME: HLTH_HOME_OVRWT_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

[**HLTH_HOME_PGM_IND_01**](#)
[**HLTH_HOME_PGM_IND_02**](#)
[**HLTH_HOME_PGM_IND_03**](#)
[**HLTH_HOME_PGM_IND_04**](#)
[**HLTH_HOME_PGM_IND_05**](#)
[**HLTH_HOME_PGM_IND_06**](#)
[**HLTH_HOME_PGM_IND_07**](#)
[**HLTH_HOME_PGM_IND_08**](#)
[**HLTH_HOME_PGM_IND_09**](#)
[**HLTH_HOME_PGM_IND_10**](#)
[**HLTH_HOME_PGM_IND_11**](#)
[**HLTH_HOME_PGM_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

HLTH_HOME_PRVDR_ID

LABEL: Health Home Provider Identification Number — Latest in Year

DESCRIPTION: A unique identification number assigned by the state to the beneficiary's primary care manager for the health home in which the beneficiary is enrolled in the calendar year; most recent in the calendar year

SHORT NAME: HLTH_HOME_PRVDR_ID

LONG NAME: HLTH_HOME_PRVDR_ID

TYPE: CHAR

LENGTH: 30

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

HLTH_HOME_SUD_CC_IND

LABEL: Health Home Substance Abuse Disorders State-Reported Chronic Condition Indicator — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had the health home Chronic Condition “Substance Abuse”; most recent in the calendar year.

SHORT NAME: HLTH_HOME_SUD_CC_IND

LONG NAME: HLTH_HOME_SUD_CC_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

HLTH_MDCL_HOME_MOS

LABEL: Health/Medical Home Months

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

SHORT NAME: HLTH_MDCL_HOME_MOS

LONG NAME: HLTH_MDCL_HOME_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0-12 (Number of months)

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

[^ Back to TOC ^](#)

HSEHLD_SIZE_CD

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

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

SHORT NAME: HSEHLD_SIZE_CD

LONG NAME: HSEHLD_SIZE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

IMGRTN_STUS_5YR_BAR_END_DT

LABEL: Immigration Status Five Year Bar End Date — Latest in Year

DESCRIPTION: The date the five-year bar for a beneficiary ends; most recent in the calendar and the two prior years.

SHORT NAME: IMGRTN_STUS_5YR_BAR_END_DT

LONG NAME: IMGRTN_STUS_5YR_BAR_END_DT

TYPE: DATE

LENGTH: 8

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Date (numeric, system dependent)

COMMENT: Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that certain immigrants who enter the United States on or after August 22, 1996, are not eligible to receive federally funded benefits, including Medicaid and the State Children's Health Insurance Program (Separate CHIP), for five years from the date they enter the country with a status as a "qualified alien."

[^ Back to TOC ^](#)

IMGRTN_STUS_CD

LABEL: Immigration Status Code — Latest in Year

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

SHORT NAME: IMGRTN_STUS_CD

LONG NAME: IMGRTN_STUS_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

1 = Qualified non-citizen

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

3 = Eligible only for payment for emergency services

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

IMGRTN_VRFCTN_PENDG_IND

LABEL: Beneficiary is Enrolled Pending Immigration Verification — Latest in Year

DESCRIPTION: Indicates the beneficiary is enrolled in Medicaid pending immigration verification; most recent in the calendar year.

SHORT NAME: IMGRTN_VRFCTN_PENDG_IND

LONG NAME: IMGRTN_VRFCTN_PENDG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = No (immigration status verified)
1 = Yes (Enrolled in Medicaid pending immigration verification)
Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

INCM_CD

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

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

SHORT NAME: INCM_CD

LONG NAME: INCM_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 01 = Individual's State-defined family income is from 0 to 100% of the federal poverty level (FPL)

02 = Individual's State-defined family income is from 101 to 133% of the FPL

03 = Individual's State-defined family income is from 134 to 150% of the FPL

04 = Individual's State-defined family income is from 151 to 200% of the FPL

05 = Individual's State-defined family income is from 201 to 255% of the FPL

06 = Individual's State-defined family income is from 256 to 300% of the FPL

07 = Individual's State-defined family income is from 301 to 400% of the FPL

08 = Individual's State-defined family income is over 400% of the FPL

Null/missing = source value is missing or unknown

COMMENT: If the beneficiary's income was assessed using multiple methodologies (MAGI and Non-MAGI), report the income that applies to their primary eligibility group.

A beneficiary's income is applicable unless it is not required by the eligibility group for which they were determined eligible. For example, the eligibility groups for children with adoption assistance, foster care, or guardianship care under title IV-E and optional eligibility for individuals needing treatment for breast or cervical cancer do not have a Medicaid income test. Additionally, for individuals receiving SSI, states with section 1634 agreements with the Social Security Administration (SSA) and states that use SSI financial methodologies for Medicaid determinations do not conduct separate Medicaid financial eligibility for this group.

[^ Back to TOC ^](#)

INTGRTD_CARE_DUAL_ELGLB_MOS

LABEL: Integrated Care for Dual Eligible Months

DESCRIPTION: Number of months the beneficiary was enrolled in an Integrated Care for Dual Eligibles Managed Care Plan in the calendar year.

SHORT NAME: INTGRTD_CARE_DUAL_ELGLB_MOS

LONG NAME: INTGRTD_CARE_DUAL_ELGLB_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0-12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01-MC_PLAN_TYPE_CD_16_12) = 80 (Integrated Care for Dual Eligibles).

[^ Back to TOC ^](#)

LCKIN_IND

LABEL: Lock-in Indicator — Ever in Calendar Year

DESCRIPTION: A flag to indicate whether the beneficiary had an active lock-in period with a healthcare service/provider in the calendar year.

SHORT NAME: LCKIN_IND

LONG NAME: LCKIN_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = No
1 = Yes

COMMENT: This value is never null/missing.

[^ Back to TOC ^](#)

LCKIN_PRVDR_ID_1**LCKIN_PRVDR_ID_2****LCKIN_PRVDR_ID_3**

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

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

SHORT NAME: LCKIN_PRVDR_ID_1

LCKIN_PRVDR_ID_2

LCKIN_PRVDR_ID_3

LONG NAME: LCKIN_PRVDR_ID_1

LCKIN_PRVDR_ID_2

LCKIN_PRVDR_ID_3

TYPE: CHAR

LENGTH: 30

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ Back to TOC ^](#)

LCKIN_PRVDR_TYPE_CD_1**LCKIN_PRVDR_TYPE_CD_2****LCKIN_PRVDR_TYPE_CD_3**

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

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

SHORT NAME: LCKIN_PRVDR_TYPE_CD_1
LCKIN_PRVDR_TYPE_CD_2
LCKIN_PRVDR_TYPE_CD_3

LONG NAME: LCKIN_PRVDR_TYPE_CD_1
LCKIN_PRVDR_TYPE_CD_2
LCKIN_PRVDR_TYPE_CD_3

TYPE: CHAR

LENGTH: 2

SOURCE: T-MSIS annual demographic and eligibility TAF

FILE(S): Disability and need

VALUES:

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

35 = Radiation Therapy Center	48 = Medical Supply Company with Respiratory Therapist
36 = Slide Preparation Facility	49 = Department Store
37 = Licensed Clinical Social Worker	50 = Grocery Store
38 = Certified Clinical Nurse Specialist	51 = Indian Health Service facility
39 = Advance Diagnostic Imaging	52 = Oxygen supplier
40 = Optician	53 = Pedorthic personnel
41 = Physician Assistant	54 = Medical supply company with pedorthic personnel
42 = Hospital-General	55 = Rehabilitation Agency
43 = Skilled Nursing Facility	56 = Ocularist
44 = Intermediate Care Nursing Facility	57 = All Other
45 = Other Nursing Facility	58 = Institutions for mental disease
46 = Home Health Agency	
47 = Pharmacy	

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

[^ Back to TOC ^](#)

LTC_PIHP_MOS

LABEL: Long-Term Care Prepaid Inpatient Health Plan (PIHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Long-Term Care (LTC) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year.

SHORT NAME: LTC_PIHP_MOS

LONG NAME: LTC_PIHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 07 (long-term care [LTC] PIHP).

[^ Back to TOC ^](#)

[**LTSS_LVL_CD_1_01**](#)
[**LTSS_LVL_CD_1_02**](#)
[**LTSS_LVL_CD_1_03**](#)
[**LTSS_LVL_CD_1_04**](#)
[**LTSS_LVL_CD_1_05**](#)
[**LTSS_LVL_CD_1_06**](#)
[**LTSS_LVL_CD_1_07**](#)
[**LTSS_LVL_CD_1_08**](#)
[**LTSS_LVL_CD_1_09**](#)
[**LTSS_LVL_CD_1_10**](#)
[**LTSS_LVL_CD_1_11**](#)
[**LTSS_LVL_CD_1_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 1 = Skilled Care

2 = Intermediate Care

3 = Custodial Care

Null/missing = source value is missing or unknown

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

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

[^ Back to TOC ^](#)

LTSS_LVL_CD_1_LTST

LABEL: long-term services and supports Provider 1 Level of Care Code — Latest in Year

DESCRIPTION: The level of care provided to the beneficiary by the first of up to three long-term care facilities, most recent in the calendar year.

SHORT NAME: LTSS_LVL_CD_1_LTST

LONG NAME: LTSS_LVL_CD_1_LTST

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**LTSS_LVL_CD_2_01**](#)
[**LTSS_LVL_CD_2_02**](#)
[**LTSS_LVL_CD_2_03**](#)
[**LTSS_LVL_CD_2_04**](#)
[**LTSS_LVL_CD_2_05**](#)
[**LTSS_LVL_CD_2_06**](#)
[**LTSS_LVL_CD_2_07**](#)
[**LTSS_LVL_CD_2_08**](#)
[**LTSS_LVL_CD_2_09**](#)
[**LTSS_LVL_CD_2_10**](#)
[**LTSS_LVL_CD_2_11**](#)
[**LTSS_LVL_CD_2_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

LTSS_LVL_CD_2_LTST

LABEL: long-term services and supports Provider 2 Level of Care Code — Latest in Year

DESCRIPTION: The level of care provided to the beneficiary by the second of up to three long-term care facilities, most recent in the calendar year.

SHORT NAME: LTSS_LVL_CD_2_LTST

LONG NAME: LTSS_LVL_CD_2_LTST

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 1 = Skilled Care

2 = Intermediate Care

3 = Custodial Care

Null/missing = source value is missing or unknown

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

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

[^ Back to TOC ^](#)

LTSS_LVL_CD_3_LTST

LABEL: long-term services and supports Provider 3 Level of Care Code — Latest in Year

DESCRIPTION: The level of care provided to the beneficiary by the third of up to three long-term care facilities; most recent in the calendar year

SHORT NAME: LTSS_LVL_CD_3_LTST

LONG NAME: LTSS_LVL_CD_3_LTST

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

LTSS_PIHP_MOS

LABEL: long-term services and supports (LTSS) Prepaid Inpatient Health Plan (PIHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a long-term services and supports (LTSS) PIHP Plan in the calendar year.

SHORT NAME: LTSS_PIHP_MOS

LONG NAME: LTSS_PIHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code in any of the 16 possible monthly plan type fields = 19 (long-term services and supports PIHP). There are 192 possible plan type variables in a calendar year: 12 months with 16 managed care plan type variables per month = 192 variables; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12.

[^ Back to TOC ^](#)

LTSS_PRVDR_ID_1**LTSS_PRVDR_ID_2****LTSS_PRVDR_ID_3**

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

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

SHORT NAME: LTSS_PRVDR_ID_1

LTSS_PRVDR_ID_2

LTSS_PRVDR_ID_3

LONG NAME: LTSS_PRVDR_ID_1

LTSS_PRVDR_ID_2

LTSS_PRVDR_ID_3

TYPE: CHAR

LENGTH: 30

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Identification number, maximum 30 letters and numbers

Null/missing = source value is missing or unknown

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

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

[^ Back to TOC ^](#)

[**MASBOE_CD_01**](#)
[**MASBOE_CD_02**](#)
[**MASBOE_CD_03**](#)
[**MASBOE_CD_04**](#)
[**MASBOE_CD_05**](#)
[**MASBOE_CD_06**](#)
[**MASBOE_CD_07**](#)
[**MASBOE_CD_08**](#)
[**MASBOE_CD_09**](#)
[**MASBOE_CD_10**](#)
[**MASBOE_CD_11**](#)
[**MASBOE_CD_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	000 = Separate-CHIP 101 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Aged 102 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Blind/Disabled 104 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Children 105 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Adults 106 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Child of Unemployed Adult) 107 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Unemployed Adult) 201 = Medically Needy, Aged 202 = Medically Needy, Blind/Disabled 204 = Medically Needy, Children 205 = Medically Needy, Adults Null/missing = source value is missing or unknown
COMMENT:	This variable has been retired and T-MSIS is using the eligibility group code (monthly ELGLTY_GRP_CD_01–12) to designate information regarding eligibility. This variable (MASBOE_CD_01–12) is a sparsely reported by states. This variable may contain undocumented values due to state submission errors.

[^ Back to TOC ^](#)

MASBOE_CD_LTST

LABEL:	Maintenance Assistance Status and Basis of Eligibility Code — Latest in Year	
DESCRIPTION:	A beneficiary's Maintenance Assistance Status and Basis of Eligibility (MASBOE) group. This is a three-character designation, where the first character indicates the beneficiary's Maintenance Assistance Status (MAS), e.g., "medically needy", and the second and third positions indicate their Basis of Eligibility (BOE), e.g., "aged"; most recent in the calendar year	
SHORT NAME:	MASBOE_CD_LTST	
LONG NAME:	MASBOE_CD_LTST	
TYPE:	CHAR	
LENGTH:	3	
FILE(S):	Annual DE base	
SOURCE:	T-MSIS annual demographic and eligibility TAF	
VALUES:		
000 = Separate-CHIP	202 = Medically Needy, Blind/Disabled	
101 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Aged	204 = Medically Needy, Children	
102 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Blind/Disabled	205 = Medically Needy, Adults	
104 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Children	301 = Poverty Related Eligibles, Aged	
105 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Adults	302 = Poverty Related Eligibles, Blind/Disabled	
106 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Child of Unemployed Adult)	304 = Poverty Related Eligibles, Children	
107 = Individuals receiving cash assistance or eligible under section 1931 of the Act, Optional (Unemployed Adult)	305 = Poverty Related Eligibles, Adults	
201 = Medically Needy, Aged	311 = Poverty Related Eligibles, Breast and Cervical Cancer Prevention and Treatment Act of 2000	
	401 = Other Eligibles, Aged	
	402 = Other Eligibles, Blind/Disabled	
	404 = Other Eligibles, Children	
	405 = Other Eligibles, Adults	
	408 = Other Eligibles, Foster Care Children	

501 = Section 1115 Demonstration expansion eligible, Aged

504 = Section 1115 Demonstration expansion eligible, Children

502 = Section 1115 Demonstration expansion eligible, Blind/Disabled

505 = Section 1115 Demonstration expansion eligible, Adult

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

[**MC_PLAN_ID_01_01**](#)
[**MC_PLAN_ID_01_02**](#)
[**MC_PLAN_ID_01_03**](#)
[**MC_PLAN_ID_01_04**](#)
[**MC_PLAN_ID_01_05**](#)
[**MC_PLAN_ID_01_06**](#)
[**MC_PLAN_ID_01_07**](#)
[**MC_PLAN_ID_01_08**](#)
[**MC_PLAN_ID_01_09**](#)
[**MC_PLAN_ID_01_10**](#)
[**MC_PLAN_ID_01_11**](#)
[**MC_PLAN_ID_01_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_01_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_01_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_02_01**](#)
[**MC_PLAN_ID_02_02**](#)
[**MC_PLAN_ID_02_03**](#)
[**MC_PLAN_ID_02_04**](#)
[**MC_PLAN_ID_02_05**](#)
[**MC_PLAN_ID_02_06**](#)
[**MC_PLAN_ID_02_07**](#)
[**MC_PLAN_ID_02_08**](#)
[**MC_PLAN_ID_02_09**](#)
[**MC_PLAN_ID_02_10**](#)
[**MC_PLAN_ID_02_11**](#)
[**MC_PLAN_ID_02_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_02_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_02_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_03_01**](#)
[**MC_PLAN_ID_03_02**](#)
[**MC_PLAN_ID_03_03**](#)
[**MC_PLAN_ID_03_04**](#)
[**MC_PLAN_ID_03_05**](#)
[**MC_PLAN_ID_03_06**](#)
[**MC_PLAN_ID_03_07**](#)
[**MC_PLAN_ID_03_08**](#)
[**MC_PLAN_ID_03_09**](#)
[**MC_PLAN_ID_03_10**](#)
[**MC_PLAN_ID_03_11**](#)
[**MC_PLAN_ID_03_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_03_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_03_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_04_01**](#)
[**MC_PLAN_ID_04_02**](#)
[**MC_PLAN_ID_04_03**](#)
[**MC_PLAN_ID_04_04**](#)
[**MC_PLAN_ID_04_05**](#)
[**MC_PLAN_ID_04_06**](#)
[**MC_PLAN_ID_04_07**](#)
[**MC_PLAN_ID_04_08**](#)
[**MC_PLAN_ID_04_09**](#)
[**MC_PLAN_ID_04_10**](#)
[**MC_PLAN_ID_04_11**](#)
[**MC_PLAN_ID_04_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_04_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_04_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_05_01**](#)
[**MC_PLAN_ID_05_02**](#)
[**MC_PLAN_ID_05_03**](#)
[**MC_PLAN_ID_05_04**](#)
[**MC_PLAN_ID_05_05**](#)
[**MC_PLAN_ID_05_06**](#)
[**MC_PLAN_ID_05_07**](#)
[**MC_PLAN_ID_05_08**](#)
[**MC_PLAN_ID_05_09**](#)
[**MC_PLAN_ID_05_10**](#)
[**MC_PLAN_ID_05_11**](#)
[**MC_PLAN_ID_05_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_05_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_05_MM) for the same month.

[^ Back to TOC ^](#)

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_06_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_06_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_07_01**](#)
[**MC_PLAN_ID_07_02**](#)
[**MC_PLAN_ID_07_03**](#)
[**MC_PLAN_ID_07_04**](#)
[**MC_PLAN_ID_07_05**](#)
[**MC_PLAN_ID_07_06**](#)
[**MC_PLAN_ID_07_07**](#)
[**MC_PLAN_ID_07_08**](#)
[**MC_PLAN_ID_07_09**](#)
[**MC_PLAN_ID_07_10**](#)
[**MC_PLAN_ID_07_11**](#)
[**MC_PLAN_ID_07_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_07_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_07_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_08_01**](#)
[**MC_PLAN_ID_08_02**](#)
[**MC_PLAN_ID_08_03**](#)
[**MC_PLAN_ID_08_04**](#)
[**MC_PLAN_ID_08_05**](#)
[**MC_PLAN_ID_08_06**](#)
[**MC_PLAN_ID_08_07**](#)
[**MC_PLAN_ID_08_08**](#)
[**MC_PLAN_ID_08_09**](#)
[**MC_PLAN_ID_08_10**](#)
[**MC_PLAN_ID_08_11**](#)
[**MC_PLAN_ID_08_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_08_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_08_MM) for the same month.

[^ Back to TOC ^](#)

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_09_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_09_MM) for the same month.

[^ Back to TOC ^](#)

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

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_10_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_10_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_11_01**](#)
[**MC_PLAN_ID_11_02**](#)
[**MC_PLAN_ID_11_03**](#)
[**MC_PLAN_ID_11_04**](#)
[**MC_PLAN_ID_11_05**](#)
[**MC_PLAN_ID_11_06**](#)
[**MC_PLAN_ID_11_07**](#)
[**MC_PLAN_ID_11_08**](#)
[**MC_PLAN_ID_11_09**](#)
[**MC_PLAN_ID_11_10**](#)
[**MC_PLAN_ID_11_11**](#)
[**MC_PLAN_ID_11_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.

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

[^ Back to TOC ^](#)

[**MC_PLAN_ID_12_01**](#)
[**MC_PLAN_ID_12_02**](#)
[**MC_PLAN_ID_12_03**](#)
[**MC_PLAN_ID_12_04**](#)
[**MC_PLAN_ID_12_05**](#)
[**MC_PLAN_ID_12_06**](#)
[**MC_PLAN_ID_12_07**](#)
[**MC_PLAN_ID_12_08**](#)
[**MC_PLAN_ID_12_09**](#)
[**MC_PLAN_ID_12_10**](#)
[**MC_PLAN_ID_12_11**](#)
[**MC_PLAN_ID_12_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_12_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_12_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_13_01**](#)
[**MC_PLAN_ID_13_02**](#)
[**MC_PLAN_ID_13_03**](#)
[**MC_PLAN_ID_13_04**](#)
[**MC_PLAN_ID_13_05**](#)
[**MC_PLAN_ID_13_06**](#)
[**MC_PLAN_ID_13_07**](#)
[**MC_PLAN_ID_13_08**](#)
[**MC_PLAN_ID_13_09**](#)
[**MC_PLAN_ID_13_10**](#)
[**MC_PLAN_ID_13_11**](#)
[**MC_PLAN_ID_13_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_13_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_13_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_14_01**](#)
[**MC_PLAN_ID_14_02**](#)
[**MC_PLAN_ID_14_03**](#)
[**MC_PLAN_ID_14_04**](#)
[**MC_PLAN_ID_14_05**](#)
[**MC_PLAN_ID_14_06**](#)
[**MC_PLAN_ID_14_07**](#)
[**MC_PLAN_ID_14_08**](#)
[**MC_PLAN_ID_14_09**](#)
[**MC_PLAN_ID_14_10**](#)
[**MC_PLAN_ID_14_11**](#)
[**MC_PLAN_ID_14_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_14_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_14_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_15_01**](#)
[**MC_PLAN_ID_15_02**](#)
[**MC_PLAN_ID_15_03**](#)
[**MC_PLAN_ID_15_04**](#)
[**MC_PLAN_ID_15_05**](#)
[**MC_PLAN_ID_15_06**](#)
[**MC_PLAN_ID_15_07**](#)
[**MC_PLAN_ID_15_08**](#)
[**MC_PLAN_ID_15_09**](#)
[**MC_PLAN_ID_15_10**](#)
[**MC_PLAN_ID_15_11**](#)
[**MC_PLAN_ID_15_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.
The monthly MC_PLAN_ID_15_MM corresponds to the managed care plan type code (MC_PLAN_TYPE_CD_15_MM) for the same month.

[^ Back to TOC ^](#)

[**MC_PLAN_ID_16_01**](#)
[**MC_PLAN_ID_16_02**](#)
[**MC_PLAN_ID_16_03**](#)
[**MC_PLAN_ID_16_04**](#)
[**MC_PLAN_ID_16_05**](#)
[**MC_PLAN_ID_16_06**](#)
[**MC_PLAN_ID_16_07**](#)
[**MC_PLAN_ID_16_08**](#)
[**MC_PLAN_ID_16_09**](#)
[**MC_PLAN_ID_16_10**](#)
[**MC_PLAN_ID_16_11**](#)
[**MC_PLAN_ID_16_12**](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 12

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: For each month, there are up to 16 managed care plan IDs; the sequence (first–16th plan ID) is indicated by the third and fourth digits from the right (e.g., MC_PLAN_ID_05_MM) is the monthly variable string for the fifth MC plan ID.

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_01**](#)
[**MC_PLAN_TYPE_CD_02**](#)
[**MC_PLAN_TYPE_CD_03**](#)
[**MC_PLAN_TYPE_CD_04**](#)
[**MC_PLAN_TYPE_CD_05**](#)
[**MC_PLAN_TYPE_CD_06**](#)
[**MC_PLAN_TYPE_CD_07**](#)
[**MC_PLAN_TYPE_CD_08**](#)
[**MC_PLAN_TYPE_CD_09**](#)
[**MC_PLAN_TYPE_CD_10**](#)
[**MC_PLAN_TYPE_CD_11**](#)
[**MC_PLAN_TYPE_CD_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_01_01**](#)
[**MC_PLAN_TYPE_CD_01_02**](#)
[**MC_PLAN_TYPE_CD_01_03**](#)
[**MC_PLAN_TYPE_CD_01_04**](#)
[**MC_PLAN_TYPE_CD_01_05**](#)
[**MC_PLAN_TYPE_CD_01_06**](#)
[**MC_PLAN_TYPE_CD_01_07**](#)
[**MC_PLAN_TYPE_CD_01_08**](#)
[**MC_PLAN_TYPE_CD_01_09**](#)
[**MC_PLAN_TYPE_CD_01_10**](#)
[**MC_PLAN_TYPE_CD_01_11**](#)
[**MC_PLAN_TYPE_CD_01_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_02_01**](#)
[**MC_PLAN_TYPE_CD_02_02**](#)
[**MC_PLAN_TYPE_CD_02_03**](#)
[**MC_PLAN_TYPE_CD_02_04**](#)
[**MC_PLAN_TYPE_CD_02_05**](#)
[**MC_PLAN_TYPE_CD_02_06**](#)
[**MC_PLAN_TYPE_CD_02_07**](#)
[**MC_PLAN_TYPE_CD_02_08**](#)
[**MC_PLAN_TYPE_CD_02_09**](#)
[**MC_PLAN_TYPE_CD_02_10**](#)
[**MC_PLAN_TYPE_CD_02_11**](#)
[**MC_PLAN_TYPE_CD_02_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_03_01**](#)
[**MC_PLAN_TYPE_CD_03_02**](#)
[**MC_PLAN_TYPE_CD_03_03**](#)
[**MC_PLAN_TYPE_CD_03_04**](#)
[**MC_PLAN_TYPE_CD_03_05**](#)
[**MC_PLAN_TYPE_CD_03_06**](#)
[**MC_PLAN_TYPE_CD_03_07**](#)
[**MC_PLAN_TYPE_CD_03_08**](#)
[**MC_PLAN_TYPE_CD_03_09**](#)
[**MC_PLAN_TYPE_CD_03_10**](#)
[**MC_PLAN_TYPE_CD_03_11**](#)
[**MC_PLAN_TYPE_CD_03_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_04_01**](#)
[**MC_PLAN_TYPE_CD_04_02**](#)
[**MC_PLAN_TYPE_CD_04_03**](#)
[**MC_PLAN_TYPE_CD_04_04**](#)
[**MC_PLAN_TYPE_CD_04_05**](#)
[**MC_PLAN_TYPE_CD_04_06**](#)
[**MC_PLAN_TYPE_CD_04_07**](#)
[**MC_PLAN_TYPE_CD_04_08**](#)
[**MC_PLAN_TYPE_CD_04_09**](#)
[**MC_PLAN_TYPE_CD_04_10**](#)
[**MC_PLAN_TYPE_CD_04_11**](#)
[**MC_PLAN_TYPE_CD_04_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_05_01**](#)
[**MC_PLAN_TYPE_CD_05_02**](#)
[**MC_PLAN_TYPE_CD_05_03**](#)
[**MC_PLAN_TYPE_CD_05_04**](#)
[**MC_PLAN_TYPE_CD_05_05**](#)
[**MC_PLAN_TYPE_CD_05_06**](#)
[**MC_PLAN_TYPE_CD_05_07**](#)
[**MC_PLAN_TYPE_CD_05_08**](#)
[**MC_PLAN_TYPE_CD_05_09**](#)
[**MC_PLAN_TYPE_CD_05_10**](#)
[**MC_PLAN_TYPE_CD_05_11**](#)
[**MC_PLAN_TYPE_CD_05_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_06_01**](#)
[**MC_PLAN_TYPE_CD_06_02**](#)
[**MC_PLAN_TYPE_CD_06_03**](#)
[**MC_PLAN_TYPE_CD_06_04**](#)
[**MC_PLAN_TYPE_CD_06_05**](#)
[**MC_PLAN_TYPE_CD_06_06**](#)
[**MC_PLAN_TYPE_CD_06_07**](#)
[**MC_PLAN_TYPE_CD_06_08**](#)
[**MC_PLAN_TYPE_CD_06_09**](#)
[**MC_PLAN_TYPE_CD_06_10**](#)
[**MC_PLAN_TYPE_CD_06_11**](#)
[**MC_PLAN_TYPE_CD_06_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_07_01**](#)
[**MC_PLAN_TYPE_CD_07_02**](#)
[**MC_PLAN_TYPE_CD_07_03**](#)
[**MC_PLAN_TYPE_CD_07_04**](#)
[**MC_PLAN_TYPE_CD_07_05**](#)
[**MC_PLAN_TYPE_CD_07_06**](#)
[**MC_PLAN_TYPE_CD_07_07**](#)
[**MC_PLAN_TYPE_CD_07_08**](#)
[**MC_PLAN_TYPE_CD_07_09**](#)
[**MC_PLAN_TYPE_CD_07_10**](#)
[**MC_PLAN_TYPE_CD_07_11**](#)
[**MC_PLAN_TYPE_CD_07_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_08_01**](#)
[**MC_PLAN_TYPE_CD_08_02**](#)
[**MC_PLAN_TYPE_CD_08_03**](#)
[**MC_PLAN_TYPE_CD_08_04**](#)
[**MC_PLAN_TYPE_CD_08_05**](#)
[**MC_PLAN_TYPE_CD_08_06**](#)
[**MC_PLAN_TYPE_CD_08_07**](#)
[**MC_PLAN_TYPE_CD_08_08**](#)
[**MC_PLAN_TYPE_CD_08_09**](#)
[**MC_PLAN_TYPE_CD_08_10**](#)
[**MC_PLAN_TYPE_CD_08_11**](#)
[**MC_PLAN_TYPE_CD_08_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_09_01**](#)
[**MC_PLAN_TYPE_CD_09_02**](#)
[**MC_PLAN_TYPE_CD_09_03**](#)
[**MC_PLAN_TYPE_CD_09_04**](#)
[**MC_PLAN_TYPE_CD_09_05**](#)
[**MC_PLAN_TYPE_CD_09_06**](#)
[**MC_PLAN_TYPE_CD_09_07**](#)
[**MC_PLAN_TYPE_CD_09_08**](#)
[**MC_PLAN_TYPE_CD_09_09**](#)
[**MC_PLAN_TYPE_CD_09_10**](#)
[**MC_PLAN_TYPE_CD_09_11**](#)
[**MC_PLAN_TYPE_CD_09_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_10_01**](#)
[**MC_PLAN_TYPE_CD_10_02**](#)
[**MC_PLAN_TYPE_CD_10_03**](#)
[**MC_PLAN_TYPE_CD_10_04**](#)
[**MC_PLAN_TYPE_CD_10_05**](#)
[**MC_PLAN_TYPE_CD_10_06**](#)
[**MC_PLAN_TYPE_CD_10_07**](#)
[**MC_PLAN_TYPE_CD_10_08**](#)
[**MC_PLAN_TYPE_CD_10_09**](#)
[**MC_PLAN_TYPE_CD_10_10**](#)
[**MC_PLAN_TYPE_CD_10_11**](#)
[**MC_PLAN_TYPE_CD_10_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_11_01**](#)
[**MC_PLAN_TYPE_CD_11_02**](#)
[**MC_PLAN_TYPE_CD_11_03**](#)
[**MC_PLAN_TYPE_CD_11_04**](#)
[**MC_PLAN_TYPE_CD_11_05**](#)
[**MC_PLAN_TYPE_CD_11_06**](#)
[**MC_PLAN_TYPE_CD_11_07**](#)
[**MC_PLAN_TYPE_CD_11_08**](#)
[**MC_PLAN_TYPE_CD_11_09**](#)
[**MC_PLAN_TYPE_CD_11_10**](#)
[**MC_PLAN_TYPE_CD_11_11**](#)
[**MC_PLAN_TYPE_CD_11_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_12_01**](#)
[**MC_PLAN_TYPE_CD_12_02**](#)
[**MC_PLAN_TYPE_CD_12_03**](#)
[**MC_PLAN_TYPE_CD_12_04**](#)
[**MC_PLAN_TYPE_CD_12_05**](#)
[**MC_PLAN_TYPE_CD_12_06**](#)
[**MC_PLAN_TYPE_CD_12_07**](#)
[**MC_PLAN_TYPE_CD_12_08**](#)
[**MC_PLAN_TYPE_CD_12_09**](#)
[**MC_PLAN_TYPE_CD_12_10**](#)
[**MC_PLAN_TYPE_CD_12_11**](#)
[**MC_PLAN_TYPE_CD_12_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_13_01**](#)
[**MC_PLAN_TYPE_CD_13_02**](#)
[**MC_PLAN_TYPE_CD_13_03**](#)
[**MC_PLAN_TYPE_CD_13_04**](#)
[**MC_PLAN_TYPE_CD_13_05**](#)
[**MC_PLAN_TYPE_CD_13_06**](#)
[**MC_PLAN_TYPE_CD_13_07**](#)
[**MC_PLAN_TYPE_CD_13_08**](#)
[**MC_PLAN_TYPE_CD_13_09**](#)
[**MC_PLAN_TYPE_CD_13_10**](#)
[**MC_PLAN_TYPE_CD_13_11**](#)
[**MC_PLAN_TYPE_CD_13_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_14_01**](#)
[**MC_PLAN_TYPE_CD_14_02**](#)
[**MC_PLAN_TYPE_CD_14_03**](#)
[**MC_PLAN_TYPE_CD_14_04**](#)
[**MC_PLAN_TYPE_CD_14_05**](#)
[**MC_PLAN_TYPE_CD_14_06**](#)
[**MC_PLAN_TYPE_CD_14_07**](#)
[**MC_PLAN_TYPE_CD_14_08**](#)
[**MC_PLAN_TYPE_CD_14_09**](#)
[**MC_PLAN_TYPE_CD_14_10**](#)
[**MC_PLAN_TYPE_CD_14_11**](#)
[**MC_PLAN_TYPE_CD_14_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

[**MC_PLAN_TYPE_CD_15_01**](#)
[**MC_PLAN_TYPE_CD_15_02**](#)
[**MC_PLAN_TYPE_CD_15_03**](#)
[**MC_PLAN_TYPE_CD_15_04**](#)
[**MC_PLAN_TYPE_CD_15_05**](#)
[**MC_PLAN_TYPE_CD_15_06**](#)
[**MC_PLAN_TYPE_CD_15_07**](#)
[**MC_PLAN_TYPE_CD_15_08**](#)
[**MC_PLAN_TYPE_CD_15_09**](#)
[**MC_PLAN_TYPE_CD_15_10**](#)
[**MC_PLAN_TYPE_CD_15_11**](#)
[**MC_PLAN_TYPE_CD_15_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

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

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

[^ Back to TOC ^](#)

MDCD_ENRLMT_DAYS_01	MDCD_ENRLMT_DAYS_07
MDCD_ENRLMT_DAYS_02	MDCD_ENRLMT_DAYS_08
MDCD_ENRLMT_DAYS_03	MDCD_ENRLMT_DAYS_09
MDCD_ENRLMT_DAYS_04	MDCD_ENRLMT_DAYS_10
MDCD_ENRLMT_DAYS_05	MDCD_ENRLMT_DAYS_11
MDCD_ENRLMT_DAYS_06	MDCD_ENRLMT_DAYS_12
LABEL:	Medicaid Enrollment Days — January–December (01–12)
DESCRIPTION:	Number of days of Medicaid enrollment in the month, including traditional Medicaid and Medicaid Expansion Children’s Health Insurance Program (M-CHIP), in the month. There are separate variables for each of the 12 months during the year.
SHORT NAME:	
MDCD_ENRLMT_DAYS_01	MDCD_ENRLMT_DAYS_07
MDCD_ENRLMT_DAYS_02	MDCD_ENRLMT_DAYS_08
MDCD_ENRLMT_DAYS_03	MDCD_ENRLMT_DAYS_09
MDCD_ENRLMT_DAYS_04	MDCD_ENRLMT_DAYS_10
MDCD_ENRLMT_DAYS_05	MDCD_ENRLMT_DAYS_11
MDCD_ENRLMT_DAYS_06	MDCD_ENRLMT_DAYS_12
LONG NAME:	
MDCD_ENRLMT_DAYS_01	MDCD_ENRLMT_DAYS_07
MDCD_ENRLMT_DAYS_02	MDCD_ENRLMT_DAYS_08
MDCD_ENRLMT_DAYS_03	MDCD_ENRLMT_DAYS_09
MDCD_ENRLMT_DAYS_04	MDCD_ENRLMT_DAYS_10
MDCD_ENRLMT_DAYS_05	MDCD_ENRLMT_DAYS_11
MDCD_ENRLMT_DAYS_06	MDCD_ENRLMT_DAYS_12
TYPE:	NUM
LENGTH:	3
FILE(S):	Annual DE base
SOURCE:	T-MSIS annual demographic and eligibility TAF
VALUES:	0–31 (varies by month) Null/missing = source value is missing or unknown
COMMENT:	—

[^ Back to TOC ^](#)

MDCD_ENRLMT_DAYS_YR

LABEL: Medicaid Enrollment Days — Total in Year

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

SHORT NAME: MDCD_ENRLMT_DAYS_YR

LONG NAME: MDCD_ENRLMT_DAYS_YR

TYPE: NUM

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–366

Null/missing = source value is missing or unknown

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

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

[^ Back to TOC ^](#)

MFP_IND_01

MFP_IND_02

MFP_IND_03

MFP_IND_04

MFP_IND_05

MFP_IND_06

MFP_IND_07

MFP_IND_08

MFP_IND_09

MFP_IND_10

MFP_IND_11

MFP_IND_12

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

MFP_IND_LTST

LABEL: Money Follows Person (MFP) Participant — Latest in Year

DESCRIPTION: A flag to indicate whether the beneficiary had an active Money Follows the Person (MFP) program period; most recent in the calendar year.

SHORT NAME: MFP_IND_LTST

LONG NAME: MFP_IND_LTST

TYPE: CHAR

LENGTH: 1

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:
0 = No
1 = Yes

COMMENT: This value is never null/missing.

[^ Back to TOC ^](#)

MFP_LVS_WTH_FMLY_CD

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

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

SHORT NAME: MFP_LVS_WTH_FMLY_CD

LONG NAME: MFP_LVS_WTH_FMLY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

MFP_PRTCPTN_END_RSN_CD

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

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

SHORT NAME: MFP_PRTCPTN_END_RSN_CD

LONG NAME: MFP_PRTCPTN_END_RSN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

MFP_QLFYD_INSTN_CD

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

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

SHORT NAME: MFP_QLFYD_INSTN_CD

LONG NAME: MFP_QLFYD_INSTN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 00 = Default- No MFP Participation

01 = Nursing Facility

02 = ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)

03 = IMD (Institution for Mental Diseases)

04 = Hospital

05 = Other

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

MFP_QLFYD_RSDNC_CD

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

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

SHORT NAME: MFP_QLFYD_RSDNC_CD

LONG NAME: MFP_QLFYD_RSDNC_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

MFP_RINSTLZD_RSN_CD

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

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

SHORT NAME: MFP_RINSTLZD_RSN_CD

LONG NAME: MFP_RINSTLZD_RSN_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Money Follows the Person

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

MH_PAHP_MOS

LABEL: Mental Health (MH) Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a mental health (MH) Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year.

SHORT NAME: MH_PAHP_MOS

LONG NAME: MH_PAHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 09 (mental health [MH] PAHP).

[^ Back to TOC ^](#)

MH_PIHP_MOS

LABEL: Mental Health (MH) Prepaid Inpatient Health Plan (PIHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a mental health (MH) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year.

SHORT NAME: MH_PIHP_MOS

LONG NAME: MH_PIHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 08 (mental health [MH] PIHP).

[^ Back to TOC ^](#)

MH_SUD_PAHP_MOS

LABEL: Mental Health and Substance Use Disorder Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a mental health (MH) and Substance Use Disorder (SUD) Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year.

SHORT NAME: MH_SUD_PAHP_MOS

LONG NAME: MH_SUD_PAHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01-MC_PLAN_TYPE_CD_16_12) = 13 (mental health [MH] and substance use disorders [SUD] PAHP).

[^ Back to TOC ^](#)

MH_SUD_PIHP_MOS

LABEL: Mental Health and Substance Use Disorders Prepaid Inpatient Health Plan (PIHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a mental health (MH) and substance use disorders (SUD) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year.

SHORT NAME: MH_SUD_PIHP_MOS

LONG NAME: MH_SUD_PIHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 12 (mental health [MH] and substance use disorders [SUD] PIHP).

[^ Back to TOC ^](#)

MISG_ELGLTY_DATA_IND

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

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

SHORT NAME: MISG_ELGLTY_DATA_IND

LONG NAME: MISG_ELGLTY_DATA_IND

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: NUM

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

MRTL_STUS_CD

LABEL: Marital Status Code — Latest in Year

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

SHORT NAME: MRTL_STUS_CD

LONG NAME: MRTL_STUS_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

MSIS_CASE_NUM

LABEL: Encrypted TMSIS Case Number — Latest in Year

DESCRIPTION: The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs; most recent in the calendar and the two prior years.

The definition of a case varies. There are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which all members of the case have the same case number, but a unique MSIS identification number. A warning for longitudinal research efforts: a person's case number may change over time.

SHORT NAME: MSIS_CASE_NUM

LONG NAME: MSIS_CASE_NUM

TYPE: CHAR

LENGTH: 32

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Alphanumeric character string, 32 characters

(Ex- 2A81866B302C768A539BBE79FFB835FB)

Null/missing = source value is missing or unknown

COMMENT: Although states assign a case number that may be up to 12 digits, this value is encrypted in the CCW.

[^ Back to TOC ^](#)

MSIS_ID

LABEL: Encrypted State Assigned Beneficiary Unique Identifier

DESCRIPTION: A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled beneficiary and any claims submitted to the system. Also referred to as the Medicaid Statistical Information System Identifier (MSIS_ID).

SHORT NAME: MSIS_ID

LONG NAME: MSIS_ID

TYPE: CHAR

LENGTH: 32

FILE(S): All demographic and eligibility

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Alphanumeric character string, 32 characters

(Ex: 9Q81866B302C768A539BBE79FFB835FB)

Null/missing = source value is missing or unknown

COMMENT: The MSIS ID is unique only within a state for a year; a beneficiary's MSIS ID may change longitudinally. Additional details are provided in the User Guide <https://www2.ccwdata.org/web/guest/user-documentation>

This variable is encrypted in the CCW and may not be joined to any other data sets without CMS permission.

[^ Back to TOC ^](#)

OTH_PLAN_MOS

LABEL: Other Plan Months

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

SHORT NAME: OTH_PLAN_MOS

LONG NAME: OTH_PLAN_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

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

[^ Back to TOC ^](#)

OTH_WVR_1115_MOS

LABEL: 1115 Other Type of Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1115 ("Research and Demonstration Authority") waiver in the calendar year.

SHORT NAME: OTH_WVR_1115_MOS

LONG NAME: OTH_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

Null/missing = source value is missing or unknown

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 01 (1115a Other Waiver).

[^ Back to TOC ^](#)

OTH_WVR_TYPE_MOS

LABEL: Other Waiver Type Months

DESCRIPTION: Number of months the beneficiary was enrolled in any other type of waiver in the calendar year

SHORT NAME: OTH_WVR_TYPE_MOS

LONG NAME: OTH_WVR_TYPE_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 25–31.

[^ Back to TOC ^](#)

PACE_MOS

LABEL: Program of All-Inclusive Care for the Elderly (PACE) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Program of All-Inclusive Care for the Elderly (PACE) Managed Care Plan in the calendar year.

SHORT NAME: PACE_MOS

LONG NAME: PACE_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

Null/missing = source value is missing or unknown

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 17 (Program of All-Inclusive Care for the Elderly [PACE]).

[^ Back to TOC ^](#)

PAHP_MOS

LABEL: Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Medical-only Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year.

SHORT NAME: PAHP_MOS

LONG NAME: PAHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

Null/missing = source value is missing or unknown

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 06 (Medical-only PAHP).

[^ Back to TOC ^](#)

PHRMCY_PAHP_MOS

LABEL: Pharmacy Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Pharmacy Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year.

SHORT NAME: PHRMCY_PAHP_MOS

LONG NAME: PHRMCY_PAHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

Null/missing = source value is missing or unknown

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 18 (Pharmacy PAHP).

[^ Back to TOC ^](#)

PHRMCY_WVR_1115_MOS

LABEL: 1115 Pharmacy Waiver Months

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

SHORT NAME: PHRMCY_WVR_1115_MOS

LONG NAME: PHRMCY_WVR_1115_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

[^ Back to TOC ^](#)

PIHP_MOS

LABEL: Prepaid Inpatient Health Plan (PIHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Medical-only Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year.

SHORT NAME: PIHP_MOS

LONG NAME: PIHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

Null/missing = source value is missing or unknown

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 05 (Medical-only PIHP).

[^ Back to TOC ^](#)

PRMRY_LANG_CD

LABEL: Primary Language Code — Latest in Year

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

SHORT NAME: PRMRY_LANG_CD

LONG NAME: PRMRY_LANG_CD

TYPE: CHAR

LENGTH: 3

SOURCE: T-MSIS annual demographic and eligibility TAF

FILE(S): Annual DE base

VALUES:

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

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

SLA = Slavic languages	TLI = Tlingit
SLO = Slovak	TOG = Tonga (Nyasa)
SLV = Slovenian	TON = Tonga (Tonga Islands)
SMO = Samoan	TSN = Tswana
SNA = Shona	TSO = Tsonga
SOM = Somali	TUK = Turkmen
SPA = Spanish; Castilian	TUR = Turkish
SRP = Serbian	TWI = Twi
SSA = Nilo-Saharan languages	UIG = Uighur; Uyghur
SSW = Swati	UKR = Ukrainian
SUN = Sundanese	UND = Undetermined
SWA = Swahili	UZB = Uzbek
SWE = Swedish	VIE = Vietnamese
SYR = Syriac	VOL = Volapük
TAH = Tahitian	WEL = Welsh
TAI = Tai languages	WOL = Wolof
TAM = Tamil	YAP = Yapese
TEL = Telugu	YID = Yiddish
TGK = Tajik	YOR = Yoruba
TGL = Tagalog	YPK = Yupik languages
THA = Thai	ZND = Zande languages
TIB = Tibetan	ZUN = Zuni
TIG = Tigre	Null/missing = source value is missing or unknown
TIR = Tigrinya	

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

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

[^ Back to TOC ^](#)

PRMRY_LANG_GRP_CD

LABEL: Constructed Primary Language Group Code — Latest in Year

DESCRIPTION: Primary language grouped into categories; most recent in the calendar and the two prior years.

SHORT NAME: PRMRY_LANG_GRP_CD

LONG NAME: PRMRY_LANG_GRP_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: C = Chinese

D = German

E = English

F = French

G = Greek

I = Italian

J = Japanese

N = Norwegian

O = Other

P = Polish

R = Russian

S = Spanish

V = Swedish

W = Serbo-Croatian

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

RACE_ETHNCTY_CD

LABEL: Race and Ethnicity Constructed Code — Latest in Year

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

SHORT NAME: RACE_ETHNCTY_CD

LONG NAME: RACE_ETHNCTY_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 1 = White, non-Hispanic
- 2 = Black, non-Hispanic
- 3 = Asian, non-Hispanic
- 4 = American Indian and Alaska Native (AIAN), non-Hispanic
- 5 = Hawaiian/Pacific Islander
- 6 = Multiracial, non-Hispanic
- 7 = Hispanic, all races
- 8 = Other, non-Hispanic
- Null/missing = source value is missing or unknown

COMMENT: This variable is constructed in the TAF if either the RACE or ETHNICITY-CODE source variables has a valid value, a non-missing code will be assigned.

If the TAF variable (ETHNCTY_CD) indicates beneficiary is Hispanic, value is set to 7 regardless of what is reported in the RACE data element. Otherwise, if there is at least one valid race code, value is set to reflect the reported race code(s). If neither of these conditions is met, but the ETHNCTY_CD indicates the beneficiary is NOT Hispanic, value is set to 8. If both source variables are missing or unknown, constructed variable is set to NULL.

[^ Back to TOC ^](#)

RACE_ETHNCTY_EXP_CD

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

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

SHORT NAME: RACE_ETHNCTY_EXP_CD

LONG NAME: RACE_ETHNCTY_EXP_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

[^ 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 demographic and eligibility

SOURCE: CCW (derived)

VALUES: YYYY

COMMENT: First year possible is 2014.

[^ Back to TOC ^](#)

[**RSTRCTD_BNFTS_CD_01**](#)
[**RSTRCTD_BNFTS_CD_02**](#)
[**RSTRCTD_BNFTS_CD_03**](#)
[**RSTRCTD_BNFTS_CD_04**](#)
[**RSTRCTD_BNFTS_CD_05**](#)
[**RSTRCTD_BNFTS_CD_06**](#)
[**RSTRCTD_BNFTS_CD_07**](#)
[**RSTRCTD_BNFTS_CD_08**](#)
[**RSTRCTD_BNFTS_CD_09**](#)
[**RSTRCTD_BNFTS_CD_10**](#)
[**RSTRCTD_BNFTS_CD_11**](#)
[**RSTRCTD_BNFTS_CD_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

G = Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status Medicare Part B-ID ESRD benefit.

Null/missing = source value is missing or unknown

COMMENT —

[^ Back to TOC ^](#)

RSTRCTD_BNFTS_CD_LTST

LABEL: Scope of Medicaid or CHIP Benefits — Latest in Year

DESCRIPTION: A flag that indicates the scope of Medicaid or Children's Health Insurance Program (CHIP) benefits to which a beneficiary is entitled; most recent in the calendar year.

SHORT NAME: RSTRCTD_BNFTS_CD_LTST

LONG NAME: RSTRCTD_BNFTS_CD_LTST

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = Individual is not eligible for Medicaid or Children's Health Insurance Program (CHIP) during the month (retired value).

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

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

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

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

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

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

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

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

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

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

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

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

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

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

SEX_CD

LABEL: Sex (Biological) — Latest in Year

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

SHORT NAME: SEX_CD

LONG NAME: SEX_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

SPLMTL_DSB_HCBS

LABEL: Beneficiary HCBS Record in Supplemental Disability File

DESCRIPTION: A flag to indicate that there is a record in the disability and need supplemental file for this person that indicates one or more home- and community-based services (HCBS) conditions.

SHORT NAME: SPLMTL_DSB_HCBS

LONG NAME: SPLMTL_DSB_HCBS

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

COMMENT: There is a record for a beneficiary in this supplemental file if the beneficiary had any HCBS chronic condition in any month in the calendar year.

[^ Back to TOC ^](#)

SPLMTL_DSB_LCKIN

LABEL: Beneficiary Lock-In Record in Supplemental Disability File

DESCRIPTION: A flag to indicate that there is a record in the disability and need supplemental file for this person that includes data on lock-in status.

SHORT NAME: SPLMTL_DSB_LCKIN

LONG NAME: SPLMTL_DSB_LCKIN

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

COMMENT: There is a record for a beneficiary in this supplemental file if the beneficiary was subject to lock-in provisions in any month in the calendar year.

[^ Back to TOC ^](#)

SPLMTL_DSB_LTSS

LABEL: Beneficiary LTSS Record in Supplemental Disability File

DESCRIPTION: A flag to indicate that there is record in the disability and need supplemental file for this person that includes Long-Term Services and Supports (LTSS) data.

SHORT NAME: SPLMTL_DSB_LTSS

LONG NAME: SPLMTL_DSB_LTSS

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: There is a record for a beneficiary in this supplemental file if the beneficiary participated in the LTSS program in any month in the calendar year.

[^ Back to TOC ^](#)

SPLMTL_DSB_OTHR

LABEL: Beneficiary Other Needs Record in Supplemental Disability File

DESCRIPTION: A flag to indicate that there is record in the disability and need supplemental file for this person with monthly values of: HCBS chronic conditions, care level status for Long-Term Services and Supports (LTSS) program, disabilities (concentrating, walking, dressing/bathing, and errands), pregnancy, enrollment in Social Security Disability Insurance (SSDI), receipt of Supplemental Security Income (SSI), SSI State supplement status, SSI status, Birth to Conception status, receipt of Temporary Assistance for Needy Families (TANF) benefits, had some form of third party liability (TPL) insurance coverage and/or had some other form of third party liability (TPL) funding besides insurance coverage.

SHORT NAME: SPLMTL_DSB_OTHR

LONG NAME: SPLMTL_DSB_OTHR

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

COMMENT: This data element is set to value of 1 if the beneficiary had a record in the disability and need supplemental file for several other data elements for the beneficiary for any month in the calendar year from the monthly enrollment TAF.

[^ Back to TOC ^](#)

SPLMTL_DTS

LABEL: Beneficiary Record in Supplemental Dates File

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

SHORT NAME: SPLMTL_DTS

LONG NAME: SPLMTL_DTS

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

SPLMTL_HLTH_HOME_SPO

LABEL: Beneficiary Record in Supplemental Health Home and State Plan Option (SPO) File

DESCRIPTION: A flag to indicate that there is a record in the health home (HLTH_HOME) state plan option (SPO) supplemental file for this person that includes health home or Community First, 1915i, 1915J, 1915a, 1932a or 1937 SPO participation.

SHORT NAME: SPLMTL_HLTH_HOME_SPO

LONG NAME: SPLMTL_HLTH_HOME_SPO

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: There is a record in this supplemental file for the beneficiary if the beneficiary participated in the health home program and/or a state plan option in any month in the calendar year.

[^ Back to TOC ^](#)

SPLMTL_MC

LABEL: Beneficiary Record in Supplemental Managed Care File

DESCRIPTION: A flag to indicate that there is record in the Managed Care (MC) Enrollment supplemental file for this person that includes Managed Care enrollment data.

SHORT NAME: SPLMTL_MC

LONG NAME: SPLMTL_MC

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: There is a record for a beneficiary in this supplemental file if the beneficiary had any type of managed care enrollment in any month in the calendar year.

[^ Back to TOC ^](#)

SPLMTL_MFP

LABEL: Beneficiary Record in Supplemental Money Follows Person (MFP) File

DESCRIPTION: A flag to indicate that there is a record in the Money Follows the Person (MFP) supplemental file for this person that includes MFP data.

SHORT NAME: SPLMTL_MFP

LONG NAME: SPLMTL_MFP

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: There is a record in this supplemental file for the beneficiary if the beneficiary participated in the MFP program in any month in the calendar year.

[^ Back to TOC ^](#)

SPLMTL_WVR

LABEL: Beneficiary Record in Supplemental Waiver File

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

SHORT NAME: SPLMTL_WVR

LONG NAME: SPLMTL_WVR

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

COMMENT: There will be a record for a beneficiary in this supplemental file if the beneficiary was covered under any type of waiver in any month in the calendar year. Specifically, this value is set to 1 if there is a non-missing value for any of the monthly waiver ID variables (WVR_ID_##_01–WVR_ID_##_12) or monthly waiver type (WVR_TYPE_CD_##_01–WVR_TYPE_CD_##_12) in any of up to 10 waiver-ID/waiver type values in any month during the year from the monthly enrollment TAF.

[^ Back to TOC ^](#)

[**SPO_1915A_IND_01**](#)

[**SPO_1915A_IND_02**](#)

[**SPO_1915A_IND_03**](#)

[**SPO_1915A_IND_04**](#)

[**SPO_1915A_IND_05**](#)

[**SPO_1915A_IND_06**](#)

[**SPO_1915A_IND_07**](#)

[**SPO_1915A_IND_08**](#)

[**SPO_1915A_IND_09**](#)

[**SPO_1915A_IND_10**](#)

[**SPO_1915A_IND_11**](#)

[**SPO_1915A_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**SPO_1915I_IND_01**](#)

[**SPO_1915I_IND_02**](#)

[**SPO_1915I_IND_03**](#)

[**SPO_1915I_IND_04**](#)

[**SPO_1915I_IND_05**](#)

[**SPO_1915I_IND_06**](#)

[**SPO_1915I_IND_07**](#)

[**SPO_1915I_IND_08**](#)

[**SPO_1915I_IND_09**](#)

[**SPO_1915I_IND_10**](#)

[**SPO_1915I_IND_11**](#)

[**SPO_1915I_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**SPO_1915J_IND_01**](#)
[**SPO_1915J_IND_02**](#)
[**SPO_1915J_IND_03**](#)
[**SPO_1915J_IND_04**](#)
[**SPO_1915J_IND_05**](#)
[**SPO_1915J_IND_06**](#)
[**SPO_1915J_IND_07**](#)
[**SPO_1915J_IND_08**](#)
[**SPO_1915J_IND_09**](#)
[**SPO_1915J_IND_10**](#)
[**SPO_1915J_IND_11**](#)
[**SPO_1915J_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**SPO_1932A_IND_01**](#)

[**SPO_1932A_IND_02**](#)

[**SPO_1932A_IND_03**](#)

[**SPO_1932A_IND_04**](#)

[**SPO_1932A_IND_05**](#)

[**SPO_1932A_IND_06**](#)

[**SPO_1932A_IND_07**](#)

[**SPO_1932A_IND_08**](#)

[**SPO_1932A_IND_09**](#)

[**SPO_1932A_IND_10**](#)

[**SPO_1932A_IND_11**](#)

[**SPO_1932A_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Health home and state plan options

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

SSDI_IND

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

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

SHORT NAME: SSDI_IND

LONG NAME: SSDI_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**SSDI_IND_01**](#)

[**SSDI_IND_02**](#)

[**SSDI_IND_03**](#)

[**SSDI_IND_04**](#)

[**SSDI_IND_05**](#)

[**SSDI_IND_06**](#)

[**SSDI_IND_07**](#)

[**SSDI_IND_08**](#)

[**SSDI_IND_09**](#)

[**SSDI_IND_10**](#)

[**SSDI_IND_11**](#)

[**SSDI_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

SSI_IND

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

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

SHORT NAME: SSI_IND

LONG NAME: SSI_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**SSI_IND_01**](#)

[**SSI_IND_02**](#)

[**SSI_IND_03**](#)

[**SSI_IND_04**](#)

[**SSI_IND_05**](#)

[**SSI_IND_06**](#)

[**SSI_IND_07**](#)

[**SSI_IND_08**](#)

[**SSI_IND_09**](#)

[**SSI_IND_10**](#)

[**SSI_IND_11**](#)

[**SSI_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

SSI_STATE_SPLMT_CD

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

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

SHORT NAME: SSI_STATE_SPLMT_CD

LONG NAME: SSI_STATE_SPLMT_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 000 = Not Applicable

001 = Mandatory

002 = Optional

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

SSI_STUS_CD

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

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

SHORT NAME: SSI_STUS_CD

LONG NAME: SSI_STUS_CD

TYPE: CHAR

LENGTH: 3

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 000 = Not applicable

001 = SSI

002 = SSI eligible spouse

003 = SSI pending a final determination of disposal of resources exceeding SSI dollar limits

Null/missing = source value is missing or unknown

COMMENT: —

[^ Back to TOC ^](#)

[**SSI_STUS_CD_01**](#)

[**SSI_STUS_CD_02**](#)

[**SSI_STUS_CD_03**](#)

[**SSI_STUS_CD_04**](#)

[**SSI_STUS_CD_05**](#)

[**SSI_STUS_CD_06**](#)

[**SSI_STUS_CD_07**](#)

[**SSI_STUS_CD_08**](#)

[**SSI_STUS_CD_09**](#)

[**SSI_STUS_CD_10**](#)

[**SSI_STUS_CD_11**](#)

[**SSI_STUS_CD_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ 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 demographic and eligibility

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

VALUES: 2-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
GU = Guam	PA = Pennsylvania
HI = Hawaii	PR = Puerto Rico
IA = Iowa	RI = Rhode Island
ID = Idaho	SC = South Carolina
IL = Illinois	SD = South Dakota
IN = Indiana	TN = Tennessee
KS = Kansas	TX = Texas
KY = Kentucky	UT = Utah
LA = Louisiana	VA = Virginia
MA = Massachusetts	VI = Virgin Islands
MD = Maryland	VT = Vermont
ME = Maine	WA = Washington
MI = Michigan	WI = Wisconsin
MN = Minnesota	WV = West Virginia
MO = Missouri	WY = Wyoming
MS = Mississippi	Null = Unknown
MT = Montana	

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

[^ Back to TOC ^](#)

[**STATE_SPEC_ELGLTY_GRP_CD_01**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_02**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_03**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_04**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_05**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_06**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_07**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_08**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_09**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_10**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_11**](#)
[**STATE_SPEC_ELGLTY_GRP_CD_12**](#)

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

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

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

SHORT NAME:

STATE_SPEC_ELGLTY_GRP_CD_01
STATE_SPEC_ELGLTY_GRP_CD_02
STATE_SPEC_ELGLTY_GRP_CD_03
STATE_SPEC_ELGLTY_GRP_CD_04
STATE_SPEC_ELGLTY_GRP_CD_05
STATE_SPEC_ELGLTY_GRP_CD_06

STATE_SPEC_ELGLTY_GRP_CD_07
STATE_SPEC_ELGLTY_GRP_CD_08
STATE_SPEC_ELGLTY_GRP_CD_09
STATE_SPEC_ELGLTY_GRP_CD_10
STATE_SPEC_ELGLTY_GRP_CD_11
STATE_SPEC_ELGLTY_GRP_CD_12

LONG NAME:

STATE_SPEC_ELGLTY_GRP_CD_01
STATE_SPEC_ELGLTY_GRP_CD_02
STATE_SPEC_ELGLTY_GRP_CD_03
STATE_SPEC_ELGLTY_GRP_CD_04
STATE_SPEC_ELGLTY_GRP_CD_05
STATE_SPEC_ELGLTY_GRP_CD_06

STATE_SPEC_ELGLTY_GRP_CD_07
STATE_SPEC_ELGLTY_GRP_CD_08
STATE_SPEC_ELGLTY_GRP_CD_09
STATE_SPEC_ELGLTY_GRP_CD_10
STATE_SPEC_ELGLTY_GRP_CD_11
STATE_SPEC_ELGLTY_GRP_CD_12

TYPE: CHAR

LENGTH: 6

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

STATE_SPEC_ELGLTY_GRP_CD_LTST

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

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

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

SHORT NAME: STATE_SPEC_ELGLTY_GRP_CD_LTST

LONG NAME: STATE_SPEC_ELGLTY_GRP_CD_LTST

TYPE: CHAR

LENGTH: 6

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Maximum six alphanumeric characters (may include spaces)

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

SUBMTG_STATE_CD

LABEL: Submitting State Entity Code

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

SHORT NAME: SUBMTG_STATE_CD

LONG NAME: SUBMTG_STATE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): All demographic and eligibility

SOURCE: T-MSIS annual demographic and eligibility TAF

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

Two-digit value (with leading zeros)

01: Alabama	26: Michigan	49: Utah
02: Alaska	27: Minnesota	50: Vermont
04: Arizona	28: Mississippi	51: Virginia
05: Arkansas	29: Missouri	53: Washington
06: California	30: Montana	54: West Virginia
08: Colorado	31: Nebraska	55: Wisconsin
09: Connecticut	32: Nevada	56: Wyoming
10: Delaware	33: New Hampshire	66: Guam (starting with 2023 data year)
11: District of Columbia	34: New Jersey	72: Puerto Rico
12: Florida	35: New Mexico	78: U.S. Virgin Islands
13: Georgia	36: New York	93: Wyoming CHIP (retired and included in SUBMTG_STATE_CD = 56: Wyoming, after 2020 data year)
15: Hawaii	37: North Carolina	94: Montana Third-Party Administrator (TPA) (retired after 2019 data year)
16: Idaho	38: North Dakota	97: Pennsylvania CHIP
17: Illinois	39: Ohio	
18: Indiana	40: Oklahoma	
19: Iowa	41: Oregon	
20: Kansas	42: Pennsylvania	
21: Kentucky	44: Rhode Island	
22: Louisiana	45: South Carolina	
23: Maine	46: South Dakota	
24: Maryland	47: Tennessee	
25: Massachusetts	48: Texas	

COMMENT: Codes represent FIPS state codes or outlying areas under U.S. sovereignty (e.g., Puerto Rico, U.S. Virgin Islands, Guam), except for "93," "94," and "97," which represent non-Medicaid entities from states that submit CHIP or TPA separately from Medicaid.

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

SUD_PAHP_MOS

LABEL: Substance Use Disorders (SUD) Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a substance use disorders (SUD) Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year.

SHORT NAME: SUD_PAHP_MOS

LONG NAME: SUD_PAHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 11 (substance use disorders [SUD] PAHP).

[^ Back to TOC ^](#)

SUD_PIHP_MOS

LABEL: Substance Use Disorders (SUD) Prepaid Inpatient Health Plan (PIHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a substance use disorders (SUD) Prepaid Inpatient Health Plan (PIHP) Managed Care Plan in the calendar year.

SHORT NAME: SUD_PIHP_MOS

LONG NAME: SUD_PIHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 10 (substance use disorders [SUD] PIHP).

[^ Back to TOC ^](#)

TANF_CASH_CD

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

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

SHORT NAME: TANF_CASH_CD

LONG NAME: TANF_CASH_CD

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**TANF_CASH_CD_01**](#)
[**TANF_CASH_CD_02**](#)
[**TANF_CASH_CD_03**](#)
[**TANF_CASH_CD_04**](#)
[**TANF_CASH_CD_05**](#)
[**TANF_CASH_CD_06**](#)
[**TANF_CASH_CD_07**](#)
[**TANF_CASH_CD_08**](#)
[**TANF_CASH_CD_09**](#)
[**TANF_CASH_CD_10**](#)
[**TANF_CASH_CD_11**](#)
[**TANF_CASH_CD_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

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

COMMENT: —

[^ Back to TOC ^](#)

TPL_INSRNC_CVRG_IND

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

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

SHORT NAME: TPL_INSRNC_CVRG_IND

LONG NAME: TPL_INSRNC_CVRG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**TPL_INSRNC_CVRG_IND_01**](#)
[**TPL_INSRNC_CVRG_IND_02**](#)
[**TPL_INSRNC_CVRG_IND_03**](#)
[**TPL_INSRNC_CVRG_IND_04**](#)
[**TPL_INSRNC_CVRG_IND_05**](#)
[**TPL_INSRNC_CVRG_IND_06**](#)
[**TPL_INSRNC_CVRG_IND_07**](#)
[**TPL_INSRNC_CVRG_IND_08**](#)
[**TPL_INSRNC_CVRG_IND_09**](#)
[**TPL_INSRNC_CVRG_IND_10**](#)
[**TPL_INSRNC_CVRG_IND_11**](#)
[**TPL_INSRNC_CVRG_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

TPL_OTHR_CVRG_IND

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

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

SHORT NAME: TPL_OTHR_CVRG_IND

LONG NAME: TPL_OTHR_CVRG_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

[**TPL_OTHR_CVRG_IND_01**](#)
[**TPL_OTHR_CVRG_IND_02**](#)
[**TPL_OTHR_CVRG_IND_03**](#)
[**TPL_OTHR_CVRG_IND_04**](#)
[**TPL_OTHR_CVRG_IND_05**](#)
[**TPL_OTHR_CVRG_IND_06**](#)
[**TPL_OTHR_CVRG_IND_07**](#)
[**TPL_OTHR_CVRG_IND_08**](#)
[**TPL_OTHR_CVRG_IND_09**](#)
[**TPL_OTHR_CVRG_IND_10**](#)
[**TPL_OTHR_CVRG_IND_11**](#)
[**TPL_OTHR_CVRG_IND_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

FILE(S): Disability and need

SOURCE: T-MSIS annual demographic and eligibility TAF

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

COMMENT: —

[^ Back to TOC ^](#)

TRDTNL_PCCM_MOS

LABEL: Traditional Primary Care Case Management (PCCM) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Traditional Primary Care Case Management (PCCM) Managed Care Plan in the calendar year.

SHORT NAME: TRDTNL_PCCM_MOS

LONG NAME: TRDTNL_PCCM_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 02 (Traditional PCCM Provider arrangement).

[^ Back to TOC ^](#)

TRNSPRTN_PAHP_MOS

LABEL: Transportation Prepaid Ambulatory Health Plan (PAHP) Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Transportation Prepaid Ambulatory Health Plan (PAHP) Managed Care Plan in the calendar year.

SHORT NAME: TRNSPRTN_PAHP_MOS

LONG NAME: TRNSPRTN_PAHP_MOS

TYPE: NUM

LENGTH: 3

FILE(S): Managed Care

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF managed care plan type code (in any of the 16 possible fields; MC_PLAN_TYPE_CD_01_01–MC_PLAN_TYPE_CD_16_12) = 15 (Transportation PAHP).

[^ Back to TOC ^](#)

VET_IND

LABEL: Veteran Indicator — Latest in Year

DESCRIPTION: A flag indicating if the beneficiary is a non-citizen who is exempt from the five-year bar on benefits because they are a veteran or an active member of the military, naval, or air service; most recent in the calendar and **the two** prior years.

SHORT NAME: VET_IND

LONG NAME: VET_IND

TYPE: CHAR

LENGTH: 1

FILE(S): Annual DE base

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0 = No

1 = Yes

Null/missing = source value is missing or unknown

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

[^ Back to TOC ^](#)

WVR_1115_TYPE_CD

LABEL: 1115 Waiver Type Code — Latest in Year

DESCRIPTION: A code to indicate the type of 1115 waiver under which the beneficiary received coverage; most recent in the calendar year.

SHORT NAME: WVR_1115_TYPE_CD

LONG NAME: WVR_1115_TYPE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = 1115(a) Other demonstration
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy plus waiver
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 89 = Two or more 1115 waivers in the latest month
- Null/missing = not one of the 1115 waivers, or source value is missing or unknown

COMMENT: The value is from the last populated '1115 Waiver Type Code'. There are up to 10 waiver type codes for 1115 waivers in total; i.e., where the monthly waiver type code= 01 or 22-30). The value is set to '89' if there are two or more 1115 waivers in the latest month.

[^ Back to TOC ^](#)

WVR_1915B_MOS

LABEL: 1915(b) Waiver Months

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

SHORT NAME: WVR_1915B_MOS

LONG NAME: WVR_1915B_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

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

[^ Back to TOC ^](#)

WVR_1915BC_MOS

LABEL: 1915(b)(c) Waiver Months

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

SHORT NAME: WVR_1915BC_MOS

LONG NAME: WVR_1915BC_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 20 (1915b/c Waiver).

[^ Back to TOC ^](#)

WVR_1915C_MOS

LABEL: 1915(c) Waiver Months

DESCRIPTION: Number of months the beneficiary was enrolled in a Section 1915(c) (Home- and Community-Based Care) waiver in the calendar year.

SHORT NAME: WVR_1915C_MOS

LONG NAME: WVR_1915C_MOS

TYPE: NUM

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: 0–12 (Number of months)

COMMENT: This variable is the number of months during the year when the monthly TAF waiver type code (in any of the 10 possible fields; WVR_TYPE_CD_01_01–WVR_TYPE_CD_10_12) = 06–19 or 33, all of which represent a 1915[c] Waiver.

[^ Back to TOC ^](#)

WVR_1915C_TYPE_CD

LABEL: 1915(c) Waiver Type Code — Latest in Year

DESCRIPTION: A code to indicate the type of 1915(c) waiver under which the beneficiary received coverage; most recent in the calendar year.

SHORT NAME: WVR_1915C_TYPE_CD

LONG NAME: WVR_1915C_TYPE_CD

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 33 = 1915(c) waiver (T-MSIS DD v2.1)
- 89 = Two or more 1915(c) waivers in the latest month
- Null/missing = not one of the 1915 waivers, or source value is missing or unknown

COMMENT: The value is from the last populated '1915C Waiver Type Code'. There are up to 10 waiver type codes for 1915(c) waivers in total; i.e., where the monthly waiver type = 06–19 or 33. The value is set to '89' if there are two or more 1915c waivers in the latest month.

[^ Back to TOC ^](#)

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

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_01_MM corresponds to the waiver type code (WVR_TYPE_CD_01_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_02_01**](#)

[**WVR_ID_02_02**](#)

[**WVR_ID_02_03**](#)

[**WVR_ID_02_04**](#)

[**WVR_ID_02_05**](#)

[**WVR_ID_02_06**](#)

[**WVR_ID_02_07**](#)

[**WVR_ID_02_08**](#)

[**WVR_ID_02_09**](#)

[**WVR_ID_02_10**](#)

[**WVR_ID_02_11**](#)

[**WVR_ID_02_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_02_MM corresponds to the waiver type code (WVR_TYPE_CD_02_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_03_01**](#)

[**WVR_ID_03_02**](#)

[**WVR_ID_03_03**](#)

[**WVR_ID_03_04**](#)

[**WVR_ID_03_05**](#)

[**WVR_ID_03_06**](#)

[**WVR_ID_03_07**](#)

[**WVR_ID_03_08**](#)

[**WVR_ID_03_09**](#)

[**WVR_ID_03_10**](#)

[**WVR_ID_03_11**](#)

[**WVR_ID_03_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_03_MM corresponds to the waiver type code (WVR_TYPE_CD_03_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_04_01**](#)

[**WVR_ID_04_02**](#)

[**WVR_ID_04_03**](#)

[**WVR_ID_04_04**](#)

[**WVR_ID_04_05**](#)

[**WVR_ID_04_06**](#)

[**WVR_ID_04_07**](#)

[**WVR_ID_04_08**](#)

[**WVR_ID_04_09**](#)

[**WVR_ID_04_10**](#)

[**WVR_ID_04_11**](#)

[**WVR_ID_04_12**](#)

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

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_04_MM corresponds to the waiver type code (WVR_TYPE_CD_04_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_05_01**](#)

[**WVR_ID_05_02**](#)

[**WVR_ID_05_03**](#)

[**WVR_ID_05_04**](#)

[**WVR_ID_05_05**](#)

[**WVR_ID_05_06**](#)

[**WVR_ID_05_07**](#)

[**WVR_ID_05_08**](#)

[**WVR_ID_05_09**](#)

[**WVR_ID_05_10**](#)

[**WVR_ID_05_11**](#)

[**WVR_ID_05_12**](#)

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

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

SHORT NAME:

WVR_ID_05_01	WVR_ID_05_07
WVR_ID_05_02	WVR_ID_05_08
WVR_ID_05_03	WVR_ID_05_09
WVR_ID_05_04	WVR_ID_05_10
WVR_ID_05_05	WVR_ID_05_11
WVR_ID_05_06	WVR_ID_05_12

LONG NAME:

WVR_ID_05_01	WVR_ID_05_07
WVR_ID_05_02	WVR_ID_05_08
WVR_ID_05_03	WVR_ID_05_09
WVR_ID_05_04	WVR_ID_05_10
WVR_ID_05_05	WVR_ID_05_11
WVR_ID_05_06	WVR_ID_05_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_05_MM corresponds to the waiver type code (WVR_TYPE_CD_05_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_06_01**](#)

[**WVR_ID_06_02**](#)

[**WVR_ID_06_03**](#)

[**WVR_ID_06_04**](#)

[**WVR_ID_06_05**](#)

[**WVR_ID_06_06**](#)

[**WVR_ID_06_07**](#)

[**WVR_ID_06_08**](#)

[**WVR_ID_06_09**](#)

[**WVR_ID_06_10**](#)

[**WVR_ID_06_11**](#)

[**WVR_ID_06_12**](#)

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

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

SHORT NAME:

WVR_ID_06_01	WVR_ID_06_07
WVR_ID_06_02	WVR_ID_06_08
WVR_ID_06_03	WVR_ID_06_09
WVR_ID_06_04	WVR_ID_06_10
WVR_ID_06_05	WVR_ID_06_11
WVR_ID_06_06	WVR_ID_06_12

LONG NAME:

WVR_ID_06_01	WVR_ID_06_07
WVR_ID_06_02	WVR_ID_06_08
WVR_ID_06_03	WVR_ID_06_09
WVR_ID_06_04	WVR_ID_06_10
WVR_ID_06_05	WVR_ID_06_11
WVR_ID_06_06	WVR_ID_06_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_06_MM corresponds to the waiver type code (WVR_TYPE_CD_06_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_07_01**](#)

[**WVR_ID_07_02**](#)

[**WVR_ID_07_03**](#)

[**WVR_ID_07_04**](#)

[**WVR_ID_07_05**](#)

[**WVR_ID_07_06**](#)

[**WVR_ID_07_07**](#)

[**WVR_ID_07_08**](#)

[**WVR_ID_07_09**](#)

[**WVR_ID_07_10**](#)

[**WVR_ID_07_11**](#)

[**WVR_ID_07_12**](#)

LABEL: Waiver ID (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 7th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_07_01	WVR_ID_07_07
WVR_ID_07_02	WVR_ID_07_08
WVR_ID_07_03	WVR_ID_07_09
WVR_ID_07_04	WVR_ID_07_10
WVR_ID_07_05	WVR_ID_07_11
WVR_ID_07_06	WVR_ID_07_12

LONG NAME:

WVR_ID_07_01	WVR_ID_07_07
WVR_ID_07_02	WVR_ID_07_08
WVR_ID_07_03	WVR_ID_07_09
WVR_ID_07_04	WVR_ID_07_10
WVR_ID_07_05	WVR_ID_07_11
WVR_ID_07_06	WVR_ID_07_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_07_MM corresponds to the waiver type code (WVR_TYPE_CD_07_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_08_01**](#)

[**WVR_ID_08_02**](#)

[**WVR_ID_08_03**](#)

[**WVR_ID_08_04**](#)

[**WVR_ID_08_05**](#)

[**WVR_ID_08_06**](#)

[**WVR_ID_08_07**](#)

[**WVR_ID_08_08**](#)

[**WVR_ID_08_09**](#)

[**WVR_ID_08_10**](#)

[**WVR_ID_08_11**](#)

[**WVR_ID_08_12**](#)

LABEL: Waiver ID (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 8th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_08_01	WVR_ID_08_07
WVR_ID_08_02	WVR_ID_08_08
WVR_ID_08_03	WVR_ID_08_09
WVR_ID_08_04	WVR_ID_08_10
WVR_ID_08_05	WVR_ID_08_11
WVR_ID_08_06	WVR_ID_08_12

LONG NAME:

WVR_ID_08_01	WVR_ID_08_07
WVR_ID_08_02	WVR_ID_08_08
WVR_ID_08_03	WVR_ID_08_09
WVR_ID_08_04	WVR_ID_08_10
WVR_ID_08_05	WVR_ID_08_11
WVR_ID_08_06	WVR_ID_08_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_08_MM corresponds to the waiver type code (WVR_TYPE_CD_08_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_09_01**](#)

[**WVR_ID_09_02**](#)

[**WVR_ID_09_03**](#)

[**WVR_ID_09_04**](#)

[**WVR_ID_09_05**](#)

[**WVR_ID_09_06**](#)

[**WVR_ID_09_07**](#)

[**WVR_ID_09_08**](#)

[**WVR_ID_09_09**](#)

[**WVR_ID_09_10**](#)

[**WVR_ID_09_11**](#)

[**WVR_ID_09_12**](#)

LABEL: Waiver ID (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 9th of up to 10 waiver IDs. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_ID_09_01	WVR_ID_09_07
WVR_ID_09_02	WVR_ID_09_08
WVR_ID_09_03	WVR_ID_09_09
WVR_ID_09_04	WVR_ID_09_10
WVR_ID_09_05	WVR_ID_09_11
WVR_ID_09_06	WVR_ID_09_12

LONG NAME:

WVR_ID_09_01	WVR_ID_09_07
WVR_ID_09_02	WVR_ID_09_08
WVR_ID_09_03	WVR_ID_09_09
WVR_ID_09_04	WVR_ID_09_10
WVR_ID_09_05	WVR_ID_09_11
WVR_ID_09_06	WVR_ID_09_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_09_MM corresponds to the waiver type code (WVR_TYPE_CD_09_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_ID_10_01**](#)

[**WVR_ID_10_02**](#)

[**WVR_ID_10_03**](#)

[**WVR_ID_10_04**](#)

[**WVR_ID_10_05**](#)

[**WVR_ID_10_06**](#)

[**WVR_ID_10_07**](#)

[**WVR_ID_10_08**](#)

[**WVR_ID_10_09**](#)

[**WVR_ID_10_10**](#)

[**WVR_ID_10_11**](#)

[**WVR_ID_10_12**](#)

LABEL: Waiver ID (10th Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_ID_10_01	WVR_ID_10_07
WVR_ID_10_02	WVR_ID_10_08
WVR_ID_10_03	WVR_ID_10_09
WVR_ID_10_04	WVR_ID_10_10
WVR_ID_10_05	WVR_ID_10_11
WVR_ID_10_06	WVR_ID_10_12

LONG NAME:

WVR_ID_10_01	WVR_ID_10_07
WVR_ID_10_02	WVR_ID_10_08
WVR_ID_10_03	WVR_ID_10_09
WVR_ID_10_04	WVR_ID_10_10
WVR_ID_10_05	WVR_ID_10_11
WVR_ID_10_06	WVR_ID_10_12

TYPE: CHAR

LENGTH: 20

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES: Waiver ID, maximum 20 letters and numbers
Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver IDs; the sequence (first–tenth waiver ID) is indicated by the third and fourth digits from the right (e.g., WVR_ID_05_MM is the monthly variable string for the fifth waiver ID).
The monthly WVR_ID_10_MM corresponds to the waiver type code (WVR_TYPE_CD_10_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_01_01**](#)
[**WVR_TYPE_CD_01_02**](#)
[**WVR_TYPE_CD_01_03**](#)
[**WVR_TYPE_CD_01_04**](#)
[**WVR_TYPE_CD_01_05**](#)
[**WVR_TYPE_CD_01_06**](#)
[**WVR_TYPE_CD_01_07**](#)
[**WVR_TYPE_CD_01_08**](#)
[**WVR_TYPE_CD_01_09**](#)
[**WVR_TYPE_CD_01_10**](#)
[**WVR_TYPE_CD_01_11**](#)
[**WVR_TYPE_CD_01_12**](#)

LABEL: Waiver Type Code (First Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_TYPE_CD_01_01	WVR_TYPE_CD_01_07
WVR_TYPE_CD_01_02	WVR_TYPE_CD_01_08
WVR_TYPE_CD_01_03	WVR_TYPE_CD_01_09
WVR_TYPE_CD_01_04	WVR_TYPE_CD_01_10
WVR_TYPE_CD_01_05	WVR_TYPE_CD_01_11
WVR_TYPE_CD_01_06	WVR_TYPE_CD_01_12

LONG NAME:

WVR_TYPE_CD_01_01	WVR_TYPE_CD_01_07
WVR_TYPE_CD_01_02	WVR_TYPE_CD_01_08
WVR_TYPE_CD_01_03	WVR_TYPE_CD_01_09
WVR_TYPE_CD_01_04	WVR_TYPE_CD_01_10
WVR_TYPE_CD_01_05	WVR_TYPE_CD_01_11
WVR_TYPE_CD_01_06	WVR_TYPE_CD_01_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = 1115 Other demonstration
- 02 = 1915(b)(1) — these waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care
- 03 = 1915(b)(2) — these waivers allow states to use enrollment brokers
- 04 = 1915(b)(3) — these waivers allow states to use savings to provide additional services that are not in the state plan
- 05 = 1915(b)(4) — these waivers allow fee for service selective contracting
- 06 = 1915(c) — aged and disabled
- 07 = 1915(c) — aged
- 08 = 1915(c) — physical disabilities
- 09 = 1915(c) — intellectual disabilities
- 10 = 1915(c) — intellectual and developmental disabilities
- 11 = 1915(c) — brain injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — technology dependent or medically fragile
- 14 = 1915(c) — disabled (other)
- 15 = 1915(c) — enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — autism/autism spectrum disorder
- 17 = 1915(c) — developmental disabilities
- 18 = 1915(c) — mental illness — age 18 or older
- 19 = 1915(c) — mental illness — under age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 pharmacy demonstration
- 23 = 1115 disaster-related demonstration
- 24 = 1115 family planning demonstration
- 25 = 1115 substance use demonstration
- 26 = 1115 premium assistance demonstration
- 27 = 1115 beneficiary engagement demonstration
- 28 = 1115 former foster care youth from another state
- 29 = 1115 managed long-term services and support
- 30 = 1115 delivery system reform
- 31 = 1332 demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

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

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_02_01**](#)
[**WVR_TYPE_CD_02_02**](#)
[**WVR_TYPE_CD_02_03**](#)
[**WVR_TYPE_CD_02_04**](#)
[**WVR_TYPE_CD_02_05**](#)
[**WVR_TYPE_CD_02_06**](#)
[**WVR_TYPE_CD_02_07**](#)
[**WVR_TYPE_CD_02_08**](#)
[**WVR_TYPE_CD_02_09**](#)
[**WVR_TYPE_CD_02_10**](#)
[**WVR_TYPE_CD_02_11**](#)
[**WVR_TYPE_CD_02_12**](#)

LABEL: Waiver Type Code (Second Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_TYPE_CD_02_01	WVR_TYPE_CD_02_07
WVR_TYPE_CD_02_02	WVR_TYPE_CD_02_08
WVR_TYPE_CD_02_03	WVR_TYPE_CD_02_09
WVR_TYPE_CD_02_04	WVR_TYPE_CD_02_10
WVR_TYPE_CD_02_05	WVR_TYPE_CD_02_11
WVR_TYPE_CD_02_06	WVR_TYPE_CD_02_12

LONG NAME:

WVR_TYPE_CD_02_01	WVR_TYPE_CD_02_07
WVR_TYPE_CD_02_02	WVR_TYPE_CD_02_08
WVR_TYPE_CD_02_03	WVR_TYPE_CD_02_09
WVR_TYPE_CD_02_04	WVR_TYPE_CD_02_10
WVR_TYPE_CD_02_05	WVR_TYPE_CD_02_11
WVR_TYPE_CD_02_06	WVR_TYPE_CD_02_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

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

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_03_01**](#)
[**WVR_TYPE_CD_03_02**](#)
[**WVR_TYPE_CD_03_03**](#)
[**WVR_TYPE_CD_03_04**](#)
[**WVR_TYPE_CD_03_05**](#)
[**WVR_TYPE_CD_03_06**](#)
[**WVR_TYPE_CD_03_07**](#)
[**WVR_TYPE_CD_03_08**](#)
[**WVR_TYPE_CD_03_09**](#)
[**WVR_TYPE_CD_03_10**](#)
[**WVR_TYPE_CD_03_11**](#)
[**WVR_TYPE_CD_03_12**](#)

LABEL: Waiver Type Code (Third Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_TYPE_CD_03_01	WVR_TYPE_CD_03_07
WVR_TYPE_CD_03_02	WVR_TYPE_CD_03_08
WVR_TYPE_CD_03_03	WVR_TYPE_CD_03_09
WVR_TYPE_CD_03_04	WVR_TYPE_CD_03_10
WVR_TYPE_CD_03_05	WVR_TYPE_CD_03_11
WVR_TYPE_CD_03_06	WVR_TYPE_CD_03_12

LONG NAME:

WVR_TYPE_CD_03_01	WVR_TYPE_CD_03_07
WVR_TYPE_CD_03_02	WVR_TYPE_CD_03_08
WVR_TYPE_CD_03_03	WVR_TYPE_CD_03_09
WVR_TYPE_CD_03_04	WVR_TYPE_CD_03_10
WVR_TYPE_CD_03_05	WVR_TYPE_CD_03_11
WVR_TYPE_CD_03_06	WVR_TYPE_CD_03_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

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

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_04_01**](#)
[**WVR_TYPE_CD_04_02**](#)
[**WVR_TYPE_CD_04_03**](#)
[**WVR_TYPE_CD_04_04**](#)
[**WVR_TYPE_CD_04_05**](#)
[**WVR_TYPE_CD_04_06**](#)
[**WVR_TYPE_CD_04_07**](#)
[**WVR_TYPE_CD_04_08**](#)
[**WVR_TYPE_CD_04_09**](#)
[**WVR_TYPE_CD_04_10**](#)
[**WVR_TYPE_CD_04_11**](#)
[**WVR_TYPE_CD_04_12**](#)

LABEL: Waiver Type Code (Fourth Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_TYPE_CD_04_01	WVR_TYPE_CD_04_07
WVR_TYPE_CD_04_02	WVR_TYPE_CD_04_08
WVR_TYPE_CD_04_03	WVR_TYPE_CD_04_09
WVR_TYPE_CD_04_04	WVR_TYPE_CD_04_10
WVR_TYPE_CD_04_05	WVR_TYPE_CD_04_11
WVR_TYPE_CD_04_06	WVR_TYPE_CD_04_12

LONG NAME:

WVR_TYPE_CD_04_01	WVR_TYPE_CD_04_07
WVR_TYPE_CD_04_02	WVR_TYPE_CD_04_08
WVR_TYPE_CD_04_03	WVR_TYPE_CD_04_09
WVR_TYPE_CD_04_04	WVR_TYPE_CD_04_10
WVR_TYPE_CD_04_05	WVR_TYPE_CD_04_11
WVR_TYPE_CD_04_06	WVR_TYPE_CD_04_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

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

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_05_01**](#)
[**WVR_TYPE_CD_05_02**](#)
[**WVR_TYPE_CD_05_03**](#)
[**WVR_TYPE_CD_05_04**](#)
[**WVR_TYPE_CD_05_05**](#)
[**WVR_TYPE_CD_05_06**](#)
[**WVR_TYPE_CD_05_07**](#)
[**WVR_TYPE_CD_05_08**](#)
[**WVR_TYPE_CD_05_09**](#)
[**WVR_TYPE_CD_05_10**](#)
[**WVR_TYPE_CD_05_11**](#)
[**WVR_TYPE_CD_05_12**](#)

LABEL: Waiver Type Code (Fifth Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_TYPE_CD_05_01	WVR_TYPE_CD_05_07
WVR_TYPE_CD_05_02	WVR_TYPE_CD_05_08
WVR_TYPE_CD_05_03	WVR_TYPE_CD_05_09
WVR_TYPE_CD_05_04	WVR_TYPE_CD_05_10
WVR_TYPE_CD_05_05	WVR_TYPE_CD_05_11
WVR_TYPE_CD_05_06	WVR_TYPE_CD_05_12

LONG NAME:

WVR_TYPE_CD_05_01	WVR_TYPE_CD_05_07
WVR_TYPE_CD_05_02	WVR_TYPE_CD_05_08
WVR_TYPE_CD_05_03	WVR_TYPE_CD_05_09
WVR_TYPE_CD_05_04	WVR_TYPE_CD_05_10
WVR_TYPE_CD_05_05	WVR_TYPE_CD_05_11
WVR_TYPE_CD_05_06	WVR_TYPE_CD_05_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

The monthly WVR_TYPE_CD_05_MM corresponds to the waiver ID (WVR_ID_05_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_06_01**](#)
[**WVR_TYPE_CD_06_02**](#)
[**WVR_TYPE_CD_06_03**](#)
[**WVR_TYPE_CD_06_04**](#)
[**WVR_TYPE_CD_06_05**](#)
[**WVR_TYPE_CD_06_06**](#)
[**WVR_TYPE_CD_06_07**](#)
[**WVR_TYPE_CD_06_08**](#)
[**WVR_TYPE_CD_06_09**](#)
[**WVR_TYPE_CD_06_10**](#)
[**WVR_TYPE_CD_06_11**](#)
[**WVR_TYPE_CD_06_12**](#)

LABEL: Waiver Type Code (Sixth Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_TYPE_CD_06_01	WVR_TYPE_CD_06_07
WVR_TYPE_CD_06_02	WVR_TYPE_CD_06_08
WVR_TYPE_CD_06_03	WVR_TYPE_CD_06_09
WVR_TYPE_CD_06_04	WVR_TYPE_CD_06_10
WVR_TYPE_CD_06_05	WVR_TYPE_CD_06_11
WVR_TYPE_CD_06_06	WVR_TYPE_CD_06_12

LONG NAME:

WVR_TYPE_CD_06_01	WVR_TYPE_CD_06_07
WVR_TYPE_CD_06_02	WVR_TYPE_CD_06_08
WVR_TYPE_CD_06_03	WVR_TYPE_CD_06_09
WVR_TYPE_CD_06_04	WVR_TYPE_CD_06_10
WVR_TYPE_CD_06_05	WVR_TYPE_CD_06_11
WVR_TYPE_CD_06_06	WVR_TYPE_CD_06_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

The monthly WVR_TYPE_CD_06_MM corresponds to the waiver ID (WVR_ID_06_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_07_01**](#)
[**WVR_TYPE_CD_07_02**](#)
[**WVR_TYPE_CD_07_03**](#)
[**WVR_TYPE_CD_07_04**](#)
[**WVR_TYPE_CD_07_05**](#)
[**WVR_TYPE_CD_07_06**](#)
[**WVR_TYPE_CD_07_07**](#)
[**WVR_TYPE_CD_07_08**](#)
[**WVR_TYPE_CD_07_09**](#)
[**WVR_TYPE_CD_07_10**](#)
[**WVR_TYPE_CD_07_11**](#)
[**WVR_TYPE_CD_07_12**](#)

LABEL: Waiver Type Code (7th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 7th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_07_01	WVR_TYPE_CD_07_07
WVR_TYPE_CD_07_02	WVR_TYPE_CD_07_08
WVR_TYPE_CD_07_03	WVR_TYPE_CD_07_09
WVR_TYPE_CD_07_04	WVR_TYPE_CD_07_10
WVR_TYPE_CD_07_05	WVR_TYPE_CD_07_11
WVR_TYPE_CD_07_06	WVR_TYPE_CD_07_12

LONG NAME:

WVR_TYPE_CD_07_01	WVR_TYPE_CD_07_07
WVR_TYPE_CD_07_02	WVR_TYPE_CD_07_08
WVR_TYPE_CD_07_03	WVR_TYPE_CD_07_09
WVR_TYPE_CD_07_04	WVR_TYPE_CD_07_10
WVR_TYPE_CD_07_05	WVR_TYPE_CD_07_11
WVR_TYPE_CD_07_06	WVR_TYPE_CD_07_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

The monthly WVR_TYPE_CD_07_MM corresponds to the waiver ID (WVR_ID_07_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_08_01**](#)
[**WVR_TYPE_CD_08_02**](#)
[**WVR_TYPE_CD_08_03**](#)
[**WVR_TYPE_CD_08_04**](#)
[**WVR_TYPE_CD_08_05**](#)
[**WVR_TYPE_CD_08_06**](#)
[**WVR_TYPE_CD_08_07**](#)
[**WVR_TYPE_CD_08_08**](#)
[**WVR_TYPE_CD_08_09**](#)
[**WVR_TYPE_CD_08_10**](#)
[**WVR_TYPE_CD_08_11**](#)
[**WVR_TYPE_CD_08_12**](#)

LABEL: Waiver Type Code (8th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 8th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_08_01	WVR_TYPE_CD_08_07
WVR_TYPE_CD_08_02	WVR_TYPE_CD_08_08
WVR_TYPE_CD_08_03	WVR_TYPE_CD_08_09
WVR_TYPE_CD_08_04	WVR_TYPE_CD_08_10
WVR_TYPE_CD_08_05	WVR_TYPE_CD_08_11
WVR_TYPE_CD_08_06	WVR_TYPE_CD_08_12

LONG NAME:

WVR_TYPE_CD_08_01	WVR_TYPE_CD_08_07
WVR_TYPE_CD_08_02	WVR_TYPE_CD_08_08
WVR_TYPE_CD_08_03	WVR_TYPE_CD_08_09
WVR_TYPE_CD_08_04	WVR_TYPE_CD_08_10
WVR_TYPE_CD_08_05	WVR_TYPE_CD_08_11
WVR_TYPE_CD_08_06	WVR_TYPE_CD_08_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

The monthly WVR_TYPE_CD_08_MM corresponds to the waiver ID (WVR_ID_08_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_09_01**](#)
[**WVR_TYPE_CD_09_02**](#)
[**WVR_TYPE_CD_09_03**](#)
[**WVR_TYPE_CD_09_04**](#)
[**WVR_TYPE_CD_09_05**](#)
[**WVR_TYPE_CD_09_06**](#)
[**WVR_TYPE_CD_09_07**](#)
[**WVR_TYPE_CD_09_08**](#)
[**WVR_TYPE_CD_09_09**](#)
[**WVR_TYPE_CD_09_10**](#)
[**WVR_TYPE_CD_09_11**](#)
[**WVR_TYPE_CD_09_12**](#)

LABEL: Waiver Type Code (9th Occurrence) — January–December (01–12)

DESCRIPTION: Monthly values for the 9th of up to 10 waiver type codes. There are separate variables for each of the 12 months during the year. The last two digits of this variable indicate the month.

SHORT NAME:

WVR_TYPE_CD_09_01	WVR_TYPE_CD_09_07
WVR_TYPE_CD_09_02	WVR_TYPE_CD_09_08
WVR_TYPE_CD_09_03	WVR_TYPE_CD_09_09
WVR_TYPE_CD_09_04	WVR_TYPE_CD_09_10
WVR_TYPE_CD_09_05	WVR_TYPE_CD_09_11
WVR_TYPE_CD_09_06	WVR_TYPE_CD_09_12

LONG NAME:

WVR_TYPE_CD_09_01	WVR_TYPE_CD_09_07
WVR_TYPE_CD_09_02	WVR_TYPE_CD_09_08
WVR_TYPE_CD_09_03	WVR_TYPE_CD_09_09
WVR_TYPE_CD_09_04	WVR_TYPE_CD_09_10
WVR_TYPE_CD_09_05	WVR_TYPE_CD_09_11
WVR_TYPE_CD_09_06	WVR_TYPE_CD_09_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:	01 = Other 1115(a) Medicaid research and evaluation demonstrations. 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers. 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan. 05 = 1915(b)(4) — These waivers allow fee for service selective contracting. 06 = 1915(c) — Aged and Disabled 07 = 1915(c) — Aged 08 = 1915(c) — Physical Disabilities 09 = 1915(c) — Intellectual Disabilities 10 = 1915(c) — Intellectual and Developmental Disabilities 11 = 1915(c) — Brain Injury 12 = 1915(c) — HIV/AIDS 13 = 1915(c) — Technology Dependent or Medically Fragile 14 = 1915(c) — Disabled (other) 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations 16 = 1915(c) — Autism/Autism spectrum disorder 17 = 1915(c) — Developmental Disabilities 18 = 1915(c) — Mental Illness — Age 18 or Older 19 = 1915(c) — Mental Illness — Under Age 18 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration 22 = 1115 Pharmacy demonstration 23 = 1115 Disaster-related demonstration 24 = 1115 Family planning demonstration. 25 = 1115 Substance use demonstration 26 = 1115 Premium Assistance demonstration 27 = 1115 Beneficiary engagement demonstration 28 = 1115 Former foster care youth from another state 29 = 1115 Managed long-term services and support 30 = 1115 Delivery system reform 31 = 1332 Demonstration 32 = 1915(b) waiver 33 = 1915(c) waiver Null/missing = source value is missing or unknown
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COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

The monthly WVR_TYPE_CD_09_MM corresponds to the waiver ID (WVR_ID_09_MM) for the same month.

[^ Back to TOC ^](#)

[**WVR_TYPE_CD_10_01**](#)
[**WVR_TYPE_CD_10_02**](#)
[**WVR_TYPE_CD_10_03**](#)
[**WVR_TYPE_CD_10_04**](#)
[**WVR_TYPE_CD_10_05**](#)
[**WVR_TYPE_CD_10_06**](#)
[**WVR_TYPE_CD_10_07**](#)
[**WVR_TYPE_CD_10_08**](#)
[**WVR_TYPE_CD_10_09**](#)
[**WVR_TYPE_CD_10_10**](#)
[**WVR_TYPE_CD_10_11**](#)
[**WVR_TYPE_CD_10_12**](#)

LABEL: Waiver Type Code (10th Occurrence) — January–December (01–12)

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

SHORT NAME:

WVR_TYPE_CD_10_01	WVR_TYPE_CD_10_07
WVR_TYPE_CD_10_02	WVR_TYPE_CD_10_08
WVR_TYPE_CD_10_03	WVR_TYPE_CD_10_09
WVR_TYPE_CD_10_04	WVR_TYPE_CD_10_10
WVR_TYPE_CD_10_05	WVR_TYPE_CD_10_11
WVR_TYPE_CD_10_06	WVR_TYPE_CD_10_12

LONG NAME:

WVR_TYPE_CD_10_01	WVR_TYPE_CD_10_07
WVR_TYPE_CD_10_02	WVR_TYPE_CD_10_08
WVR_TYPE_CD_10_03	WVR_TYPE_CD_10_09
WVR_TYPE_CD_10_04	WVR_TYPE_CD_10_10
WVR_TYPE_CD_10_05	WVR_TYPE_CD_10_11
WVR_TYPE_CD_10_06	WVR_TYPE_CD_10_12

TYPE: CHAR

LENGTH: 2

FILE(S): Waiver

SOURCE: T-MSIS annual demographic and eligibility TAF

VALUES:

- 01 = Other 1115(a) Medicaid research and evaluation demonstrations.
- 02 = 1915(b)(1) — These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
- 03 = 1915(b)(2) — These waivers allow states to use enrollment brokers.
- 04 = 1915(b)(3) — These waivers allow states to use savings to provide additional services that are not in the State Plan.
- 05 = 1915(b)(4) — These waivers allow fee for service selective contracting.
- 06 = 1915(c) — Aged and Disabled
- 07 = 1915(c) — Aged
- 08 = 1915(c) — Physical Disabilities
- 09 = 1915(c) — Intellectual Disabilities
- 10 = 1915(c) — Intellectual and Developmental Disabilities
- 11 = 1915(c) — Brain Injury
- 12 = 1915(c) — HIV/AIDS
- 13 = 1915(c) — Technology Dependent or Medically Fragile
- 14 = 1915(c) — Disabled (other)
- 15 = 1915(c) — Enrolled in 1915(c) waiver for unspecified or unknown populations
- 16 = 1915(c) — Autism/Autism spectrum disorder
- 17 = 1915(c) — Developmental Disabilities
- 18 = 1915(c) — Mental Illness — Age 18 or Older
- 19 = 1915(c) — Mental Illness — Under Age 18
- 20 = 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
- 21 = 1115 Health Insurance Flexibility and Accountability (HIFA) demonstration
- 22 = 1115 Pharmacy demonstration
- 23 = 1115 Disaster-related demonstration
- 24 = 1115 Family planning demonstration
- 25 = 1115 Substance use demonstration
- 26 = 1115 Premium Assistance demonstration
- 27 = 1115 Beneficiary engagement demonstration
- 28 = 1115 Former foster care youth from another state
- 29 = 1115 Managed long-term services and support
- 30 = 1115 Delivery system reform
- 31 = 1332 Demonstration
- 32 = 1915(b) waiver
- 33 = 1915(c) waiver

Null/missing = source value is missing or unknown

COMMENT: For each month, there are up to 10 waiver type codes; the sequence (first–tenth waiver type code) is indicated by the third and fourth digits from the right (e.g., WVR_TYPE_CD_05_MM is the monthly variable string for the fifth waiver type code).

The monthly WVR_TYPE_CD_10_MM corresponds to the waiver ID (WVR_ID_10_MM) for the same month.

[^ Back to TOC ^](#)