HCFE Data Documentation

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THE HCFE STATE-LEVEL MEDICAID DATASET
(version 2005B)

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1. Introduction

HCFE staff have assembled a state-level Medicaid dataset that includes information on Medicaid eligibles, beneficiaries, and payments by state and year. The dataset includes variables that contain counts of eligibles and beneficiaries by type of eligibility, age, sex, and race. Beneficiaries and payments are further counted by type of service received. In addition to these broad descriptive variables, the dataset includes special sets of variables that focus on Medicaid long-term care services, managed and capitated/prepaid care, and dual Medicaid-Medicare eligibles. The dataset includes one observation for each state and for each federal fiscal year from 1997 through 2002. The latest version, version 2005B, is available for download and unrestricted public use (see Section 4).

This document describes the HCFE state-level Medicaid database, which is based on data publicly available from the Centers for Medicare & Medicaid Services (CMS). Section 2 describes the sources of data in detail. Section 3 defines terminology and conventions used in the organization of the data. Section 4 provides details needed to download the data and documentation from our website. This documentation concludes with a data codebook, found in Section 5.

HCFE staff welcome feedback regarding this documentation and the contents or structure of the dataset. Please direct all comments, corrections, or questions to

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2. Data Sources

With only a few exceptions, the variables that comprise the HCFE state-level Medicaid dataset were obtained or derived from CMS sources. CMS makes available on its website state-level tabulations from CMS-64, HCFA-2082, and Medicaid Statistical Information System (MSIS) data. HCFE staff constructed the state-level Medicaid dataset described here from these tabulations. Below we describe each of the sources of data for the state-level Medicaid dataset. The descriptions are based on information obtained from the CMS and Kaiser Family Foundation websites.[1]

2.1 HCFA-2082 Data

The HCFA-2082 form was an annual report submitted by states to CMS. In 1999 it was replaced by the Medicaid Statistical Information System (MSIS, described below). The report included aggregated statistical data on eligibles, recipients, services and expenditures for claims adjudicated during the year. States summarized and reported the data processed through their own Medicaid claims processing and payment operations unless they opted to participate in MSIS. If the latter, then the HCFA-2082 report was produced by CMS from MSIS data. State-by-state summary tables were developed based on the state-submitted data and are available from the CMS website for the federal fiscal years 1990 through 1998.[2] The HCFE state-level Medicaid dataset makes use of the summary tables for 1997 and 1998.

2.2 MSIS Data

MSIS data have been submitted by states to CMS on a quarterly bases since 1999. The data contain person-level information on Medicaid eligibility, months of enrollment, other insurance coverage, personal demographic characteristics, and claims adjudicated during the quarter. CMS constructs state-level annual tables based on MSIS data similar (though not identical) to those previously constructed from HCFA-2082 data. These tables are available from the CMS website[2] for the federal fiscal years 1999-2002 and have been incorporated into the HCFE state-level Medicaid dataset.

Note that in early February, 2005 the MSIS-based tables for 1999-2001 provided by CMS were revised. Those available prior to February, 2005 contained some additional detail not available in the revised tables. For instance, they included breakdowns of beneficiaries using and payments for specific Medicaid services (like personal support services, capitated payment services, nursing facility services, and others) by reason for entitlement. Because HCFE staff downloaded these earlier tables, we were able to incorporate the data into the state-level Medicaid dataset. We also used the revised tables. In the documentation of the variables that comprise the state-level Medicaid dataset (Section 5) we distinguish between the original tables and the revised ones by

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[1] See in particular http://www.cms.hhs.gov/medicaid/msis/mstats.asp, http://www.cms.hhs.gov/medicaid/mbes/ofs-64.asp, and http://www.kff.org/kaiserpolls/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=32735, all accessed March 21, 2005.

[2] See http://www.cms.hhs.gov/medicaid/msis/mstats.asp, accessed March 21, 2005.

indicating the download date for our sources. An MSIS download date in January, 2005 indicates the original tables, while one in February, 2005 indicates the revised tables.

2.3 CMS-64 Data

The Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program (Form CMS-64) is the accounting statement submitted by states to CMS. Form CMS-64 is a statement of Medicaid expenditures for which states are entitled to federal reimbursement and which reconciles the monetary advances made previously to states. The amounts claimed on the Form CMS-64 are summaries of expenditures derived from source documents such as invoices, cost reports and eligibility records. CMS provides annualized state-level summary data based on CMS-64 submissions on their website[3] for federal fiscal years 1999-2002 and these summaries have been incorporated into the HCFE state-level Medicaid dataset.

2.4 A Warning About Consistency Across Datasets and Years

Inconsistencies exist across the datasets described above. According to CMS, the most substantive difference is due to payments made to disproportionate share hospitals (DSH payments; see Section 3.5 for a description of these payments). States report DSH payments on the CMS-64 form but do not in MSIS data because no claims are associated with these payments.[4] Other differences between MSIS and the CMS-64 occur because MSIS data for a given period include claims for a prior period that are processed in the given period while a CMS-64 report includes payments made only for the period corresponding to that report. Differences also may occur because of internal state practices for capturing and reporting these data through two separate systems.

There are also differences between tables CMS makes available based on HCFA-2082 data and those based on MSIS data. These differences mostly relate to the categorization of individuals and services. For example, in the HCFA-2082 tables, individuals eligible for Medicaid services under a Section 1115 waiver are included in the count of "Poverty Related" eligibles. But, in the MSIS tables, Section 1115 waiver eligibles are split out into their own category. To the extent that differences like this are relevant to the HCFE state-level Medicaid dataset, they are documented in the sections that follow.

Additionally, very detailed lists of HCFA-2082 and MSIS issues and anomalies are found on the CMS website.[5] Lastly, one should take great care in using these data longitudinally. Due to reasons given above and other year-to-year variations in how states count, categorize, and report Medicaid eligibles, beneficiaries, and payments, direct comparison across years is not always meaningful.

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[3] See http://www.cms.hhs.gov/medicaid/mbes/ofs-64.asp, accessed March 21, 2005.

[4] A similar inconsistency exists with respect to supplemental payments (i.e., upper payment limit payments) made by states to certain providers. These payments may appear in the CMS-64 totals but are less likely to be included in MSIS submissions.

[5] See http://www.cms.hhs.gov/medicaid/msis/anomolies.pdf, http://www.cms.hhs.gov/medicaid/msis/caveats.asp, http://www.cms.hhs.gov/medicaid/msis/caveat98.asp, http://www.cms.hhs.gov/medicaid/msis/caveat97.asp (all accessed March 21, 2005).

3. Terminology and Conventions

The HCFE state-level Medicaid dataset provides data on Medicaid eligibles, beneficiaries, and payments, each grouped into categories following conventions established by CMS. This section describes these conventions, as well as other terminology used in the description of the data in Section 5.

3.1 Indices

The HCFE state-level Medicaid dataset includes two Consumer Price Index (CPI) based deflators[6] that convert nominal dollars to constant, year 2000 dollars. One deflator is based on the CPI for all urban consumers and all consumer items (variable name: `cpideflator`). It is included for users' convenience and is appropriate to use when studying Medicaid spending relative to the purchasing power of a dollar for an average good. The other deflator is based on the CPI for medical care (variable name: `cpimeddef`) and is appropriate when studying Medicaid spending relative to the average price of all medical care.

So that researchers may adjust Medicaid expenditure for geographic variations in the cost of care, the dataset also includes the average hourly wage rate for hospital workers by state. This wage rate (variable name: `wagerate`) is based on data collected by CMS for the 2005 acute inpatient prospective payment system.[7] Wage data were gathered by CMS using 2001 Medicare hospital cost reports and adjusted forward to reflect 2005 rates. Rates are provided by CMS at the MSA and rural non-MSA level. HCFE staff aggregated these to the state level in a two-step process. First, we disaggregated MSA and non-MSA level rates to the county, assuming a constant rate over the counties within MSA and non-MSA rural areas. Then we aggregated to the state, weighting county-level rates by county Medicare fee-for-service costs. This weighting is sensible if the state-level average wage rates are used to scale state-level Medicaid costs since it gives heavier weight to counties with higher health care expenditures. The implicit assumption is that counties with high Medicare expenditures also have high Medicaid expenditures.

3.2 Eligibles and Beneficiaries

Medicaid eligibles are individuals who are enrolled in Medicaid and are therefore eligible to receive benefits.[8] Medicaid beneficiaries are individuals who actually receive care under Medicaid (i.e., Medicaid pays for services they receive). Clearly, a beneficiary is an eligible, but the reverse need not hold. In the HCFE dataset "total eligibles" and "total beneficiaries" (variable names: `eligibles` and `benes`, respectively) are counts of all

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[6] Consumer Price Index time series can be downloaded from the U.S. Bureau of Labor Statistics website (http://www.bls.gov/cpi/home.htm).

[7] See http://www.cms.hhs.gov/providers/hipps/ippswage.asp, accessed March 25, 2005.

[8] A more precise term might be "enrollee" since there are individuals in the population who would be eligible for Medicaid benefits were they to enroll; such individuals are not included in CMS' count of Medicaid "eligibles."

eligibles and beneficiaries in the state and federal fiscal year to which the observation belongs, regardless of duration of eligibility or period over which benefits were received. For example, for these total counts, an individual eligible (or receiving benefits) for one month only is equivalent to one who is eligible (or receiving benefits) for the full fiscal year.

Counts of individuals eligible for the full fiscal year are also provided (called "full-year eligibles," variable name: `eligyear`). Clearly, full-year eligibles are a subset of eligibles. Finally, counts of individuals eligible in each month of the fiscal year are provided (called "monthly eligibles," variable names: `elig`*MMM*, where *MMM* indicates the first three letters of the month). Again, monthly eligibles are a subset of full-year eligibles. A full-year eligible is counted as a monthly eligible in every month.

3.3 Maintenance Assistance Status and Basis of Eligibility

CMS reports Medicaid statistics (eligibles, beneficiaries, payments) with subtotals by type of eligibility. Two types of categorizations are used: maintenance assistance status (MAS) and basis of eligibility (BOE). Each Medicaid eligible is assigned to one MAS and one BOE category. The definitions of the MAS and BOE categories are complex and reflect the program's historical ties to the former Aid to Families with Dependent Children (AFDC) program and the Supplemental Security Income (SSI) program.

Individuals are eligible for Medicaid if they meet definitions of financial need and fall into one of a set of specific eligibility categories based on age, disability, or medical condition. Generally speaking, MAS and BOE correspond to these two dimensions of Medicaid eligibility: financial need and medical/demographic status. MAS categories pertain (even if indirectly) to Medicaid eligibility based on income and financial resources while BOE categories pertain to age or disability status. The most precise definitions of the MAS and BOE categories are found in the State Medicaid Manual,[9] which crosswalks each unique MAS-BOE pair to the relevant sections of the Code of Federal Regulations and Public Law. Below are summaries based on the structure of the CMS data used for the HCFE state-level Medicaid dataset and on the material provided in the State Medicaid Manual and in the Green Book.[10]

Maintenance Assistance Status categories are

- Receiving Cash,
- Medically Needy,
- Poverty Related,
- Section 1115 Waiver,
- Other,

[9] Centers for Medicare & Medicaid Services, "The State Medicaid Manual," Section 2700.2, Appendix A (downloaded March 8, 2005 from http://www.cms.hhs.gov/manuals/pub45/pub_45.asp).
[10] U.S. House Ways and Means Committee, "2004 Green Book," Section 15 (downloaded March 8, 2005 from http://www.gpoaccess.gov/wmprints/green/2004.html).

- Unknown.

Each of these MAS categories is further explained below.

Receiving Cash. Individuals in this category either receive cash payments from SSI or a state supplemental program or would receive cash payments under AFDC if that program still existed. Eligibility to the successor to AFDC, Temporary Assistance for Needy Families (TANF), established in 1996, does not automatically convey eligibility to Medicaid while AFDC eligibility did. Thus, this AFDC legacy provision, established under Section 1931 of the Social Security Act (P.L. 89-97), reflects the historical tie between Medicaid entitlement and AFDC eligibility.

Medically Needy. This category is reserved for individuals who (1) would qualify for Medicaid under another criterion (i.e., they would meet some other categorical requirement for Medicaid) if their incomes and/or resources were lower and yet (2) have insufficient finances and resources to cover their medical expenses. Medically needy eligibles have gained access to Medicaid benefits by meeting a spend down requirement whereby they spend all but a pre-defined portion of their income and assets on their medical care before receiving Medicaid benefits.

Poverty Related. This category includes individuals eligible for Medicaid because their family incomes fall below a specified percentage of the Federal Poverty Level (FPL) and their financial resources are within certain limits. The applicable income and asset thresholds vary by individual characteristics (e.g., age, disability, pregnancy, Medicare eligibility), and state of residency. Under Section 1902(r)(2) of the Social Security Act, states are permitted to apply standards more liberal than the federal minima required for computing income and resources limits. This category includes, but is not limited to

- Aged, blind, or disabled individuals with incomes up to 100% of the FPL,
- Pregnant women and infants with incomes between 133% and 185% of the FPL,
- Pregnant women and children under age six whose family incomes are below 133% of the FPL,
- Certain mandatory groups of children born after September 30, 1983 whose family incomes are below 100% of the FPL,
- Certain qualified Medicare beneficiaries (see Section 3.7).

Prior to 1999, individuals eligible under the provision of a Section 1115 waiver were also included in this category. In 1999 and subsequent years, these individuals are categorized as described below.

Section 1115 Waiver. In 1999 and subsequent years, individuals eligible under a Section 1115 waiver are categorized under this heading. Section 1115 of the Social Security Act provides authority to the Secretary for Health and Human Services to waive a number of federal Medicaid rules, including those governing eligibility, to allow states to experiment with new approaches to providing Medicaid coverage and services. States

have used 1115 waivers to test new methods of reimbursement for or delivery of care, enact health reforms that expand eligibility, promote private health insurance coverage options, extend coverage to low-income children and families, and to target individuals with incomes below 200% of the FPL.

Other. This category encompasses all other Medicaid eligible individuals whose eligibility is not related to any of the elements described above (cash assistance, medically needy program, poverty, 1115 waiver program). This category includes, but is not limited to

- Children receiving foster care payments or adoption assistance under Title IV-E of the Social Security Act,
- Institutionalized individuals with incomes not more than 300% of the SSI federal benefit rate,
- Individuals who would be eligible if institutionalized but are not due to coverage under a Home and Community Based Services Waiver (see Section 3.5) or due to receipt of hospice care,
- Individuals who would be eligible for AFDC-related Medicaid, SSI or an optional state supplement if not institutionalized or if the state used the broadest allowable AFDC criteria,
- Families receiving extended benefits created by the Family Support Act of 1988,[11]
- Certain individuals who would be eligible if not for receipt of other public assistance.

Unknown. Individuals with unknown MAS are placed in this category.

Basis of Eligibility categories are

- Aged,
- Blind/Disabled,
- Children,
- Adults,
- Foster Care Children,
- Breast and Cervical Cancer Act (BCCA) Women,
- Unknown.

Aged. Individuals in this category are 65 years old or older.

Blind/Disabled. Except for states that elect under Section 209(b) of the Social Security Act[12] to use more restrictive criteria, individuals in this category meet the blind/disabled criteria established under SSI.

[11] The Family Support Act of 1988 (Public Law 100-485) required states to establish Job Opportunities and Basic Skills (JOBS) programs which provided services to enhance job skills and opportunities of welfare recipients.

Children. Generally, this category includes individuals under age 18. But, at the state's option, it may also include individuals as old as age 21. This category does not include children receiving foster care or adoption payments or qualifying for any other child welfare program. Such children comprise the Foster Care Children category.

Adults. This category includes caretaker relatives or pregnant women who are not aged, blind, or disabled. A caretaker relative may be a blood relative, step-parent, step-sibling, adoptive parent, or spouse of a Medicaid eligible individual.

Foster Care Children. This category includes children receiving foster care or adoption payments or qualifying for any other child welfare program.

BCCA Women. This category exists only after year 2000 and includes individuals eligible by virtue of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354).

Unknown. Individuals with unknown BOE are placed in this category.

3.4 Medicaid Services and Programs

CMS reports number of beneficiaries and payments by type of Medicaid service or program. The tables provided by CMS that are based on HCFA-2082 and MSIS data include about two dozen service/program categories, each of which is listed below and defined. The tables provided by CMS that are based on CMS-64 data contain about four dozen service/program categories, i.e., they are about twice as detailed as the HCFA-2082 and MSIS data-based tables. The additional CMS-64 detail is described in the next section.

In 1999 and subsequent years, CMS makes a clear distinction in MSIS data between services and programs. Programs so identified are marked with "(P)" in the list below while all other items in the list below are services. In 1999 and subsequent years, the sum of payments across services equals total payments. That is, services form a mutually exclusive and collectively exhaustive set with respect to payments. Programs, on the other hand, cut across many types of services. Despite this, services and programs are grouped together in this document because the above distinction does not apply prior to 1999 and it does not apply in any year to CMS-64 data (for which services and programs together form a mutually exclusive and collectively exhaustive set with respect to payments). Moreover, these facts are irrelevant with respect to counts of beneficiaries since a beneficiary (unlike a dollar) may be counted in multiple service/program categories corresponding to the services received and programs enrolled.

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[12] This section permits states to use income, resource, and disability standards that are no more restrictive than those in place on January 1, 1972.

The definitions below, listed alphabetically, are summaries based on information provided in the Social Security Act and subsequent amendments,[13] State Medicaid Manual,[14] Green Book,[15] and the Medicaid Resource Book.[16] See these sources for additional detail.

Capitated/Prepaid Care Services. These are services provided by organizations in exchange for a capitated payment. The organization may provide a comprehensive set of services on a risk basis (such as health maintenance organizations), may arrange for the provision of a comprehensive set of services on a risk basis (such as health insuring organizations), or may provide a limited range of services on a risk or non-risk basis (such as prepaid health plans). Some (but not all) services provided under this category may be considered managed care services. See Section 3.6 for definitions of Medicaid managed care types.

Clinic Services. These are outpatient services that are preventative, diagnostic, therapeutic, rehabilitative, or palliative and that are provided in a non-hospital setting under the direction of a physician.

Dental Services. These are diagnostic, preventative, or corrective procedures provided by or under the supervision of a dentist in a non-hospital setting. Payments for dentures are reported under Other Care.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services (P). Provided to individuals under age 21, these services include comprehensive physical examinations, immunizations, laboratory tests, health education, screening at periodic intervals, vision, dental, and hearing services, and other necessary health care, services, and treatments to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services whether or not these services are otherwise covered under Medicaid.

Family Planning Services (P). These may include, but are not limited to: counseling and patient education and treatment, laboratory and x-ray services, medically approved methods, procedures, pharmaceutical supplies, and devices to prevent conception, natural family planning methods, diagnosis and treatment for infertility.

Federally Qualified Health Care Center Services (P). These are ambulatory care services, including those provided by a physician, physician assistant, nurse practitioner, clinical psychologist, clinical social worker, provided by a facility or program that receives a

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[13] See http://www.ssa.gov/OP_Home/ssact/comp-ssa.htm (last accessed March 10, 2005).
[14] Centers for Medicare & Medicaid Services, "The State Medicaid Manual," Sections 2601, 2500, and 2700.2, Appendix C (downloaded March 8, 2005 from http://www.cms.hhs.gov/manuals/pub45/pub_45.asp).
[15] U.S. House Ways and Means Committee, "2004 Green Book," Section 15 (downloaded March 8, 2005 from http://www.gpoaccess.gov/wmprints/green/2004.html).
[16] The Kaiser Commission on Medicaid and the Uninsured, "The Medicaid Resource Book," Publication No. 2236, Jan. 17, 2003 (downloaded March 8, 2005 from http://www.kff.org/medicaid/2236-index.cfm).

grant under Sections 329, 330, or 340 of the Public Health Service Act, or meets the requirements for receiving such a grant.

Home and Community Based Care Services for the Disabled Elderly (P).[17] This category is reserved for services provided under a Section 1915(d) waiver.[18] These are services provided in a home or community setting to a functionally disabled elderly individual who would otherwise require care in a skilled nursing facility or intermediate care facility. The services must be provided in accordance with a plan of care written and periodically reviewed by a qualified case manager and may include homemaker/home health aide services, chore services, personal care services, nursing care services, respite care, and adult day care.

Home and Community Based Waiver Services (P).[17] This category is reserved for services provided under a Section 1915(c) waiver.[18] These are any of a wide-range of services provided in a home or community setting to an individual who would otherwise require care in a hospital, skilled nursing facility or intermediate care facility for people with mental retardation.

Home Health Services. These are part-time or intermittent services provided in a beneficiary's home according to a physician-written plan of care and provided by a qualified home health agency. Services include those provided by a nurse, home health aide, as well as provision of physical, occupational, speech, or audiology therapy, medical supplies and equipment.

Intermediate Care Facility Services for People with Mental Retardation (ICF/MR). These are services provided in an institution for people with mental retardation.

Indian Health Services (P). These are services provided by the Indian Health Service, an agency charged with providing health care for American Indian and Alaska Native people who are members of federally recognized tribes and organizations.

Inpatient Hospital Services. These are services that are (1) ordinarily provided in a hospital for the treatment of inpatients, (2) provided under the direction of a physician or dentist, and (3) provided in a state-licensed institution that qualifies for participation in Medicare as a hospital. Nursing facility or intermediate care facility services provided by a hospital with swing-bed approval are not included. However, services provided in a psychiatric wing of a general hospital are included if that wing is not administratively separate from the general hospital.

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[17] Prior to 1999, CMS tabulations combined the Home and Community Based Care Services for the Disabled Elderly and the Home and Community Based Waiver Services categories.

[18] Section 1915 of the Social Security Act provides authority to the Secretary of Health and Human Services to waive certain requirements of the Medicaid program (e.g., to permit states to restrict services to certain geographic regions or to apply more restrictive eligibility rules) for the purpose of providing a variety of managed care or home and community care services.

Laboratory and X-Ray Services. These are laboratory and radiological services that are ordered and provided by or under the direction of a physician or other licensed practitioner. Dental x-rays are included in the Dental Services category.

Mental Health Facility Services. These are inpatient mental health services provided under the care of a physician in a hospital, nursing facility, or other institution that is primarily engaged in providing diagnosis, treatment or care of individuals with metal diseases.

Nursing Facility Services. These are skilled nursing, rehabilitation, and related services for individuals age 21 or over provided in a facility licensed by the state and meeting the requirements of a nursing facility under the federal Medicaid statute and regulations.

Other Care. Includes services that do not fall into any other category listed here. Among these are transportation, abortions, prosthetic devices, dentures, and eyeglasses.

Other Practitioner Services. These are medical or remedial care services provided by a licensed practitioner other than a physician or dentist. Examples include chiropractors, podiatrists, psychologists, and optometrists.

Outpatient Hospital Services. These are outpatient preventive, diagnostic, therapeutic, rehabilitative, or palliative services provided under the direction of a physician or dentist in a state-licensed institution qualified as a Medicare hospital.

Personal Support Services. This category includes personal care services (services provided, possibly in the home, by an unrelated physician to an individual who is not an inpatient or institutionalized), targeted case management services (management services furnished to individuals with certain specified conditions), rehabilitative services (medical or remedial services for the reduction of physical or mental disability), physical or occupational therapy for individuals with speech, hearing, or language disorders, hospice services, nurse midwife services, nurse practitioner services, private duty nursing, and services provided by religious non-medical health care institutions.

Physician Services. These are services provided by or under the supervision of a physician or osteopath regardless of location of provision.

Prescription Drugs. These are outpatient physician-prescribed drugs dispensed by a licensed pharmacist.

Primary Care Case Management (PCCM). This category is reserved for beneficiaries and case management fees associated with Section 1915(b) waiver services (see footnote 18). Services so provided are coordinated by primary care physicians who receive a monthly case management fee. When the fee includes services beyond case management, the beneficiaries and fees are reported under the Capitated Care/Prepaid Care category. See Section 3.6 for additional detail.

Rural Health Clinic Services (P). This category includes services furnished by a rural health clinic, which may include but are not limited to: physician or physician assistant services, nurse practitioner, midwife, or other nurse practitioner services and associated supplies. Under certain conditions part-time or intermittent visiting nurse care and related supplies may also be included.

Sterilizations. These are medical procedures for the purpose of rendering an individual permanently incapable of reproducing.

Unknown Services. This category is for services of unknown type.

3.5 Medicaid Services and Programs: CMS-64 Detail

The CMS-64 data are another tabulation of payments to states by service and program. In contrast to the MSIS and HCFA-2082 based tabulations (described in the previous section), CMS-64 based tables of payments by services and programs are much more detailed. There are other important differences between CMS-64 data and MSIS/HCFA-2082 data, many of which have been described in Sections 2.5 and 3.4. One difference is that dollars are allocated to CMS-64 categories in a mutually exclusive way in all years, despite the fact that CMS-64 categories include both services and programs (which utilize multiple services, as explained in Section 3.4).

This mutual exclusivity of CMS-64 categories is explained by the fact that states account for dollars spent on programs and on services outside of programs separately. Thus, in the CMS-64 accounting, a dollar spent on a beneficiary receiving a service within a program is allocated to the program and a dollar spent on a beneficiary for the same service delivered outside the program is allocated to the service. It follows that, in principle, CMS-64 program totals should be equivalent to MSIS program totals but CMS-64 service totals may not be equivalent to MSIS service totals (because they lack the dollars spent on those services that occurred under a program). However, due to other differences between CMS-64 and MSIS/HCFA-2082 data (as described in Section 3.4) CMS-64 data typically do not exactly match MSIS/HCFA-2082 data for any category of spending.

Despite these differences, the definitions of the categories that are common to CMS-64 data and MSIS/HCFA-2082 data are the same and the sources of the definitions are the same (see Section 3.4 for sources). The definitions of CMS-64 categories found below are organized by type of payment: disproportionate share hospital (DSH) payments, acute care payments, long-term care payments, payments for Medicare cost sharing, managed/capitated/prepaid care payments. Within the acute and long-term care payment categories, CMS-64 items are further classified by type of service (e.g., prescription drugs, inpatient, outpatient, etc.).[19]

[19] This organization closely follows the conventions established by the Kaiser Commission on Medicaid and the Uninsured (see the "2003 State and National Spending Data (CMS-64)" at http://www.kff.org/medicaid/kcmu012605oth.cfm (last accessed March 14, 2005).

3.5.1 Gross and Total Net Payments and Collections

These include collections from the state, gross subtotal of payments, and net payments (gross payments less collections).

3.5.2 DSH Payments

These include DSH inpatient hospital payments and DSH mental health facility payments. These are payments intended to compensate hospitals serving a disproportionate share of low-income patients.

3.5.3 Payments to Providers for Acute Care

Prescription Drugs

Prescription Drugs. These are outpatient physician-prescribed drugs dispensed by a licensed pharmacist.

Prescription Drug Rebate—National. Under the Omnibus Budget Reconciliation Act (OBRA) of 1990 (public law 101-508), federal matching funds are not provided for drugs manufactured by a company that has not agreed to provide a rebate to states. This category reflects such rebates from drug manufacturers to state Medicaid programs.

Prescription Drug Rebate—State. This category reflects any additional rebate on drugs, beyond those associated with OBRA, arranged between states and manufacturers.

Inpatient Hospitalization

Regular (non-DSH) Inpatient Hospital Services. These are services that are (1) ordinarily provided in a hospital for the treatment of inpatients, (2) provided under the direction of a physician or dentist, and (3) provided in a state-licensed institution that qualifies for participation in Medicare as a hospital. Nursing facility or intermediate care facility services provided by a hospital with swing-bed approval are not included. However, services provided in a psychiatric wing of a general hospital are included if that wing is not administratively separate from the general hospital.

Outpatient Services

Outpatient Hospital Services. These are outpatient preventive, diagnostic, therapeutic, rehabilitative, or palliative services provided under the direction of a physician or dentist in a state-licensed institution qualified as a Medicare hospital.

Outpatient Clinic Services. These are outpatient services that are preventative, diagnostic, therapeutic, rehabilitative, or palliative and that are provided in a non-hospital setting under the direction of a physician.

Outpatient Rural Health Clinic Services. This category includes services furnished by a rural health clinic, which may include but are not limited to: physician or physician assistant services, nurse practitioner, midwife, or other nurse practitioner services and associated supplies. Under certain conditions part-time or intermittent visiting nurse care and related supplies may also be included.

Outpatient Federally Qualified Health Care Center Services. These are ambulatory care services, including those provided by a physician, physician assistant, nurse practitioner, clinical psychologist, clinical social worker, provided by a facility or program that receives a grant under Sections 329, 330, or 340 of the Public Health Service Act, or meets the requirements for receiving such a grant.

Physician, Laboratory, and X-Ray Services

Laboratory and X-Ray Services. These are laboratory and radiological services that are ordered and provided by or under the direction of a physician or other licensed practitioner. Dental x-rays are included in the Dental Services category.

Physician Services. These are services provided by or under the supervision of a physician or osteopath regardless of location of provision.

Other Services

Abortions. Federal matching funds are available for abortion services only if they are provided in cases of pregnancy due to rape or incest or when a physician has certified in writing that without an abortion the mother is in danger of dying due to a physical disorder, injury, or illness.

Dental Services. These are diagnostic, preventative, or corrective procedures provided by or under the supervision of a dentist in a non-hospital setting.

Emergency Room Services. These are emergency health services furnished to undocumented aliens

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services. Provided to individuals under age 21, these services include comprehensive physical examinations, immunizations, laboratory tests, health education, screening at periodic intervals, vision, dental, and hearing services, and other necessary health care, services, and treatments to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services whether or not these services are otherwise covered under Medicaid.

Other Care. Includes services that do not fall into any other category listed here.

Other Practitioner Services. These are medical or remedial care services provided by a licensed practitioner other than a physician or dentist. Examples include chiropractors, podiatrists, psychologists, and optometrists.

Program for All-Inclusive Care for the Elderly (PACE). PACE delivers services to dual Medicare-Medicaid enrollees for a capitated payment made by Medicare and Medicaid. Under the program, certain low-income individuals who would otherwise receive nursing

home care instead receive medical and social services from an interdisciplinary team of doctors, nurses, therapists, social workers, and other providers.[20]

Sterilizations. These are medical procedures for the purpose of rendering an individual permanently incapable of reproducing.

3.5.4 Payments to Providers for Long-Term Care

Home Health and Personal Care

Home and Community Based Care Services for the Disabled Elderly. This category is reserved for services provided under a Section 1915(d) waiver. These are services provided in a home or community setting to a functionally disabled elderly individual who would otherwise require care in a skilled nursing facility or intermediate care facility. The services must be provided in accordance with a plan of care written and periodically reviewed by a qualified case manager and may include homemaker/home health aide services, chore services, personal care services, nursing care services, respite care, and adult day care.

Home and Community Based Waiver Services. This category is reserved for services provided under a Section 1915(c) waiver. These are any of a wide-range of services provided in a home or community setting to an individual who would otherwise require care in a hospital, skilled nursing facility or intermediate care facility for people with mental retardation.

Home Health Services. These are part-time or intermittent services provided in a beneficiary's home according to a physician-written plan of care and provided by a qualified home health agency. Services include those provided by a nurse, home health aide, as well as provision of physical, occupational, speech, or audiology therapy, medical supplies and equipment.

Hospice Services. These are services provided to terminally ill individuals by a hospice provider or program under a written plan established and periodically reviewed by a physician, physician designee, or interdisciplinary group providing care.

Community Supported Living Arrangements. These are services provided to assist individuals with mental retardation or a related condition so that they may live with their own families or in the community. Services include personal assistance, training and habilitation services, 24-hour emergency assistance, assistive technology, and adaptive equipment.

Personal Care Services. These are services performed in the home as prescribed by a physician according to a plan of treatment and provided by a qualified health care provider or registered nurse who is not a member of the recipient's family.

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[20] One might also reasonably consider PACE to be a type of managed care and included it in Section 3.6, though this is not the convention established by Kaiser Commission on Medicaid and the Uninsured, which we are following.

Targeted Case Management Services. These services are provided to assist an individual eligible under the plan in gaining access to needed medical, social, educational and other services. States use targeted case management services to reach out beyond the bounds of the Medicaid program to coordinate a broad range of activities and services necessary to the optimal functioning of a Medicaid client.

Intermediate Care Facility Services for People with Mental Retardation
These are services provided in an institution for people with mental retardation. This category includes two entries in CMS-64 data, one for public institutions and one for private institutions.

Mental Health
This category includes regular (non-DSH) mental health facility services. These are inpatient mental health services provided under care of a physician in a hospital, nursing facility, or other institution that is primarily engaged in providing diagnosis, treatment or care of individuals with metal diseases.

Nursing Facility
These are skilled nursing, rehabilitation, and related services for individuals age 21 or over provided in a facility licensed by the state and meeting the requirements of a nursing facility under the federal Medicaid statute and regulations.

3.5.5 Payments for Medicare Cost Sharing

Part A Premiums. These are payments for Medicare Part A premiums for Qualified Disabled and Working Individuals (see Section 3.7 for definitions of dual eligibles).

Part B Premiums. These are payments for Medicare Part B premiums sharing for dual eligibles other than Qualifying Individuals 1 and 2 (QI1s and QI2s) (see Section 3.7 for definitions of dual eligibles).

Payments for Qualifying Individuals 1 (QI1s). These are payments for Medicare Part B premiums for QI1s (see Section 3.7 for definitions of dual eligibles).

Payments for Qualifying Individuals 2 (QI2s). These are payments for Medicare Part B premiums for QI2s (see Section 3.7 for definitions of dual eligibles).

Coinsurance/Deductible Payments. These are Medicare coinsurance and deductible payments for Qualified Medicare Beneficiaries (see Section 3.7 for definitions of dual eligibles).

3.5.6 Payments for Managed / Capitated / Prepaid Care

Coinsurance and Deductibles to Group Health Plans. These are coinsurance and deductible payments to Group Health Plans (see the next entry).

Group Health Plan (GHP). These are plans as defined by Section 607(1) of the Employee Retirement Income Security Act of 1974 (ERISA) and are health insurance plans provided by an employer which the state reimburses for coverage of a Medicaid enrollee.

Managed Care Organization (MCO). An MCO (e.g., an HMO) has a comprehensive, risk-based contract under which the state pays a prospective, capitated rate.

Prepaid Health Plan (PHP). A PHP operates under a risk or non-risk based contract that includes a subset of the full Medicaid benefits. The distinguishing feature of PHP is that it does not provide a comprehensive set of benefits (e.g., only provides behavioral health services).

Primary Care Case Management (PCCM). Under a PCCM model, providers receive a capitated fee for care coordination. The provider is not fiscally responsible for the services used by the enrollee.

3.6 Managed Care Plan Types

Most (but not all) Medicaid managed care plans fall into the categories listed in Section 3.5.6. The list of managed care plan types below is more detailed because it includes a variety of types of PHPs.

Health Maintenance Organization (HMO). The definition of an HMO is governed by state law. In general, an HMO is a type of Managed Care Organization and, as such, is a risk-bearing entity that provides a comprehensive benefit for a capitated payment.

Dental Plan.

Behavioral Health Plan.

Prenatal Plan.

Long-Term Care Plan.

} These are all types of Prepaid Health Plans that provide the indicated subset of benefits on a risk or non-risk basis.

Program for All-Inclusive Care for the Elderly (PACE). PACE delivers services to dual Medicare-Medicaid enrollees for a capitated payment made by Medicare and Medicaid. Under the program, certain low-income individuals who would otherwise receive nursing home care instead receive medical and social services from an interdisciplinary team of doctors, nurses, therapists, social workers, and other providers.

Primary Care Case Management (PCCM). Under a PCCM model, providers receive a capitated fee for care coordination. The provider is not fiscally responsible for the services used by the enrollee.

Other Managed Care Plans. Any not listed above, including Group Health Plans (see Section 3.5.6).

Unknown Managed Care Plan Type. A managed care plan of unknown type.

3.7 Dual Eligibility Types

Dual eligibles are individuals entitled to Part A and/or Part B Medicare benefits and are eligible for some form of Medicaid coverage. Our source for the following definitions of dual eligible types is CMS.[21]

Qualified Medicare Beneficiaries (QMBs) Only. These individuals are entitled to Medicare Part A, have income at or below 100% of the federal poverty level (FPL), have resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid benefits. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with their state Medicaid plan, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers.

Qualified Medicare Beneficiaries with Full Medicaid (QMBs/Medicaid). These are QMBs who are also eligible for Medicaid.

Specified Low-Income Medicare Beneficiaries (SLMBs) Only. These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only.

Specified Low-Income Medicare Beneficiaries with Full Medicaid (SLMBs/Medicaid). These are SLMBs who are also eligible for Medicaid.

Qualified Disabled and Working Individuals (QDWIs). These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have income of 200% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays the Medicare Part A premiums only.

Qualifying Individuals 1 (QI1s). This group existed only for the period January 1, 1998 through December 31, 2002. There is an annual cap on the amount of money available, which limited the number of individuals in the group. These individuals were entitled to Medicare Part A, had income of at least 120% FPL, but less than 135% FPL, resources that did not exceed twice the limit for SSI eligibility, and were not otherwise eligible for Medicaid. Medicaid paid their Medicare Part B premiums only.

Qualifying Individuals 2 (QI2s). This group existed only for the period January 1, 1998 through December 31, 2002. There is an annual cap on the amount of money available, which limited the number of individuals in the group. These individuals were entitled to Medicare Part A, had income of at least 135% FPL, but less than 175% FPL, resources

[21] See http://www.cms.hhs.gov/dualeligibles/bbadedef.asp, accessed March 18, 2005.

that did not exceed twice the limit for SSI eligibility, and were not otherwise eligible for Medicaid. Medicaid paid only a portion of their part B premiums

Other Duals. This group includes individuals entitled to Medicare Part A and/or Part B and who are eligible for full Medicaid benefits. They are not eligible for Medicaid as any of the above types. Typically, these individuals need to spend down to qualify for Medicaid or fall into a Medicaid eligibility poverty group that exceeds the limits listed above. Medicaid provides full Medicaid benefits and pays for Medicaid services provided by Medicaid providers, but Medicaid will only pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay to the extent necessary to pay the beneficiary's Medicare cost-sharing liability. Payment by Medicaid of Medicare Part B premiums is a state option; however, states may not receive federal matching funds for Medicaid services also covered by Medicare Part B for certain individuals who could have been covered under Medicare Part B had they been enrolled.

Duals of Unknown Type. This category is for dual eligibles of unknown type.

4. Distribution of Data

The HCFE state-level Medicaid dataset and this document are available for distribution and unrestricted public use at the HCFE website:

http://www.hcfe.org/

The latest version of the data and documentation is 2005B. The dataset is available in Excel, Stata, and SAS formats and the documentation (this document) is available in Word and PDF formats. The filenames are as indicated in the following table.

HCFE State-Level Medicaid Dataset and Documentation Files
(available at http://www.hcfe.org/*)*

Filename	*Description*
Data (the following files contain the same information in different formats)	
hcfe_mcaid_data_2005B_{1,2,3,4}.csv	Data in comma separated values format[(a)]
hcfe_mcaid_data_2005B.dta	Data in Stata v8 format
hcfe_mcaid_data_2005B.sas7bdat	Data in SAS format
hcfe_mcaid_data_2005B.tpt	Data in SAS transport format
Documentation (the following files contain the same information in different formats)	
hcfe_mcaid_doc_2005B.pdf	Documentation in PDF format

(a) Data are split into four files so they may be read into Excel, which has a limit of 256 columns or variables. Each file includes identifiers for the state and year (see Section 5.1). Variable names are included in the first row.

5. Codebook

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Codebook Structure

The illustration below describes a typical entry in the codebook that follows.

A → **Eligibles by Basis of Eligibility**

C D

Variable	*Definition [type]*	*Years*
`eligboeaged`	Num. eligibles: aged [long]	1997-2002
`eligboebd`	Num. eligibles: blind/disabled [long]	1997-2002
`eligboechild`	Num. eligibles: children [long]	1997-2002
`eligboeadult`	Num. eligibles: adults [long]	1997-2002
`eligboefoster`	Num. eligibles: foster care children [long]	1997-2002
`eligboebcca`	Num. eligibles: BCCA women [int]	2002
`eligboeunk`	Num. eligibles: unknown BOE [long]	1997-2002

B

E → Notes: BCCA women (`eligboebcca`) are eligible by virtue of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (http://www.cms.hhs.gov/bccpt/default.asp).

F → Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

A The title of the group of variables to be defined

B The variable names that appear in the dataset.

C A brief definition of each variable (with additional detail found in Section 3). In brackets is the variable storage type as stored in the Stata version of the dataset (see Section 4). Storage types are “str2” (for two byte strings), “byte” (for one byte integers), “int” (for two byte integers), “long” (for four byte integers), “float” (for four byte floating point real numbers), and “double” (for eight byte floating point real numbers).

D The years for which the data are nonmissing.

E Additional explanation of terms used in the definitions.

F Sources for the variable values.

5.1 Identifier, Indices, and State Population

State

Variable	*Definition [type]*	*Years*
`stateab`	Two letter state abbreviation [str2]	1997-2002

FIPS State Code

Variable	*Definition [type]*	*Years*
`fipsst`	Two digit FIPS state code [byte]	1997-2002

Fiscal Year

Variable	*Definition [type]*	*Years*
`year`	Federal fiscal year [int]	1997-2002

Consumer Price Index Deflator

Variable	*Definition [type]*	*Years*
`cpideflator`	CPI based deflator (all items) [float]	1997-2002
`cpimeddef`	CPI based deflator (medical care only) [float]	1997-2002

Notes: Multiplying by this deflator converts to 2000 dollars.

Sources: U.S. Department of Labor, Bureau of Labor Statistics (downloaded February 15, 2005 from http://www.bls.gov/cpi/home.htm).

CMS Average Hospital Wage Rate

Variable	*Definition [type]*	*Years*
`wagerate`	CMS average hospital hourly wage rate [float]	1997-2002

Sources: Centers for Medicare & Medicaid Services (downloaded March 25, 2005 from http://www.cms.hhs.gov/providers/hipps/ippswage.asp).

State Population

Variable	*Definition [type]*	*Years*
`statepop`	CMS average hospital hourly wage rate [long]	1998-2002

Sources: U.S. Census Bureau (downloaded March 30, 2005 from http://www.census.gov/popest/estimates.php).

5.2 Eligibles

For numbers of eligibles who are dually eligible for Medicaid and Medicare see Section 5.7.

Total Eligibles

Variable	*Definition [type]*	*Years*
`eligibles`	Total number of unique eligibles [long]	1997-2002

Notes: This is the number of unique eligibles independent of length of eligibility. See Full-Year Eligibles and Monthly Eligibles for counts of individuals who are eligible for the full year or for each month, respectively.

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Full-Year Eligibles

Variable	*Definition [type]*	*Years*
`eligyear`	Total number of unique individuals with eligibility for the full fiscal year [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Monthly Eligibles

Variable	*Definition [type]*	*Years*
`eligoct`	Number with eligibility in October [long]	1999-2002
`elignov`	Number with eligibility in November [long]	1999-2002
`eligdec`	Number with eligibility in December [long]	1999-2002
`eligjan`	Number with eligibility in January [long]	1999-2002
`eligfeb`	Number with eligibility in February [long]	1999-2002
`eligmar`	Number with eligibility in March [long]	1999-2002
`eligapr`	Number with eligibility in April [long]	1999-2002
`eligmay`	Number with eligibility in May [long]	1999-2002

Monthly Eligibles (continued)

Variable	*Definition [type]*	*Years*
`eligjun`	Number with eligibility in June [long]	1999-2002
`eligjul`	Number with eligibility in July [long]	1999-2002
`eligaug`	Number with eligibility in August [long]	1999-2002
`eligsep`	Number with eligibility in September [long]	1999-2002

Notes: The indicated month is for the federal fiscal year. For example if `year = 2000` then `elignov` is the number of individuals with eligibility in November, 1999.

Sources: CMS compiled tables based MSIS data (1999-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Eligibles by Maintenance Assistance Status

Variable	*Definition [type]*	*Years*
`eligmascash`	Num. eligibles: receiving cash [long]	1997-2002
`eligmasmed`	Num. eligibles: medically needy [long]	1997-2002
`eligmaspov`	Num. eligibles: poverty related [long]	1997-2002
`eligmaswaiv`	Num. eligibles: 1115 waiver [long]	1999-2002
`eligmasoth`	Num. eligibles: other [long]	1997-2002
`eligmasunk`	Num. eligibles: MAS unknown [long]	1997-2002

Notes: For 1997 and 1998, individuals eligible under a 1115 waiver were included in the Poverty Related category (`eligmaspov`).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Eligibles by Basis of Eligibility

Variable	*Definition [type]*	*Years*
`eligboeaged`	Num. eligibles: aged [long]	1997-2002
`eligboebd`	Num. eligibles: blind/disabled [long]	1997-2002
`eligboechild`	Num. eligibles: children [long]	1997-2002
`eligboeadult`	Num. eligibles: adults [long]	1997-2002
`eligboefoster`	Num. eligibles: foster care children [long]	1997-2002

Eligibles by Basis of Eligibility (continued)

Variable	*Definition [type]*	*Years*
`eligboebcca`	Num. eligibles: BCCA women [int]	2002
`eligboeunk`	Num. eligibles: unknown BOE [long]	1997-2002

Notes: BCCA women (`eligboebcca`) are eligible by virtue of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (http://www.cms.hhs.gov/bccpt/default.asp).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Eligibles by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
`eligcashaged`	Num. eligibles: aged [long]	1997-2001
`eligcashbd`	Num. eligibles: blind/disabled [long]	1997-2001
`eligcashchild`	Num. eligibles: children [long]	1997-2001
`eligcashadult`	Num. eligibles: adults [long]	1997-2001
Maintenance Assistance Status = Medically Needy		
`eligmedaged`	Num. eligibles: aged [long]	1997-2001
`eligmedbd`	Num. eligibles: blind/disabled [long]	1997-2001
`eligmedchild`	Num. eligibles: children [long]	1997-2001
`eligmedadult`	Num. eligibles: adults [long]	1997-2001
Maintenance Assistance Status = Poverty Related		
`eligpovaged`	Num. eligibles: aged [long]	1997-2001
`eligpovbd`	Num. eligibles: blind/disabled [long]	1997-2001
`eligpovchild`	Num. eligibles: children [long]	1997-2001
`eligpovadult`	Num. eligibles: adults [long]	1997-2001
Maintenance Assistance Status = 1115 Waiver		
`eligwaivaged`	Num. eligibles: aged [long]	1999-2001
`eligwaivbd`	Num. eligibles: blind/disabled [long]	1999-2001
`eligwaivchild`	Num. eligibles: children [long]	1999-2001
`eligwaivadult`	Num. eligibles: adults [long]	1999-2001

Eligibles by Maintenance Assistance Status and Basis of Eligibility (continued)

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Other		
`eligothaged`	Num. eligibles: aged [long]	1997-2001
`eligothbd`	Num. eligibles: blind/disabled [long]	1997-2001
`eligothchild`	Num. eligibles: children [long]	1997-2001
`eligothadult`	Num. eligibles: adults [long]	1997-2001
`eligfoster`	Num. eligibles: foster care children [long]	1997-2001
Maintenance Assistance Status = Unknown		
`eligunk`	Num. eligibles: MAS/BOE unknown [long]	1997-2001

Notes: For 1997 and 1998, individuals eligible under a 1115 waiver were included in the Poverty Related categories (`eligpovaged`, `eligpovbd`, `eligpovchild`, `eligpovadult`).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-1998) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp; CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Eligibles by Age

Variable	*Definition [type]*	*Years*
`eligage0`	Num. eligibles: age under 1 year [long]	1997-2002
`eligage1_5`	Num. eligibles: age 1-5 years [long]	1997-2002
`eligage6_14`	Num. eligibles: age 6-14 years [long]	1997-2002
`eligage6_12`	Num. eligibles: age 6-12 years [long]	1999-2002
`eligage13_14`	Num. eligibles: age 13-14 years [long]	1999-2002
`eligage15_20`	Num. eligibles: age 15-20 years [long]	1997-2002
`eligage15_18`	Num. eligibles: age 15-18 years [long]	1999-2002
`eligage19_20`	Num. eligibles: age 19-20 years [long]	1999-2002
`eligage21_44`	Num. eligibles: age 21-44 years [long]	1997-2002
`eligage45_64`	Num. eligibles: age 45-64 years [long]	1997-2002
`eligage65_74`	Num. eligibles: age 65-74 years [long]	1997-2002
`eligage75_84`	Num. eligibles: age 75-84 years [long]	1997-2002

Eligibles by Age (continued)

Variable	*Definition [type]*	*Years*
`eligage85up`	Num. eligibles: age 85 years and up [long]	
`eligageunk`	Num. eligibles: age unknown [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Eligibles by Sex

Variable	*Definition [type]*	*Years*
`eligfem`	Num. eligibles: female [long]	1997-2002
`eligmale`	Num. eligibles: male [long]	1997-2002
`eligsexunk`	Num. eligibles: sex unknown [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Eligibles by Race

Variable	*Definition [type]*	*Years*
`eligwhite`	Num. eligibles: white [long]	1997-2002
`eligblack`	Num. eligibles: black/African American [long]	1997-2002
`eligamind`	Num. eligibles: Am. Indian/Alaska Native [long]	1997-2002
`eligasian`	Num. eligibles: Asian/Pacific Islander [long]	1999-2002
`elighispanic`	Num. eligibles: Hispanic/Latino [long]	1999-2002
`eligunkrace`	Num. eligibles: unknown race [long]	1997-2002

Notes: For 2000-2002 `elighispanic` includes Hispanics/Latinos who are also of another, unreported race. For 1999-2002 `eligunkrace` includes multiple but unreported responses.

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

5.3 Beneficiaries

For characteristics of beneficiaries receiving long-term care services, managed care or capitated/prepaid services see Sections 5.5 and 5.6, respectively.

Total Beneficiaries

Variable	*Definition [type]*	*Years*
benes	Total number of unique beneficiaries [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries by Maintenance Assistance Status

Variable	*Definition [type]*	*Years*
benmascash	Num. beneficiaries: receiving cash [long]	1997-2002
benmasmed	Num. beneficiaries: medically needy [long]	1997-2002
benmaspov	Num. beneficiaries: poverty related [long]	1997-2002
benmaswaiv	Num. beneficiaries: 1115 waiver [long]	1999-2002
benmasoth	Num. beneficiaries: other [long]	1997-2002
benmasunk	Num. beneficiaries: MAS unknown [long]	1997-2002

Notes: For 1997 and 1998, individuals eligible under a 1115 waiver were included in the Poverty Related category (benmaspov).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries by Basis of Eligibility

Variable	*Definition [type]*	*Years*
benboeaged	Num. beneficiaries: aged [long]	1997-2002
benboebd	Num. beneficiaries: blind/disabled [long]	1997-2002
benboechild	Num. beneficiaries: children [long]	1997-2002
benboeadult	Num. beneficiaries: adults [long]	1997-2002
benboefoster	Num. beneficiaries: foster care children [long]	1997-2002

Beneficiaries by Basis of Eligibility (continued)

Variable	*Definition [type]*	*Years*
benboebcca	Num. beneficiaries: BCCA women [int]	2001-2002
benboeunk	Num. beneficiaries: unknown BOE [long]	1997-2002

Notes: BCCA women (benboebcca) are eligible by virtue of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (http://www.cms.hhs.gov/bccpt/default.asp).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries by Age

Variable	*Definition [type]*	*Years*
benage0	Num. beneficiaries: age under 1 year [long]	1997-2002
benage1_5	Num. beneficiaries: age 1-5 years [long]	1997-2002
benage6_14	Num. beneficiaries: age 6-14 years [long]	1997-2002
benage6_12	Num. beneficiaries: age 6-12 years [long]	1999-2002
benage13_14	Num. beneficiaries: age 13-14 years [long]	1999-2002
benage15_20	Num. beneficiaries: age 15-20 years [long]	1997-2002
benage15_18	Num. beneficiaries: age 15-18 years [long]	1999-2002
benage19_20	Num. beneficiaries: age 19-20 years [long]	1999-2002
benage21_44	Num. beneficiaries: age 21-44 years [long]	1997-2002
benage45_64	Num. beneficiaries: age 45-64 years [long]	1997-2002
benage65_74	Num. beneficiaries: age 65-74 years [long]	1997-2002
benage75_84	Num. beneficiaries: age 75-84 years [long]	1997-2002
benage85up	Num. beneficiaries: age 85 years and above [long]	1997-2002
benageunk	Num. beneficiaries: age unknown [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries by Sex

Variable	*Definition [type]*	*Years*
benfem	Num. beneficiaries: female [long]	1997-2002
benmale	Num. beneficiaries: male [long]	1997-2002
bensexunk	Num. beneficiaries: sex unknown [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries by Race

Variable	*Definition [type]*	*Years*
benwhite	Num. beneficiaries: white [long]	1997-2002
benblack	Num. beneficiaries: black/African American [long]	1997-2002
benamind	Num. beneficiaries: Am. Ind./Alaska Native [long]	1997-2002
benasian	Num. beneficiaries: Asian/Pacific Islander [long]	1999-2002
benhispanic	Num. beneficiaries: Hispanic/Latino [long]	1999-2002
benunkrace	Num. beneficiaries: unknown race [long]	1997-2002

Notes: For 2000-2002 benhispanic includes Hispanics/Latinos who are also of another, unreported race. For 1999-2002 benunkrace includes multiple but unreported responses.

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries by Service/Program

Variable	*Definition [type]*	*Years*
bencap	Num. receiving capitated/prepaid care [long]	1998-2002
benclin	Num. receiving clinic services [long]	1997-2002
bendent	Num. receiving dental services [long]	1997-2002
benepsdt	Num. receiving EPSDT screening svcs. [long]	1997-2002
benfamplan	Num. receiving family planning svcs. [long]	1997-2002
benfedhc	Num. receiving federally qualified health care center services [long]	1999-2002
benhcbs	Num. receiving home & com. based svcs. [long]	1998
benhcbcde	Num. receiving home & com. based care for disabled elderly [int]	1999-2002
benhcbsw	Num. receiving home & com. based waiver services [long]	1999-2002
benhh	Num. receiving home health services [long]	1997-2002
benicfmr	Num. receiving ICF/MR services [int]	1997-2002
benihs	Num. receiving Indian health services [long]	1999-2002
benip	Num. receiving inpatient hospital services [long]	1997-2002
benlab	Num. receiving lab/x-ray services [long]	1997-2002
benmh	Num. receiving mental health fac. svcs. [long]	1997-2002
bennf	Num. receiving nursing fac. svcs. [long]	1997-2002
benothcare	Num. receiving other care [long]	1997-2002
benothprac	Num. receiving other practitioner svcs. [long]	1997-2002
benoutpt	Num. receiving outpatient hospital svcs. [long]	1997-2002
benpersup	Num. receiving personal support svcs. [long]	1998-2002
benmd	Num. receiving physician services [long]	1997-2002
benrx	Num. receiving prescription drugs [long]	1997-2002
benpccm	Num. rec. prim. care case man. svcs. [long]	1998-2002
benrural	Num. receiving rural health clinic svcs. [long]	1997, 1999-2002
bensteril	Num. receiving sterilizations [int]	1997-2002
benunksvc	Num. receiving unknown services [long]	1997, 1999-2002

Notes: For characteristics of beneficiaries receiving long-term care services, managed care or capitated/prepaid services see Sections 5.5 and 5.6, respectively. EPSDT (benepsdt) stands for Early and Periodic Screening, Diagnostic and Treatment (see Section 3.4).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

5.4 Payments

For payments for beneficiaries receiving long-term care services, managed care or capitated/prepaid services, or associated with dual eligibles see Sections 5.5, 5.6, and 5.7, respectively.

Total Payments

Variable	*Definition [type]*	*Years*
`payments`	Total payments for all services [double]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments by Maintenance Assistance Status

Variable	*Definition [type]*	*Years*
`paymascash`	Payments for beneficiaries receiving cash [double]	1997-2002
`paymasmed`	Payments for medically needy beneficiaries [double]	1997-2002
`paymaspov`	Payments for poverty related beneficiaries [long]	1997-2002
`paymaswaiv`	Payments for 1115 waiver beneficiaries [long]	1999-2002
`paymasoth`	Payments for other beneficiaries [double]	1997-2002
`paymasunk`	Payments for beneficiaries w/ unknown MAS [long]	1997-2002

Notes: For 1997 and 1998, payments for individuals eligible under a 1115 waiver were included in the Poverty Related category (`paymaspov`).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments by Basis of Eligibility

Variable	*Definition [type]*	*Years*
`payboeaged`	Payments for aged beneficiaries [double]	1997-2002
`payboebd`	Payments for blind/disabled beneficiaries [double]	1997-2002
`payboechild`	Payments for children [double]	1997-2002
`payboeadult`	Payments for adults [double]	1997-2002

Payments by Basis of Eligibility (continued)

Variable	*Definition [type]*	*Years*
payboefoster	Payments for foster care children [long]	1997-2002
payboebcca	Payments for BCCA women [long]	2001-2002
payboeunk	Payments for beneficiaries w/ unknown BOE [long]	1997-2002

Notes: BCCA women (payboebcca) are eligible by virtue of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (http://www.cms.hhs.gov/bccpt/default.asp).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments by Age

Variable	*Definition [type]*	*Years*
payage0	Pmnts. for beneficiaries under 1 year old [long]	1997-2002
payage1_5	Pmnts. for beneficiaries 1-5 years old [long]	1997-2002
payage6_14	Pmnts. for beneficiaries 6-14 years old [double]	1997-2002
payage6_12	Pmnts. for beneficiaries 6-12 years old [long]	1999-2002
payage13_14	Pmnts. for beneficiaries 13-14 years old [long]	1999-2002
payage15_20	Pmnts. for beneficiaries 15-20 years old [long]	1997-2002
payage15_18	Pmnts. for beneficiaries 15-18 years old [long]	1999-2002
payage19_20	Pmnts. for beneficiaries 19-20 years old [long]	1999-2002
payage21_44	Pmnts. for beneficiaries 21-44 years old [double]	1997-2002
payage45_64	Pmnts. for beneficiaries 45-64 years old [double]	1997-2002
payage65_74	Pmnts. for beneficiaries 65-74 years old [double]	1997-2002
payage75_84	Pmnts. for beneficiaries 75-84 years old [double]	1997-2002
payage85up	Pmnts. for beneficiaries 85 yrs. and older [double]	1997-2002
payageunk	Pmnts. for beneficiaries unknown [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments by Sex

Variable	*Definition [type]*	*Years*
`payfem`	Payments for female beneficiaries [double]	1997-2002
`paymale`	Payments for male beneficiaries [double]	1997-2002
`paysexunk`	Payments for beneficiaries of unknown sex [long]	1997-2002

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments by Race

Variable	*Definition [type]*	*Years*
`paywhite`	Payments for white beneficiaries [double]	1997-2002
`payblack`	Pmnts. for black/African Am. benes. [double]	1997-2002
`payamind`	Pmnts. for Am. Ind./Alaska Native benes. [long]	1997-2002
`payasian`	Pmnts. for Asian/Pacific Islander benes. [double]	1999-2002
`payhispanic`	Payments for Hispanic/Latino benes. [double]	1999-2002
`payunkrace`	Payments for benes. of unknown race [double]	1997-2002

Notes: For 2000-2002 `payhispanic` includes payments for Hispanics/Latinos who are also of another, unreported race. For 1999-2002 `payunkrace` includes payments for beneficiaries who reported being of multiple race, not one of which is Hispanic/Latino.

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments by Service/Program

Variable	*Definition [type]*	*Years*
paycap	Payments for capitated/prepaid care [double]	1998-2002
payclin	Payments for clinic services [long]	1997-2002
paydent	Payments for dental services [long]	1997-2002
payepsdt	Payments for EPSDT screening svcs. [long]	1997-2002
payfamplan	Payments for family planning svcs. [long]	1997-2002
payfedhc	Payments for federally qualified health care center services [long]	1999-2002
payhcbs	Payments for home & com. based svcs. [long]	1998
payhcbcde	Payments for home & com. based care for disabled elderly [long]	1999-2002
payhcbsw	Payments for home & com. based waiver services [double]	1999-2002
payhh	Payments for home health services [double]	1997-2002
payicfmr	Payments for ICF/MR services [double]	1997-2002
payihs	Payments for Indian health services [long]	1999-2002
payip	Payments for inpatient hospital svcs. [double]	1997-2002
paylab	Payments for lab/x-ray services [long]	1997-2002
paymh	Payments for mental health fac. svcs. [long]	1997-2002
paynf	Payments for nursing fac. svcs. [double]	1997-2002
payothcare	Payments for other care [double]	1997-2002
payothprac	Payments for other practitioner svcs. [long]	1997-2002
payoutpt	Payments for outpatient hospital svcs. [long]	1997-2002
paypersup	Payments for personal support svcs. [double]	1998-2002
paymd	Payments for physician services [long]	1997-2002
payrx	Payments for prescription drugs [double]	1997-2002
paypccm	Pmnts. for prim. care case man. svcs. [long]	1998-2002
payrural	Payments for rural health clinic svcs. [long]	1997, 1999-2002
paysteril	Payments for sterilizations [long]	1997-2002
payunksvc	Payments for unknown services [long]	1997, 1999-2002

Notes: For additional detail regarding payments for beneficiaries receiving long-term care services, managed care or capitated/prepaid services see Sections 5.5 and 5.6, respectively. EPSDT (benepsdt) stands for Early and Periodic Screening, Diagnostic and Treatment (see Section 3.4).

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments by Service/Program: CMS-64 Detail

Variable	*Definition [type]*	*Years*
Gross and Net Total Payments and Collections		
cms64_collect	Collections from the state [long]	1997-2002
cms64_grosspay	Gross subtotal of payments [double]	1997-2002
cms64_netpay	Net pmts. (gross pmnts. less collections) [double]	1997-2002
DSH Payments		
cms64_ipdsh	DSH inpatient hospital payments [double]	1997-2002
cms64_mhdsh	DSH mental health facility payments [long]	1997-2002
Payments to Providers for Acute Care		
cms64_rx	Prescription drug payments [double]	1997-2002
cms64_rxrebnat	Prescription drug rebate—national [long]	1997-2002
cms64_rxrebst	Prescription drug rebate—state [long]	1997-2002
cms64_ipreg	Regular (non-DSH) inpatient hospital payments [double]	1997-2002
cms64_outpt	Outpatient hospital payments [long]	1997-2002
cms64_clin	Outpatient clinic service payments [long]	1997-2002
cms64_rural	Outpatient rural health clinic payments [long]	1997-2002
cms64_fqhc	Payments for outpatient services at federally qualified health centers [long]	1997-2002
cms64_labrad	Lab/radiological payments [long]	1997-2002
cms64_md	Physician services payments [long]	1997-2002
cms64_abort	Payments for abortions [long]	1997-2002
cms64_dent	Dental service payments [long]	1997-2002
cms64_er	Emergency room payments [long]	1997-2002
cms64_epsdt	Payments for EPSDT screening [long]	1997-2002
cms64_other	Payments for other care services [double]	1997-2002
cms64_othpract	Payments to other practitioners [long]	1997-2002
cms64_pace	Payments for all-inclusive care elderly [long]	1997-2002
cms64_steril	Payments for sterilizations [long]	1997-2002
Payments to Providers for Long-Term Care		
cms64_hcdiseld	Pmnts. for home & com. svcs. disab. eld. [long]	1997-2002
cms64_hc	Home & com. based waiver payments [double]	1997-2002
cms64_hh	Home health services payments [long]	1997-2002
cms64_hospice	Hospice benefits payments [long]	1997-2002
cms64_comsup	Payments. for community supported living arrangements [long]	1997-2002
cms64_pers	Payments for personal care services [long]	1997-2002
cms64_targman	Payments for targeted case management [long]	1997-2002
cms64_icfpri	Pmnts. to private intermediate care fac. [long]	1997-2002

Payments by Service/Program: CMS-64 Detail (continued)

Variable	*Definition [type]*	*Years*
`cms64_icfpub`	Pmnts. to public int. care facilities [long]	1997-2002
`cms64_mhreg`	Regular (non-DSH) mental health facility payments [long]	1997-2002
`cms64_nf`	Nursing facility services payments [double]	1997-2002
Payments for Medicare Cost Sharing		
`cms64_mc_a`	M'care part A premiums [long]	1997-2002
`cms64_mc_b`	M'care part B premiums [long]	1997-2002
`cms64_mc_povlo`	M'care pmnts. for Qualifying Individuals 1 [long]	1997-2002
`cms64_mc_povhi`	M'care pmnts. for Qualifying Individuals 2 [long]	1997-2002
`cms64_mc_coins`	M'care coins./deduct. pmnts. for QMBs [long]	1997-2002
Payments for Managed / Capitated / Prepaid Care		
`cms64_man_coins`	Coinsurance and deductible payments to group health plans [long]	1997-2002
`cms64_man_grphth`	Group health plan payments [long]	1997-2002
`cms64_man_mco`	Managed care organization payments [double]	1997-2002
`cms64_man_oth`	Other managed care payments [double]	1997-2002
`cms64_man_php`	Prepaid health plan payments [long]	1997-2002
`cms64_man_pccm`	Primary care case management payments [long]	1997-2002

Notes: The categorization of payments as DSH, acute, long-term care, Medicare, and managed/capitated/prepaid care follows the conventions established by the Kaiser Commission on Medicaid and the Uninsured (see, for example, "2003 State and National Medicaid Spending Data," http://www.kff.org/medicaid/kcmu012605oth.cfm). EPSDT (`cms64_epsdt`) stands for Early and Periodic Screening, Diagnostic and Treatment (see Section 3.5).

Sources: CMS compiled tables based on CMS-64 data (1997-2002) (downloaded December 15, 2004 from http://www.cms.hhs.gov/medicaid/mbes/ofs-64.asp).

5.5 Long-Term Care Services

Beneficiaries Receiving Nursing Facility Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
	Num. aged recipients of nurs. fac. svcs. [int]	1999-2001
bennfrcbd	Num. blind/disab. recipients of nurs. fac. svcs. [int]	1999-2001
bennfrcch	Num. children receiving nurs. fac. svcs. [int]	1999-2001
bennfrcad	Num. adults receiving nurs. fac. svcs. [int]	1999-2001
Maintenance Assistance Status = Medically Needy		
bennfmedag	Num. aged recipients of nurs. fac. svcs. [long]	1999-2001
bennfmedbd	Num. blind/disab. recipients of nurs. fac. svcs. [int]	1999-2001
bennfmedch	Num. children receiving nurs. fac. svcs. [byte]	1999-2001
bennfmedad	Num. adults receiving nurs. fac. svcs. [int]	1999-2001
Maintenance Assistance Status = Poverty Related		
bennfpovag	Num. aged recipients of nurs. fac. svcs. [int]	1999-2001
bennfpovbd	Num. blind/disab. recipients of nurs. fac. svcs. [int]	1999-2001
bennfpovch	Num. children receiving nurs. fac. svcs. [int]	1999-2001
bennfpovad	Num. adults receiving nurs. fac. svcs. [int]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
bennfwaag	Num. aged recipients of nurs. fac. svcs. [int]	1999-2001
bennfwabd	Num. blind/disab. recipients of nurs. fac. svcs. [int]	1999-2001
bennfwach	Num. children receiving nurs. fac. svcs. [byte]	1999-2001
bennfwaad	Num. adults receiving nurs. fac. svcs. [int]	1999-2001
Maintenance Assistance Status = Other		
bennfothag	Num. aged recipients of nurs. fac. svcs. [long]	1999-2001
bennfothbd	Num. blind/disab. recipients of nurs. fac. svcs. [int]	1999-2001
bennfothch	Num. children receiving nurs. fac. svcs. [int]	1999-2001
bennfothad	Num. adults receiving nurs. fac. svcs. [int]	1999-2001
bennffost	Num. foster care children rec. nurs. fac. svcs. [int]	1999-2001
Maintenance Assistance Status = Unknown		
bennfunk	Num. rec. nurs. fac. svcs.: MAS/BOE unknown [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries Receiving Home Health Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
benhhrcag	Num. aged recipients of home health svcs. [long]	1999-2001
benhhrcbd	Num. blind/disab. recipients of home health [long]	1999-2001
benhhrcch	Num. children receiving home health svcs. [int]	1999-2001
benhhrcad	Num. adults receiving home health svcs. [int]	1999-2001
Maintenance Assistance Status = Medically Needy		
benhhmedag	Num. aged recipients of home health svcs. [long]	1999-2001
benhhmedbd	Num. blind/disab. recipients of home health [int]	1999-2001
benhhmedch	Num. children receiving home health svcs. [int]	1999-2001
benhhmedad	Num. adults receiving home health svcs. [int]	1999-2001
Maintenance Assistance Status = Poverty Related		
benhhpovag	Num. aged recipients of home health svcs. [int]	1999-2001
benhhpovbd	Num. blind/disab. recipients of home health [int]	1999-2001
benhhpovch	Num. children receiving home health svcs. [int]	1999-2001
benhhpovad	Num. adults receiving home health svcs. [int]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
benhhwaag	Num. aged recipients of home health svcs. [byte]	1999-2001
benhhwabd	Num. blind/disab. recipients of home health [int]	1999-2001
benhhwach	Num. children receiving home health svcs. [int]	1999-2001
benhhwaad	Num. adults receiving home health svcs. [int]	1999-2001
Maintenance Assistance Status = Other		
benhhothag	Num. aged recipients of home health svcs. [int]	1999-2001
benhhothbd	Num. blind/disab. recipients of home health [int]	1999-2001
benhhothch	Num. children receiving home health svcs. [int]	1999-2001
benhhothad	Num. adults receiving home health svcs. [int]	1999-2001
benhhfost	Num. foster care children rec. home health [int]	1999-2001
Maintenance Assistance Status = Unknown		
benhhunk	Num. rec. home health: MAS/BOE unknown [int]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries Receiving Personal Support Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
benpssrcag	Num. aged recipients of pers. sup. svcs. [long]	1999-2001
benpssrcbd	Num. blind/disab. recipients of pers. sup. [long]	1999-2001
benpssrcch	Num. children receiving pers. sup. svcs. [long]	1999-2001
benpssrcad	Num. adults receiving pers. sup. svcs. [long]	1999-2001
Maintenance Assistance Status = Medically Needy		
benpssmedag	Num. aged recipients of pers. sup. svcs. [long]	1999-2001
benpssmedbd	Num. blind/disab. recipients of pers. sup. [int]	1999-2001
benpssmedch	Num. children receiving pers. sup. svcs. [long]	1999-2001
benpssmedad	Num. adults receiving pers. sup. svcs. [int]	1999-2001
Maintenance Assistance Status = Poverty Related		
benpsspovag	Num. aged recipients of pers. sup. svcs. [int]	1999-2001
benpsspovbd	Num. blind/disab. recipients of pers. sup. [int]	1999-2001
benpsspovch	Num. children receiving pers. sup. svcs. [long]	1999-2001
benpsspovad	Num. adults receiving pers. sup. svcs. [long]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
benpsswaag	Num. aged recipients of pers. sup. svcs. [int]	1999-2001
benpsswabd	Num. blind/disab. recipients of pers. sup. [int]	1999-2001
benpsswach	Num. children receiving pers. sup. svcs. [int]	1999-2001
benpsswaad	Num. adults receiving pers. sup. svcs. [int]	1999-2001
Maintenance Assistance Status = Other		
benpssothag	Num. aged recipients of pers. sup. svcs. [int]	1999-2001
benpssothbd	Num. blind/disab. recipients of pers. sup. [int]	1999-2001
benpssothch	Num. children receiving pers. sup. svcs. [long]	1999-2001
benpssothad	Num. adults receiving pers. sup. svcs. [int]	1999-2001
benpssfost	Num. foster care children rec. pers. sup. [long]	1999-2001
Maintenance Assistance Status = Unknown		
benpssunk	Num. rec. pers. sup.: MAS/BOE unknown [int]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Nursing Facility Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
paynfrcag	Pmnts. for aged recipients of nurs. fac. svcs. [long]	1999-2001
paynfrcbd	Pmnts. for blind/disab. recip. of nurs. fac. svcs. [long]	1999-2001
paynfrcch	Pmnts. for children receiving nurs. fac. svcs. [long]	1999-2001
paynfrcad	Pmnts. for adults receiving nurs. fac. svcs. [long]	1999-2001
Maintenance Assistance Status = Medically Needy		
paynfmedag	Pmnts. for aged recipients of nurs. fac. svcs. [double]	1999-2001
paynfmedbd	Pmnts. for blind/disab. recip. of nurs. fac. svcs. [long]	1999-2001
paynfmedch	Pmnts. for children receiving nurs. fac. svcs. [long]	1999-2001
paynfmedad	Pmnts. for adults receiving nurs. fac. svcs. [long]	1999-2001
Maintenance Assistance Status = Poverty Related		
paynfpovag	Pmnts. for aged recipients of nurs. fac. svcs. [long]	1999-2001
paynfpovbd	Pmnts. for blind/disab. recip. of nurs. fac. svcs. [long]	1999-2001
paynfpovch	Pmnts. for children receiving nurs. fac. svcs. [long]	1999-2001
paynfpovad	Pmnts. for adults receiving nurs. fac. svcs. [long]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
paynfwaag	Pmnts. for aged recipients of nurs. fac. svcs. [long]	1999-2001
paynfwabd	Pmnts. for blind/disab. recip. of nurs. fac. svcs. [long]	1999-2001
paynfwach	Pmnts. for children receiving nurs. fac. svcs. [long]	1999-2001
paynfwaad	Pmnts. for adults receiving nurs. fac. svcs. [long]	1999-2001
Maintenance Assistance Status = Other		
paynfothag	Pmnts. for aged recipients of nurs. fac. svcs. [long]	1999-2001
paynfothbd	Pmnts. for blind/disab. recip. of nurs. fac. svcs. [long]	1999-2001
paynfothch	Pmnts. for children receiving nurs. fac. svcs. [long]	1999-2001
paynfothad	Pmnts. for adults receiving nurs. fac. svcs. [long]	1999-2001
paynffost	Pmnts. foster care children rec. nurs. fac. svcs. [long]	1999-2001
Maintenance Assistance Status = Unknown		
paynfunk	Pmnts. nurs. fac. svcs.: MAS/BOE unknown [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Home Health Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
payhhrcag	Pmnts. for home health svcs. for aged [long]	1999-2001
payhhrcbd	Pmnts. for blind/disab. recip. of home health [long]	1999-2001
payhhrcch	Pmnts. for home health svcs. for children [long]	1999-2001
payhhrcad	Pmnts. for adults receiving home health svcs. [long]	1999-2001
Maintenance Assistance Status = Medically Needy		
payhhmedag	Pmnts. for home health svcs. for aged [long]	1999-2001
payhhmedbd	Pmnts. for blind/disab. recip. of home health [long]	1999-2001
payhhmedch	Pmnts. for home health svcs. for children [long]	1999-2001
payhhmedad	Pmnts. for adults receiving home health svcs. [long]	1999-2001
Maintenance Assistance Status = Poverty Related		
payhhpovag	Pmnts. for home health svcs. for aged [long]	1999-2001
payhhpovbd	Pmnts. for blind/disab. recip. of home health [long]	1999-2001
payhhpovch	Pmnts. for home health svcs. for children [long]	1999-2001
payhhpovad	Pmnts. for adults receiving home health svcs. [long]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
payhhwaag	Pmnts. for aged recipients of home health svcs. [int]	1999-2001
payhhwabd	Pmnts. for blind/disab. recip. of home health [long]	1999-2001
payhhwach	Pmnts. for home health svcs. for children [long]	1999-2001
payhhwaad	Pmnts. for adults receiving home health svcs. [long]	1999-2001
Maintenance Assistance Status = Other		
payhhothag	Pmnts. for home health svcs. for aged [long]	1999-2001
payhhothbd	Pmnts. for blind/disab. recip. of home health [long]	1999-2001
payhhothch	Pmnts. for home health svcs. for children [long]	1999-2001
payhhothad	Pmnts. for adults receiving home health svcs. [long]	1999-2001
payhhfost	Pmnts. for home health for fost. care children [long]	1999-2001
Maintenance Assistance Status = Unknown		
payhhunk	Pmnts. for home health: MAS/BOE unknown [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Personal Support Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
paypssrcag	Pmnts. for aged recipients of pers. sup. svcs. [long]	1999-2001
paypssrcbd	Pmnts. for blind/disab. recip. of pers. sup. [long]	1999-2001
paypssrcch	Pmnts. for children receiving pers. sup. svcs. [long]	1999-2001
paypssrcad	Pmnts. for adults receiving pers. sup. svcs. [long]	1999-2001
Maintenance Assistance Status = Medically Needy		
paypssmedag	Pmnts. for aged recipients of pers. sup. svcs. [long]	1999-2001
paypssmedbd	Pmnts. for blind/disab. recip. of pers. sup. [long]	1999-2001
paypssmedch	Pmnts. for children receiving pers. sup. svcs. [long]	1999-2001
paypssmedad	Pmnts. for adults receiving pers. sup. svcs. [long]	1999-2001
Maintenance Assistance Status = Poverty Related		
paypsspovag	Pmnts. for aged recipients of pers. sup. svcs. [long]	1999-2001
paypsspovbd	Pmnts. for blind/disab. recip. of pers. sup. [long]	1999-2001
paypsspovch	Pmnts. for children receiving pers. sup. svcs. [long]	1999-2001
paypsspovad	Pmnts. for adults receiving pers. sup. svcs. [long]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
paypsswaag	Pmnts. for aged recipients of pers. sup. svcs. [long]	1999-2001
paypsswabd	Pmnts. for blind/disab. recip. of pers. sup. [long]	1999-2001
paypsswach	Pmnts. for children receiving pers. sup. svcs. [long]	1999-2001
paypsswaad	Pmnts. for adults receiving pers. sup. svcs. [long]	1999-2001
Maintenance Assistance Status = Other		
paypssothag	Pmnts. for aged recipients of pers. sup. svcs. [long]	1999-2001
paypssothbd	Pmnts. for blind/disab. recip. of pers. sup. [long]	1999-2001
paypssothch	Pmnts. for children receiving pers. sup. svcs. [long]	1999-2001
paypssothad	Pmnts. for adults receiving pers. sup. svcs. [long]	1999-2001
paypssfost	Pmnts. for foster care children rec. pers. sup. [long]	1999-2001
Maintenance Assistance Status = Unknown		
paypssunk	Pmnts. for pers. sup.: MAS/BOE unknown [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Home and Community Based Care for the Disabled Elderly by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
payhcbcrcag	Pmnts. for aged recipients of HCBC disab. eld. [long]	1999-2001
payhcbcrcbd	Pmnts. for blind/dis. rec. HCBC for dis. eld. [long]	1999-2001
payhcbcrcch	Pmnts. for children rec. HCBC disab. eld. [long]	1999-2001
payhcbcrcad	Pmnts. for adults receiving HCBC disab. eld. [long]	1999-2001
Maintenance Assistance Status = Medically Needy		
payhcbcmedag	Pmnts. for aged recipients of HCBC disab. eld. [long]	1999-2001
payhcbcmedbd	Payments for blind/disabled receiving HCBC for disabled elderly [long]	1999-2001
payhcbcmedch	Pmnts. for children rec. HCBC disab. eld. [long]	1999-2001
payhcbcmedad	Pmnts. for adults receiving HCBC disab. eld. [long]	1999-2001
Maintenance Assistance Status = Poverty Related		
payhcbcpovag	Pmnts. for aged recipients of HCBC disab. eld. [long]	1999-2001
payhcbcpovbd	Payments for blind/disabled receiving HCBC for disabled elderly [long]	1999-2001
payhcbcpovch	Pmnts. for children rec. HCBC disab. eld. [long]	1999-2001
payhcbcpovad	Pmnts. for adults receiving HCBC disab. eld. [int]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
payhcbcwaag	Pmnts. for aged recipients of HCBC disab. eld. [long]	1999-2001
payhcbcwabd	Payments for blind/disabled receiving HCBC for disabled elderly [int]	1999-2001
payhcbcwach	Pmnts. for children rec. HCBC disab. eld. [long]	1999-2001
payhcbcwaad	Pmnts. for adults receiving HCBC disab. eld. [int]	1999-2001
Maintenance Assistance Status = Other		
payhcbcothag	Pmnts. for aged recipients of HCBC disab. eld. [long]	1999-2001
payhcbcothbd	Payments for blind/disabled receiving HCBC for disabled elderly [long]	1999-2001
payhcbcothch	Pmnts. for children rec. HCBC disab. eld. [long]	1999-2001
payhcbcothad	Pmnts. for adults receiving HCBC disab. eld. [long]	1999-2001
payhcbcfost	Payments for foster care children receiving HCBC for the disabled elderly [long]	1999-2001
Maintenance Assistance Status = Unknown		
payhcbcunk	Payments for HCBC for the disabled elderly: MAS/BOE unknown [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Home and Community Based Waiver Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
payhcbwrcag	Pmnts. for aged recipients of HCBW svcs. [long]	1999-2001
payhcbwrcbd	Payments for blind/disabled receiving HCBW services [long]	1999-2001
payhcbwrcch	Pmnts. for children receiving HCBW svcs. [long]	1999-2001
payhcbwrcad	Pmnts. for adults receiving HCBW svcs. [long]	1999-2001
Maintenance Assistance Status = Medically Needy		
payhcbwmedag	Pmnts. for aged recipients of HCBW svcs. [long]	1999-2001
payhcbwmedbd	Payments for blind/disabled receiving HCBW services [long]	1999-2001
payhcbwmedch	Pmnts. for children receiving HCBW svcs. [long]	1999-2001
payhcbwmedad	Pmnts. for adults receiving HCBW svcs. [long]	1999-2001
Maintenance Assistance Status = Poverty Related		
payhcbwpovag	Pmnts. for aged recipients of HCBW svcs. [long]	1999-2001
payhcbwpovbd	Payments for blind/disabled receiving HCBW services [long]	1999-2001
payhcbwpovch	Pmnts. for children receiving HCBW svcs. [long]	1999-2001
payhcbwpovad	Pmnts. for adults receiving HCBW svcs. [long]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
payhcbwwaag	Pmnts. for aged recipients of HCBW svcs. [int]	1999-2001
payhcbwwabd	Payments for blind/disabled receiving HCBW services [long]	1999-2001
payhcbwwach	Pmnts. for children receiving HCBW svcs. [long]	1999-2001
payhcbwwaad	Pmnts. for adults receiving HCBW svcs. [long]	1999-2001
Maintenance Assistance Status = Other		
payhcbwothag	Pmnts. for aged recipients of HCBW svcs. [long]	1999-2001
payhcbwothbd	Payments for blind/disabled receiving HCBW services [long]	1999-2001
payhcbwothch	Pmnts. for children receiving HCBW svcs. [long]	1999-2001
payhcbwothad	Pmnts. for adults receiving HCBW svcs. [long]	1999-2001
payhcbwfost	Payments for foster care children receiving HCBW services [long]	1999-2001
Maintenance Assistance Status = Unknown		
payhcbwunk	Pmnts. for HCBW svcs.: MAS/BOE unknown [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

5.6 Managed Care and Capitated/Prepaid Services

Enrollment in Managed Care by Plan Type

Variable	*Definition [type]*	*Years*
mcenrhmo	HMO enrollment [long]	1999-2002
mcenrdent	Dental plan enrollment [long]	1999-2002
mcenrbeh	Behavioral health plan enrollment [long]	1999-2002
mcenrprenat	Prenatal plan enrollment [long]	1999-2002
mcenrltc	Long-term care plan enrollment [long]	1999-2002
mcenrpace	PACE plan enrollment [int]	1999-2002
mcenrpccm	Primary care case management enrollment [long]	1999-2002
mcenroth	Other managed care plan enrollment [long]	1999-2002
mcenrunk	Managed care enrollment: unknown type [int]	1999-2002
mcenrtot	Unduplicated tot. managed care enrollment [long]	1999-2002

Sources: CMS compiled tables based on MSIS data (1999-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Managed Care by Plan Type

Variable	*Definition [type]*	*Years*
mcpayhmo	HMO payments [double]	1999-2002
mcpaydent	Dental plan payments [long]	1999-2002
mcpaybeh	Behavioral health plan payments [long]	1999-2002
mcpayprenat	Prenatal plan payments [byte]	1999-2002
mcpayltc	Long-term care plan payments [long]	1999-2002
mcpaypace	PACE plan payments [long]	1999-2002
mcpaypccm	Primary care case management payments [long]	1999-2002
mcpayoth	Other managed care plan payments [long]	1999-2002
mcpayunk	Managed care payments: unknown type [long]	1999-2002
mcpaytot	Unduplicated tot. managed care pmnts. [double]	1999-2002

Sources: CMS compiled tables based on MSIS data (1999-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries Receiving Capitated Services by Maintenance Assistance Status

Variable	*Definition [type]*	*Years*
bencapcash	Num. beneficiaries: receiving cash [long]	1998
bencapmed	Num. beneficiaries: medically needy [long]	1998
bencappov	Num. beneficiaries: poverty related [long]	1998
bencapoth	Num. beneficiaries: other [long]	1998
bencapmasunk	Num. beneficiaries: MAS unknown [long]	1998

Sources: CMS compiled tables based on HCFA-2082 data (1998) and MSIS data (1998) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp);

Beneficiaries Receiving Capitated Services by Basis of Eligibility

Variable	*Definition [type]*	*Years*
bencapaged	Num. beneficiaries: aged [long]	1998
bencapbd	Num. beneficiaries: blind/disabled [long]	1998
bencapchild	Num. beneficiaries: children [long]	1998
bencapadult	Num. beneficiaries: adults [long]	1998
bencapboeunk	Num. beneficiaries: unknown BOE [long]	1998

Sources: CMS compiled tables based on HCFA-2082 data (1998) and MSIS data (1998) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp);

Beneficiaries Receiving Capitated Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
bencaprcag	Num. aged recipients of capitated svcs. [long]	1999-2001
bencaprcbd	Num. blind/disab. recipients of capitated svcs. [long]	1999-2001
bencaprcch	Num. children receiving capitated svcs. [long]	1999-2001
bencaprcad	Num. adults receiving capitated svcs. [long]	1999-2001

Beneficiaries Receiving Capitated Services by Maintenance Assistance Status and Basis of Eligibility (continued)

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Medically Needy		
bencapmedag	Num. aged recipients of capitated svcs. [long]	1999-2001
bencapmedbd	Num. blind/disab. recipients of capitated svcs. [long]	1999-2001
bencapmedch	Num. children receiving capitated svcs. [long]	1999-2001
bencapmedad	Num. adults receiving capitated svcs. [long]	1999-2001
Maintenance Assistance Status = Poverty Related		
bencappovag	Num. aged recipients of capitated svcs. [long]	1999-2001
bencappovbd	Num. blind/disab. recipients of capitated svcs. [long]	1999-2001
bencappovch	Num. children receiving capitated svcs. [long]	1999-2001
bencappovad	Num. adults receiving capitated svcs. [long]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
bencapwaag	Num. aged recipients of capitated svcs. [byte]	1999-2001
bencapwabd	Num. blind/disab. recipients of capitated svcs. [long]	1999-2001
bencapwach	Num. children receiving capitated svcs. [long]	1999-2001
bencapwaad	Num. adults receiving capitated svcs. [long]	1999-2001
Maintenance Assistance Status = Other		
bencapothag	Num. aged recipients of capitated svcs. [int]	1999-2001
bencapothbd	Num. blind/disab. recipients of capitated svcs. [int]	1999-2001
bencapothch	Num. children receiving capitated svcs. [long]	1999-2001
bencapothad	Num. adults receiving capitated svcs. [long]	1999-2001
bencapfost	Num. foster care children rec. capitated svcs. [long]	1999-2001
Maintenance Assistance Status = Unknown		
bencapunk	Num. rec. cap. svcs.: MAS/BOE unknown [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Beneficiaries Receiving Capitated Services by Age

Variable	*Definition [type]*	*Years*
bencap0	Num. rec. capitated svcs.: age under 1 year [long]	1998-2001
bencap1_5	Num. rec. capitated svcs.: age 1-5 years [long]	1998-2001
bencap6_14	Num. rec. capitated svcs.: age 6-14 years [long]	1998-2001
bencap15_20	Num. rec. capitated svcs.: age 15-20 years [long]	1998-2001
bencap15_18	Num. rec. capitated svcs.: age 15-18 years [long]	1999-2001
bencap19_20	Num. rec. capitated svcs.: age 19-20 years [long]	1999-2001
bencap21_44	Num. rec. capitated svcs.: age 21-44 years [long]	1998-2001
bencap45_64	Num. rec. capitated svcs.: age 45-64 years [long]	1998-2001
bencap65_74	Num. rec. capitated svcs.: age 65-74 years [long]	1998-2001
bencap75_84	Num. rec. capitated svcs.: age 75-84 years [long]	1998-2001
bencap85up	Num. rec. capitated svcs.: age 85+ years [long]	1998-2001
bencapageunk	Num. rec. capitated svcs.: age unknown [long]	1998-2001

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp); CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Capitated Services by Maintenance Assistance Status

Variable	*Definition [type]*	*Years*
paycapcash	Pmnts. for beneficiaries: receiving cash [long]	1998
paycapmed	Pmnts. for beneficiaries: medically needy [long]	1998
paycappov	Pmnts. for beneficiaries: poverty related [long]	1998
paycapoth	Pmnts. for beneficiaries: other [long]	1998
paycapmasunk	Pmnts. for beneficiaries: MAS unknown [long]	1998

Sources: CMS compiled tables based on HCFA-2082 data (1998) and MSIS data (1998) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp);

Payments for Capitated Services by Basis of Eligibility

Variable	*Definition [type]*	*Years*
paycapaged	Pmnts. for beneficiaries: aged [long]	1998
paycapbd	Pmnts. for beneficiaries: blind/disabled [long]	1998
paycapchild	Pmnts. for beneficiaries: children [long]	1998
paycapadult	Pmnts. for beneficiaries: adults [long]	1998
paycapboeunk	Pmnts. for beneficiaries: unknown BOE [long]	1998

Sources: CMS compiled tables based on HCFA-2082 data (1998) and MSIS data (1998) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp);

Payments for Capitated Services by Maintenance Assistance Status and Basis of Eligibility

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Receiving Cash		
paycaprcag	Pmnts. for aged recipients of capitated svcs. [long]	1999-2001
paycaprcbd	Pmnts. for blind/disab. recipients of cap. svcs. [long]	1999-2001
paycaprcch	Pmnts. for children receiving capitated svcs. [long]	1999-2001
paycaprcad	Pmnts. for adults receiving capitated svcs. [long]	1999-2001
Maintenance Assistance Status = Medically Needy		
paycapmedag	Pmnts. for aged recipients of capitated svcs. [long]	1999-2001
paycapmedbd	Pmnts. for blind/disab. recipients of cap. svcs. [long]	1999-2001
paycapmedch	Pmnts. for children receiving capitated svcs. [long]	1999-2001
paycapmedad	Pmnts. for adults receiving capitated svcs. [long]	1999-2001
Maintenance Assistance Status = Poverty Related		
paycappovag	Pmnts. for aged recipients of capitated svcs. [long]	1999-2001
paycappovbd	Pmnts. for blind/disab. recipients of cap. svcs. [long]	1999-2001
paycappovch	Pmnts. for children receiving capitated svcs. [long]	1999-2001
paycappovad	Pmnts. for adults receiving capitated svcs. [long]	1999-2001
Maintenance Assistance Status = 1115 Waiver		
paycapwaag	Pmnts. for aged recipients of capitated svcs. [long]	1999-2001
paycapwabd	Pmnts. for blind/disab. recipients of cap. svcs. [long]	1999-2001
paycapwach	Pmnts. for children receiving capitated svcs. [long]	1999-2001
paycapwaad	Pmnts. for adults receiving capitated svcs. [long]	1999-2001

Payments for Capitated Services by Maintenance Assistance Status and Basis of Eligibility (continued)

Variable	*Definition [type]*	*Years*
Maintenance Assistance Status = Other		
paycapothag	Pmnts. for aged recipients of capitated svcs. [long]	1999-2001
paycapothbd	Pmnts. for blind/disab. recipients of cap. svcs. [long]	1999-2001
paycapothch	Pmnts. for children receiving capitated svcs. [long]	1999-2001
paycapothad	Pmnts. for adults receiving capitated svcs. [long]	1999-2001
paycapfost	Pmnts. for foster care children rec. cap. svcs. [long]	1999-2001
Maintenance Assistance Status = Unknown		
paycapunk	Pmnts. for capitated svcs.: MAS/BOE unk. [long]	1999-2001

Sources: CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Capitated Services by Age

Variable	*Definition [type]*	*Years*
paycap0	Pmnts. for capitated svcs.: age under 1 year [long]	1998-2001
paycap1_5	Pmnts. for capitated svcs.: age 1-5 years [long]	1998-2001
paycap6_14	Pmnts. for capitated svcs.: age 6-14 years [long]	1998-2001
paycap15_20	Pmnts. for capitated svcs.: age 15-20 years [long]	1998-2001
paycap15_18	Pmnts. for capitated svcs.: age 15-18 years [long]	1998-2001
paycap19_20	Pmnts. for capitated svcs.: age 19-20 years [long]	1998-2001
paycap21_44	Pmnts. for capitated svcs.: age 21-44 years [long]	1998-2001
paycap45_64	Pmnts. for capitated svcs.: age 45-64 years [long]	1998-2001
paycap65_74	Pmnts. for capitated svcs.: age 65-74 years [long]	1998-2001
paycap75_84	Pmnts. for capitated svcs.: age 75-84 years [long]	1998-2001
paycap85up	Pmnts. for capitated svcs.: age 85+ years [long]	1998-2001
paycapageunk	Pmnts. for capitated svcs.: age unknown [long]	1998-2001

Sources: CMS compiled tables based on HCFA-2082 data (1997-1998) and MSIS data (1997-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp); CMS compiled tables based on MSIS data (1999-2001) (downloaded January 12, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

5.7 Dual Eligibles

Dual Eligibles by Dual Eligibility Type

Variable	*Definition [type]*	*Years*
dualqmb	Number QMB only [long]	1999-2002
dualqmbmc	Number QMB/Medicaid [long]	1999-2002
dualslmb	Number SLMB only [int]	1999-2002
dualslmbmc	Number SLMB/Medicaid [long]	1999-2002
dualqdwi	Number QDWI [int]	1999-2002
dualqi1	Number QI1 [int]	1999-2002
dualqi2	Number QI2 [int]	1999-2002
dualoth	Number other duals [long]	1999-2002
dualstatunk	Number duals of unknown type [long]	1999-2002

Notes: QMB = Qualified Medicare Beneficiaries; SLMB = Specified Low-Income Medicare Beneficiaries; QI1 = Qualifying Individuals 1; QI2 = Qualifying Individuals 2; QDWI = Qualified Disabled Working Individuals; see Section 3.7 for details.

Sources: CMS compiled tables based on MSIS data (1999-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).

Payments for Dual Eligibles by Dual Eligibility Type

Variable	*Definition [type]*	*Years*
dualpayqmb	Payments for QMB only [long]	1999-2002
dualpayqmbmc	Payments for QMB/Medicaid [double]	1999-2002
dualpayslmb	Payments for SLMB only [long]	1999-2002
dualpayslmbmc	Payments for SLMB/Medicaid [long]	1999-2002
dualpayqdwi	Payments for QDWI [long]	1999-2002
dualpayqi1	Payments for QI1 [long]	1999-2002
dualpayqi2	Payments for QI2 [long]	1999-2002
dualpayoth	Payments for other duals [double]	1999-2002
dualpaystatunk	Payments for duals of unknown type [double]	1999-2002

Notes: QMB = Qualified Medicare Beneficiaries; SLMB = Specified Low-Income Medicare Beneficiaries; QI1 = Qualifying Individuals 1; QI2 = Qualifying Individuals 2; QDWI = Qualified Disabled Working Individuals; see Section 3.7 for details.

Sources: CMS compiled tables based on MSIS data (1999-2002) (downloaded February 10, 2005 from http://www.cms.hhs.gov/medicaid/msis/mstats.asp).