



# TAF Technical Documentation: Annual Demographic and Eligibility (DE) File

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## I. Introduction

States administer Medicaid and the Children’s Health Insurance Program (CHIP) and share the responsibility for funding and program administration with the federal government.<sup>1</sup> Each state compiles standardized data on Medicaid and CHIP enrollment, service utilization, payment, providers, managed care plans, and other information from its own eligibility and claims data systems into the federal Transformed Medicaid Statistical Information System (T-MSIS). The Centers for Medicare and Medicaid Services (CMS) administers T-MSIS to improve quality of care and program integrity and to meet stakeholders’ needs. Although states submit a wide variety of information to T-MSIS, the system is not optimized for conducting analyses. To meet this need, CMS constructs a research-optimized version of T-MSIS data called the T-MSIS Analytic Files (TAF).<sup>2,3</sup> Information on the completeness and quality of key TAF data elements can be accessed through *DQ Atlas*, available at <https://www.medicaid.gov/dq-atlas/welcome>. Specific topics relevant to each section of this technical documentation are noted in the footnotes.

The TAF are released as TAF Research Identifiable Files (RIF).<sup>4</sup> The TAF RIF include monthly claims files containing Medicaid and CHIP service use and payment records, as well as annual files containing demographic and eligibility data for all Medicaid- and CHIP-eligible beneficiaries and information on all Medicaid- and CHIP-enrolled providers and managed care plans. The Annual Demographic & Eligibility file (annual DE), which is the eligibility component of the TAF that is also available as a TAF RIF, is the focus of this technical documentation.

## II. The annual DE file

### A. Overview

The annual Demographic & Eligibility (annual DE) file includes information on the demographic, eligibility, and enrollment characteristics of beneficiaries who were enrolled in Medicaid or in CHIP for at least one day during any given calendar year; there is also a “dummy” record in the annual DE base file for each beneficiary who had claims information during the year but no corresponding eligibility information.<sup>5</sup> Each annual DE RIF comprises the base file and additional supplemental files, including:

- Eligibility dates supplemental file

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<sup>1</sup> For more information about the Medicaid and CHIP programs, see the CMS website: <https://www.Medicaid.gov>.

<sup>2</sup> For more information about TAF, see the T-MSIS Analytic Files website at: <https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html>

<sup>3</sup> More information on TAF production is available at: [https://www.medicaid.gov/dq-atlas/downloads/supplemental/9010\\_Production\\_of\\_TAF\\_RIF.pdf](https://www.medicaid.gov/dq-atlas/downloads/supplemental/9010_Production_of_TAF_RIF.pdf)

<sup>4</sup> During the transformation into RIFs, some TAF data elements are suppressed, changed, or renamed. For more details on the difference between the pre-RIF and RIF version of the TAF data, including a crosswalk of variable names, see “Production of the TAF Research Identifiable Files (RIFs),” available in the Resources section of *DQ Atlas*.

<sup>5</sup> These beneficiaries can be identified by using the variable that indicates missing eligibility data (MISG\_ELGBLTY\_DATA\_IND).

- Managed care supplemental file
- Waiver supplemental file
- Money Follows the Person (MFP) supplemental file
- Health Home (HH) & State Plan Option (SPO) supplemental file
- Disability and need supplemental file

This guide focuses primarily on the base file, which is what most TAF users will focus on. The Annual DE Codebook, which is on the ResDAC website, includes information on the contents of the supplemental files and how they can be linked to the base file.

The annual DE files are designed to continue directly from their predecessor, the Medicaid Analytic eXtract (MAX) Person Summary (PS) file. However, the annual DE files are broader in scope (more data elements, more values) and different in structure<sup>6</sup> from the MAX PS file. When possible, selected data elements in the annual DE base file have been created to be similar to those in the MAX PS file. See Appendix B for a crosswalk between the annual DE and the MAX PS file data elements.

## B. Construction

The annual DE files are not built directly from T-MSIS source data but from a precursor file called the Beneficiary Summary File (BSF).<sup>7</sup> The BSF is a monthly version of the enrollment data that contains one record for each beneficiary who was actively enrolled in Medicaid or CHIP sometime during the month, as reported in T-MSIS.<sup>8</sup> In most cases, the BSF selection criteria yield one record per unique MSIS ID and submitting state code. However, there are a number of special cases:

- There can be records for a beneficiary who was actively enrolled during the month that are missing an MSIS ID in the source data; these records are excluded from the BSF.
- There are cases in which multiple records are active for the same MSIS ID in a given month. This might be because a beneficiary dis-enrolled and then re-enrolled in Medicaid during the month, or it might be a data quality issue in the state's file submission. An important step in creating the BSF (and by extension, the annual DE) is reconciling multiple overlapping enrollment records for one beneficiary. This step is done by combining the overlapping records into one record for each beneficiary along with a variety of variables to preserve the detail in the data (which is represented in the annual DE supplemental files).
- For cases in which the beneficiary's enrollment start and end dates are valid, but the enrollment type is "unknown", the record will be included in the BSF, but the person is not classified as enrolled in either Medicaid or CHIP. TAF users can identify these individuals by using the monthly variable missing enrollment type (MISG\_ENRLMT\_TYPE\_IND\_mm), where the value 0 indicates that the

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<sup>6</sup> The annual DE is one file for the nation per year, with additional supplemental files. The MAX PS is one file per state per year.

<sup>7</sup> More information about the construction of the TAF is available in "Production of the TAF Research Identifiable Files (RIFs)," available in the Resources section of *DQ Atlas*.

<sup>8</sup> The BSF was used for a number of years before the TAF Change Control Board determined that it was preferable to have one annual DE file (similar to MAX) rather than 12 monthly BSFs.

code for enrollment type is not missing, and 1 indicates that it is missing. If the variable that indicates that the enrollment type is missing is null, then the beneficiary was not enrolled at any time during the month.

- For cases in which an MSIS ID is present on T-MSIS claim records for which the state submitted no eligibility information to T-MSIS, dummy records are added to the DE base file. These records have the data elements needed for linking claims to eligibility records but no other demographic, program, or eligibility information. TAF users can identify these records by using the missing eligibility data indicator (those with MSG\_ELGLTY\_DATA\_IND=1).
- Records are excluded from the TAF if the beneficiary's date of death is before the start of the TAF month.

In some cases, more than one agency in a state reports eligibility and claims data to T-MSIS, and the data from each reporting entity have separate submitting state codes. As of 2021, four states have multiple reporting entities: Wyoming and Wyoming CHIP (SUBMTG\_STATE\_CD 56 and 93, respectively), Montana and Montana Third-Party Administrator (TPA) (SUBMTG\_STATE\_CD 30 and 94, respectively), Iowa and Iowa CHIP (SUBMTG\_STATE\_CD 19 and 96, respectively), and Pennsylvania and Pennsylvania CHIP (SUBMTG\_STATE\_CD 42 and 97, respectively). As part of the production of the TAF RIF, records from different data submitters in the same state are assigned the same state code. Users of non-RIF versions of the TAF should make sure to include records with both codes for analyses of all Medicaid and CHIP beneficiaries in those states.

### III. File structure

The annual DE base file is a person-level file (as defined by the Chronic Conditions Warehouse (CCW) Beneficiary ID) that includes all beneficiaries with at least one day of Medicaid or CHIP enrollment in the calendar year (with the exception of the dummy records for individuals with T-MSIS claims in the year but no T-MSIS enrollment records). Each record in this person-level file includes a variety of demographic and program-related data elements for that person. These data elements are either taken directly or are constructed from the BSF as monthly, last-best, or ever-in-the-year variables.

#### A. Monthly variables

Certain data elements in the base file identify a beneficiary's program information on a monthly basis. These variables provide a picture of a beneficiary's eligibility status throughout the calendar year. For example, the monthly enrollment variables can be used to identify Medicaid and CHIP beneficiaries who move between the two programs during the year. Monthly variables end in a suffix of \_01 through \_12 to indicate the month to which the variable corresponds in the year. In this guide, "\_mm" appears at the end of the names of the monthly variables to indicate any given month. For example, CHIP code (CHIP\_CD\_mm) is available in each month of the base file: CHIP\_CD\_01 for January, CHIP\_CD\_02 for February, and so on.

#### B. Last-best variables

Last-best variables, ending in "\_LTST", represent the most recent month of the calendar year in which a valid value was present. For example, last-best eligibility group code (ELGLTY\_GRP\_CD\_LTST) is the

most recent eligibility group in the calendar year. If there are no monthly values in the entire year that correspond to a last-best variable, its value is set to null. However, for some last-best demographic variables such as sex (SEX\_CD) and birth date (BIRTH\_DT), the last-best value from the previous year(s) can be used.

### C. Ever-in-the-year variables

Ever-in-the-year variables indicate whether the beneficiary met the criteria for a given condition at any point in the calendar year. For example, the flag DSBLTY\_BLND\_IND indicates whether the beneficiary was ever blind or ever had serious difficulty seeing even when wearing glasses in the calendar year. More information is available on each variable and variable type (for instance, continuous or numeric) in the Annual DE Codebook, which is on the ResDAC website.

### D. Supplemental files

TAF users seeking more detailed eligibility and enrollment data (for instance, on waiver enrollment or managed care, among other topics) can link the base file to an annual DE supplemental file. The base file has nine “supplemental flags” that are equal to 0 or 1 to indicate whether there is a record for a beneficiary in a supplemental file (1) or not (0). The Annual DE Codebook, which is on the ResDAC website, includes detailed information on which common variables can be used to link each supplemental file to the base file.

The annual DE files can be linked to other files in the TAF (claims files, provider file, etc.) by using a combination of variables, which are listed in the Annual DE Codebook. Users will also be able to link the TAF to Medicare data by using the beneficiary ID (BENE\_ID) variable.

## IV. Enrollment information

### A. Beneficiary identifiers

Users of the T-MSIS Analytic Files—Research Identifiable Files (TAF RIF) have two options for identifying unique beneficiaries: the state-assigned identifier (MSIS ID) and the federally assigned identifier (BENE ID).

The MSIS identification number (MSIS ID) is the state-assigned unique beneficiary identifier in the T-MSIS data submitted by states. States are expected to assign a unique MSIS ID to each beneficiary when they first enroll in Medicaid or CHIP. The only exception to this requirement is for deemed newborns, who may be assigned the same Medicaid ID as their mother.<sup>9</sup>

As part of TAF RIF construction, the MSIS ID is encrypted to maintain the confidentiality of all beneficiaries, and the federally assigned CCW beneficiary identifier (BENE ID) is added to the TAF RIF. The algorithm that creates the BENE ID uses person-specific variables (such as Social Security Number, birth date, and sex) to determine whether records with different state-assigned MSIS IDs represent the

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<sup>9</sup> Some states assign deemed infants their own Medicaid ID at birth, whereas others use the mother’s ID up to age 1. More information on this topic is available in “Use of the Same Medicaid Identification Number for Mother and Newborn Services” in the Resources section of *DQ Atlas*.

same person. The BENE ID can be used to identify the same person enrolled in Medicaid or CHIP in more than one state, and it can also be used to link to the Medicare data for dually eligible beneficiaries.

Analysis of the data quality of the unique beneficiary identifiers in the TAF has shown that the BENE ID is complete and reliable, and it can successfully consolidate and reconcile enrollment, program, and demographic information across multiple DE records that represent the same person but have different state-assigned MSIS IDs.<sup>10</sup> We therefore recommend that unique beneficiaries be identified using BENE ID or the combination of MSIS ID and state if BENE ID is not available.

## B. Data elements

Numerous data elements in the base file identify whether an individual was enrolled in Medicaid or CHIP during a given month. The data elements are listed in Table 1.

**Table 1. Annual DE TAF variables containing enrollment information**

Data element	Description and values
<b>CHIP_CD_mm</b>	Identifies beneficiaries in Medicaid (CHIP_CD_mm = 1), M-CHIP (CHIP_CD_mm = 2), and S-CHIP (CHIP_CD_mm = 3) <sup>a</sup>
<b>MDCD_ENRLMT_DAYS_mm and CHIP_ENRLMT_DAYS_mm</b>	<p>Built from T-MSIS enrollment dates and enrollment type variables (ENROLLMENT-EFF-DATE, ENROLLMENT-END-DATE, and ENROLLMENT-TYPE).</p> <p>The beneficiary will have at least one day of Medicaid or M-CHIP enrollment (MDCD_ENRLMT_DAYS_mm &gt; 0) if he or she had an enrollment span that covered at least one day in the month and the enrollment span was classified as ENROLLMENT-TYPE = 1 (Medicaid or M-CHIP).</p> <p>The beneficiary will have at least one day of S-CHIP enrollment (CHIP_ENRLMT_DAYS_mm &gt; 0) if he or she had an enrollment span that covered at least one day in the month and the enrollment span was classified as S-CHIP (ENROLLMENT-TYPE = 2 [Separate Title XXI CHIP]).</p>
<b>ELGBLTY_GRP_CD_mm</b>	Contains the eligibility group applicable to the individual based on the state's eligibility determination process. When CHIP_CD_mm is missing, ELGBLTY_GRP_CD_mm can be used to indicate CHIP enrollment (ELGBLTY_GRP_CD_mm = 61–68, with 61 used for both M-CHIP and S-CHIP and 62–68 exclusive to S-CHIP) and Medicaid enrollment (ELGBLTY_GRP_CD_mm = 1–60 <sup>b</sup> or 69–76).
<b>MISG_ENRLMT_TYPE_IND_mm</b>	This variable is only populated (0 indicating that enrollment type is not missing, or 1 indicating that it is) for beneficiaries with Medicaid, CHIP, or unknown enrollment in the month. If MISG_ENRLMT_TYPE_IND_mm = missing, the beneficiary was not enrolled for any day of the month.

Source: Annual DE Codebook.

<sup>a</sup> CHIP\_CD\_mm = 4 (individual was both Medicaid eligible and S-CHIP eligible during the same month) is being phased out. It was once used for beneficiaries who transition between Medicaid and S-CHIP during a month, and four states (Georgia, Louisiana, Maine, and Texas) were still using the code for a small number of beneficiaries in 2016.

<sup>b</sup> There are three invalid eligibility group codes in this range—10, 57, and 58—that should not be counted.

Not all variables can be used to identify each of the three subgroups of interest: Title XIX Medicaid, Title XXI M-CHIP, and Title XXI S-CHIP. Table 2 and the list below describe which beneficiaries can be identified with each variable. TAF users may therefore wish to combine values or variables to identify

<sup>10</sup> More information on this topic is available in “Unique Beneficiary Identifiers in the TAF RIF” in the Resources section of *DQ Atlas*.

larger groups of beneficiaries, such as individuals with a Medicaid benefits package (Medicaid and M-CHIP) or individuals whose funding comes from Title XXI (M-CHIP and S-CHIP).

- The CHIP code (CHIP\_CD\_mm) is most useful for distinguishing beneficiaries enrolled in a Title XIX Medicaid program, from those enrolled in the Title XXI M-CHIP, and from those enrolled in Title XXI S-CHIP. It is the only variable that can be used to identify the entire Title XXI CHIP population.
- Medicaid and CHIP enrollment days (MDCD\_ENRLMT\_DAYS\_mm and CHIP\_ENRLMT\_DAYS\_mm) are most useful for grouping together individuals with similar benefit packages. The Medicaid enrollment days variable indicates how many days in a month the beneficiary was enrolled in a Title XIX Medicaid program or in Title XXI M-CHIP. The CHIP enrollment days variable indicates how many days in a month the beneficiary was enrolled in Title XXI S-CHIP. Since the Medicaid enrollment days variable groups beneficiaries in Medicaid and M-CHIP together, it cannot be used to identify all beneficiaries enrolled in Title XXI CHIP during a month.
- The eligibility group code (ELGLTY\_GRP\_CD\_mm) is most useful for obtaining detailed information on the eligibility group through which a beneficiary is enrolled in Medicaid or CHIP. However, it cannot be used alone to identify all beneficiaries enrolled in Title XXI CHIP or to separate Title XXI M-CHIP from Title XXI S-CHIP beneficiaries due to overlap in the use of certain eligibility groups. For example, states can report both Title XXI M-CHIP and S-CHIP children using eligibility group code 61. In addition, some states might report Title XXI M-CHIP enrollees with eligibility group codes 07 or 31, which can also be used to report Title XIX beneficiaries.<sup>11</sup>
- Individuals with valid enrollment start and end dates during a month but an unknown enrollment type can be identified with the variable MISG\_ENRLMT\_TYPE\_IND\_mm (where 0 indicates that the enrollment type code is not missing, and 1 indicates that enrollment type code is missing). These individuals may have information in either the CHIP or the eligibility group code that can be used to obtain more information on their enrollment. If the missing enrollment type indicator variable is null, the beneficiary was not enrolled in Medicaid or CHIP during the month.

**Table 2. Populations identified by CHIP code and enrollment days**

	Title XIX Medicaid	Title XXI M-CHIP	Title XXI S-CHIP
CHIP_CD_mm	CHIP_CD = 1	CHIP_CD = 2	CHIP_CD = 3
CHIP_ENRLMT_DAYS_mm	—	—	CHIP_ENRLMT_DAYS>0

Source: Annual DE Codebook.

Note: Medicaid enrollment days (MDCD\_ENRLMT\_DAYS\_mm) cannot be used to distinguish any of the three populations in the table, since it combines beneficiaries in Title XIX Medicaid and Title XXI M-CHIP. Although eligibility group code (ELGLTY\_GRP\_CD\_mm) values 61–68 can indicate Title XXI S-CHIP beneficiaries and 1–60 or 69–76 can indicate Title XIX Medicaid beneficiaries, this data element alone cannot be used to distinguish the three populations in the table from one another given overlaps in the use of eligibility group codes 07 and 31 (Title XXI M-CHIP and Title XIX Medicaid beneficiaries) and 61 (Title XXI S-CHIP and M-CHIP beneficiaries).

<sup>11</sup> In rare cases, states may be reporting eligibility group code 07 for Medicaid children grandfathered into Title XXI funding after the Affordable Care Act. Eligibility group code 31 can also be used to indicate Medicaid-only children who receive Medicaid federal matching funds under Title XIX.

The variable for maintenance assistance status and basis of eligibility code (MASBOE\_CD\_mm) is not listed in Tables 2 or 3. This variable is constructed from the T-MSIS data elements MAINTENANCE-ASSISTANCE-STATUS and MEDICAID-BASIS-OF-ELIGIBILITY, and it is being phased out in favor of the new, more detailed eligibility group code variable (ELGLTY\_GRP\_CD\_mm). MASBOE\_CD\_mm is therefore not recommended for research.

### **C. Identifying new enrollment, continuous enrollment, and disenrollment**

TAF users interested in identifying the date a beneficiary was enrolled in or disenrolled from coverage, or in calculating the number of days a beneficiary was continuously enrolled in a program during the calendar year, can consult the Eligibility Dates supplemental file, which has one record per person per enrollment spell. More specifically, the file contains one or more records for each beneficiary in the annual DE file, and it captures the start date (ENRLMT\_START\_DT) and end date (ENRLMT\_END\_DT) of each enrollment spell for the beneficiary in the calendar year.

Medicaid (including M-CHIP) and S-CHIP enrollment spans are stored separately in this file, so a beneficiary who transitions from Medicaid (or M-CHIP) to S-CHIP, or vice versa, will be represented by two separate enrollment spans, even if the beneficiary had no break in coverage. For each record, a flag (ENRL\_TYPE\_CD) indicates whether the beneficiary was enrolled in Medicaid (including M-CHIP), in S-CHIP, or in an unknown program if the variable is a null value.

As part of the production of the TAF, the start and end dates of enrollment spans that begin before January 1 or end after December 31 of the calendar year are recoded to the first and last day of the year, respectively. For example, if an enrollment span starts in 2016 and ends in 2018, the start and end dates of enrollment would be recoded to January 1, 2017, and December 31, 2017, in the TAF Eligibility Dates supplemental file for 2017. TAF users who wish to construct measures of continuous enrollment that cross calendar years will need to combine enrollment spans for the same program type that end on the last day of one calendar year and begin on the first day of the next calendar year, as this pattern indicates the beneficiary did not disenroll from coverage.

To differentiate between enrollment span records for which the state reported an enrollment end date of December 31 and records in which the enrollment end date was recoded to December 31 during TAF production, TAF users can examine the eligibility after end of year indicator (ELGBL\_AFTR\_EOY\_IND). States are expected to code the end date of enrollment as missing for beneficiaries who are still enrolled at the time the data are reported. In states that report the end date of enrollment this way, the eligibility after end of year indicator can be used to identify the subset of enrollees who are still enrolled beyond the end of the year. However, some states report this end date as the last day of the reporting period for beneficiaries who remain enrolled, rather than reporting it as null or as a future end date. In these states, the eligibility after end of year indicator will be set to 0 for all DE records, and TAF users will not be able to glean the intended information from this data element.<sup>12</sup>

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<sup>12</sup> An eligibility after end of year indicator value of 1 means that the T-MSIS eligibility end date was originally reported as null or a future date and was recoded in TAF to the last day of the calendar year. A value of 0 means that the T-MSIS eligibility end date reflects the beneficiary's actual end date of enrollment.

## D. Eligibility categories

Each state has its own eligibility determination process. Medicaid and CHIP eligibility is generally determined on the basis of income and, in some cases, on the basis of characteristics such as blindness or disability. In other cases, eligibility is determined by enrollment in another program, such as Supplemental Security Income (CMS 2019b) or the breast and cervical cancer treatment and prevention program (Westmoreland 2001). T-MSIS allows states to place beneficiaries in 73 different eligibility groups using the variable ELGBLTY\_GRP\_CD, based on states' eligibility determination process.<sup>13</sup> This variable replaces MASBOE, the combination variable that was also used in MAX. Compared with MASBOE, the new eligibility group code is more consistent with the mandatory and optional eligibility groups made available to states through the Affordable Care Act (ACA).<sup>14</sup>

TAF users may wish to “roll up” the eligibility group codes into analytically meaningful categories other than mandatory and optional eligibility groups. Frequently used categories are adults; children; persons with disabilities; aged; and the VIII group (the “expansion” group). Table 3 shows the eligibility group code values for these categories.

**Table 3. Identifying eligibility categories**

Eligibility group code	Age	Eligibility category
1, 2, 3, 4, 6, 7, 8, 9, 14, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 53, 55, 56, 70, 71	AGE_NUM < 21	Children
54	AGE_NUM < 21 or NULL	Children
61, 62, 63, 64, 65, 66, 67, 68	Any AGE_NUM (including null)	Children
2, 3, 4, 9, 14, 27, 32, 33, 34, 35, 36, 56, 70, 71	21 <= AGE_NUM < 65	Adults
1	21 <= AGE_NUM < 65 or NULL	Adults
5, 53	AGE_NUM < 65 or NULL	Eligible based on pregnancy (Title XIX Medicaid only)
11, 12, 13, 15, 16, 17, 18, 19, 20, 22, 23, 25, 26, 37, 38, 39, 40, 41, 42, 43, 44, 46, 51, 52, 59, 60	AGE_NUM < 65 or NULL	Eligible based on disability
21, 24, 45, 47, 48, 49, 50, 69	Any AGE_NUM (including null)	Eligible based on disability
1, 2, 3, 4, 5, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 25, 26, 27, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 46, 51, 52, 53, 56, 59, 60, 71	AGE_NUM >= 65	Aged
72, 73, 74, 75	Any AGE_NUM (including null)	Adult expansion
33 (for DC only)*	AGE_NUM >= 18 or NULL	Adult expansion
76	Any AGE_NUM (including null)	Newly eligible for COVID-19 testing and testing-related services

Source: Annual DE Codebook.

<sup>13</sup> During the public health emergency period, which began March 18, 2020, states are permitted to temporarily cover uninsured people through an optional Medicaid eligibility group for the limited purpose of COVID-19 testing and can report these beneficiaries using the new eligibility group code valid value of 76.

<sup>14</sup> See Appendix C (Eligibility Groups) for a mapping of each eligibility group code to the groups of Medicaid mandatory coverage, Medicaid optional coverage, Medicaid medically needy, Medicaid 1115 expansion coverage (optional), and CHIP coverage.

Note: The eligibility category “Adults” displayed in this table does not include adult enrollees who are eligible based on disability, pregnancy, Medicaid expansion, or COVID-19 testing. TAF users who are interested in broader population categories (i.e., child and adult) can use age (AGE\_NUM) to re-categorize the subset of enrollees eligible based on disability, pregnancy, expansion, or COVID-19 testing.

Users who need to group Title XXI (M-CHIP and S-CHIP) children separately from Title XIX (Medicaid) children can do so by first using the CHIP code, which differentiates between enrollment in Title XIX Medicaid (CHIP\_CD\_mm = 1), Title XXI Medicaid-expansion CHIP (CHIP\_CD\_mm = 2), and Title XXI separate CHIP (CHIP\_CD\_mm = 3). When the CHIP code is missing, users can then include as Title XXI CHIP beneficiaries those of any age with eligibility group code 61–66, or beneficiaries under age 21 with eligibility group code 67 or 68. In the initial years of T-MSIS reporting, Pennsylvania incorrectly coded all VIII Group beneficiaries as being in an “other” type of expansion (ELGBLTY\_GRP\_CD=71). Therefore, for this state only, all beneficiaries in the other type of expansion should be coded as being in the VIII Group.

\*The District of Columbia reports their Medicaid adult expansion population with ELGBLTY\_GRP\_CD\_mm = 33 (Individuals above 133% Federal Poverty Level (FPL) under Age 65). Compared to most states, DC offers a more generous income threshold for expansion adults (up to 215% FPL). Because of the suspension of renewals during the Public Health Emergency, this group may include individuals who are now aged 65 or older. TAF users interested in identifying the adult expansion population in DC should include beneficiaries aged 18 or older where ELGBLTY\_GRP\_CD\_mm = 33.

## V. Scope of benefits

The benefit packages available to Medicaid beneficiaries within a state can vary widely, depending on a beneficiary's income and assets, health conditions, and citizenship status, among other factors. CHIP coverage is less variable because states do not have the option of providing the CHIP population with a limited benefits package. The Medicaid benefit packages fall into three categories:

1. **Full-scope benefits.** This package provides all services covered under the Medicaid state plan. Beneficiaries who qualify for full-scope benefits will receive both mandatory Medicaid benefits (such as inpatient and outpatient hospital, home health, and physician services, among others) as well as all of the optional benefits (such as dental services, personal care services, and physical therapy) that the state has elected to include in its Medicaid state plan.<sup>15</sup>
2. **Comprehensive benefits.** These packages do not provide all services covered in the Medicaid state plan, but for beneficiaries who qualify, they do cover a set of services that meet the minimum essential coverage (MEC) requirements under the ACA, which requires 10 essential health benefit categories to be covered. For example, a comprehensive benefits package may provide coverage for all acute-care services, but it can exclude coverage for institutional nursing facility care (a mandatory benefit for full-scope benefit packages) from the coverage offered to certain groups. Beneficiaries in these groups would be considered to have comprehensive benefits even though they do not qualify for full-scope benefits.
3. **Limited benefits.** This package covers only a narrow set of services, such as family planning, emergency services, or care limited to a specific condition. For example, beneficiaries with

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<sup>15</sup> The mandatory and optional benefits provided to Medicaid beneficiaries are listed on the Medicaid.gov website at <https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html>.

tuberculosis who otherwise do not qualify for Medicaid can get coverage just for tuberculosis-related treatment.<sup>16</sup>

The restricted benefits code variable (RSTRCTD\_BNFTS\_CD\_mm) can be used to determine the benefits package for which the beneficiary is eligible in each month. Beneficiaries with full-scope, comprehensive, and limited benefits can be grouped as shown in Table 4, but this grouping depends on the packages offered in each state.<sup>17</sup> Although there is wide variation in the coverage offered to Medicaid and M-CHIP beneficiaries, S-CHIP beneficiaries have comprehensive benefits at a minimum, and many states extend full-scope benefits to them.<sup>18</sup>

Unfortunately, the restricted benefits code variable is incomplete in some states.<sup>19</sup> In addition, some historic values of the restricted benefits code include a mix of benefit packages within a state, which makes it challenging to cleanly identify beneficiaries with comprehensive benefits. In particular, before May 2020, the restricted benefits code value “5” represented a heterogeneous mix of beneficiaries, including those with “medically needy” coverage, certain types of 1115 expansion coverage (which may qualify as limited or comprehensive, depending on the state), and limited coverage such as tuberculosis-only benefits.<sup>20</sup> There is also variation in the benefit packages offered to similar beneficiaries across states. For example, medically needy coverage and coverage of pregnancy-related services may qualify as comprehensive in some states but as only limited coverage in others. For pregnancy-related services (represented by restricted benefits code 4), benefit categories have changed over time for select states.<sup>21</sup> TAF users should investigate the packages offered in their state(s) of interest to determine how to classify beneficiaries in each restricted benefit code category. It may be possible to use the eligibility group code to better understand the beneficiaries whom states are placing in certain restricted benefits code groups. For example, beneficiaries with a missing restricted benefits code and a CHIP code that indicates

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<sup>16</sup> The Center for Medicaid and CHIP Services Informational Bulletin from June 16, 2011, regarding the state option to enroll tuberculosis-infected individuals in the Medicaid program, is at <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/Info-Bulletin-TB.pdf>.

<sup>17</sup> For more information about the groups of benefits packages for which individuals may be eligible, see the methodology brief, “Identifying Beneficiaries with Full-Scope, Comprehensive and Limited Benefits in the TAF,” available in the Analytic Briefs section of *DQ Atlas*.

<sup>18</sup> More information about CHIP benefits is available at: <https://www.medicaid.gov/chip/benefits/index.html>

<sup>19</sup> More information about the usability of the restricted benefits code variable is available in “Restricted Benefit Code” in the Explore by Topic section of *DQ Atlas*.

<sup>20</sup> As of 2016, most states placed very few beneficiaries in the restricted benefits code category “5.” However, in some states, this group was large and the decision to treat beneficiaries as having comprehensive or limited benefits may have a significant impact on the population included in an analysis.

<sup>21</sup> Records with restricted benefits code value of 4 prior to January 2023 in Arkansas, July 2023 in South Dakota, and January 2025 in Idaho represent beneficiaries with limited benefits only. As of January 2025, the restricted benefits code value of 4 represents beneficiaries with comprehensive benefits for all states.

participation in S-CHIP (CHIP\_CD = 3) could reasonably be assumed to have full or comprehensive benefits, since CHIP coverage generally consists of a comprehensive benefit package.<sup>22</sup>

**Table 4. Valid values and details for the restricted benefits code variable, by benefit category**

Valid values and description of restricted benefits code	Details
<b>Full-scope benefits</b>	
1: Individual is eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits.	The beneficiary is entitled to all mandatory and optional benefits covered under the Medicaid state plan.
<b>Full-scope or comprehensive benefits, depending on the state</b>	
7: Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005.	All beneficiaries with benchmark-equivalent coverage have comprehensive coverage at a minimum. The benchmark-equivalent coverage has been called an “Alternative Benefit Plan” (ABP) since the ACA was passed in 2014. Some states have used the flexibility of the ABP design to align their benefit coverage with traditional Medicaid coverage, essentially providing ABP beneficiaries with the full scope of benefits (Congressional Research Service 2018).
A: Individual is eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF), as enacted by the Deficit Reduction Act of 2005. PRTF grants assist States to help provide community alternatives to psychiatric resident treatment facilities for children.	In 2005, Congress authorized a five-year demonstration to test whether children and youth who met the requirements for being served in a PRTF could successfully and cost-effectively be served in the community. <sup>a</sup> Participants in this program are likely to have full-scope benefits in most cases.
D: Individual is eligible for Medicaid and entitled to benefits under a “Money Follows the Person” (MFP) rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005, to allow states to develop community-based long-term care opportunities.	The MFP demonstration is a federal initiative with two main goals: (1) to give people who need long-term services and supports (LTSS) more choice in where they live and receive care and (2) to increase the capacity of state LTSS systems to serve people in a community setting. To be eligible, individuals must be Medicaid beneficiaries who have resided in an institution for 90 days or more, not counting short-term rehabilitation days (U.S. Department of Health and Human Services 2017). Beneficiaries must have full-scope or comprehensive benefits to qualify for nursing home care.
<b>Comprehensive benefits</b>	
4: Individual is eligible for Medicaid or CHIP but only entitled to restricted benefits for pregnancy-related services.	As of January 2025, all states offer individuals in a pregnancy-related Medicaid eligibility group coverage that meets the MEC standard and is therefore comprehensive. <sup>b</sup> Arkansas, Idaho, and South Dakota previously offered some pregnancy-related coverage that did not meet the MEC standard. <sup>c</sup> These states began offering comprehensive pregnancy-related coverage in January 2023, January 2025, and July 2023, respectively.

<sup>22</sup> While most CHIP beneficiaries are entitled to comprehensive benefits, there are some examples of limited benefits for CHIP beneficiaries, such as supplemental dental-only S-CHIP benefits or individuals eligible only for restricted M-CHIP benefits due to their noncitizen status.

Valid values and description of restricted benefits code	Details
<p>5: Individual is eligible for Medicaid or Medicaid-Expansion CHIP but, for reasons other than alien, dual eligibility or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy or other criteria) that meet the standard for Minimum Essential Coverage.</p>	<p>This code represents a variety of beneficiary groups who are not entitled to full-scope benefits but whose benefits meet the MEC standard and do not fit into other restricted benefits code categories.<sup>d</sup> Before May 2020, states were instructed to use this value for any beneficiaries with restricted benefits packages not enumerated in other valid values. As a result, records with this code in 2019 and earlier years could represent a mix of beneficiaries with comprehensive and limited benefits.</p>
<p><b>Limited benefits</b></p>	
<p>2: Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but only entitled to restricted benefits based on alien status.</p>	<p>Non-citizens who are not eligible for anything but limited benefits for some services.</p>
<p>3: Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., QMB, SLMB, QDWI, QI).</p>	<p>Dually eligible beneficiaries with partial benefits are entitled to have Medicaid pay for only some of the expenses they incur under Medicare. These expenses include the premiums for Part A and, if applicable, for Part B. Medicaid may also pay for some other cost-sharing amounts owed under Medicare, such as deductibles, coinsurance, and copayments.<sup>e</sup></p>
<p>6: Individual is eligible for Medicaid or Medicaid-Expansion CHIP but only entitled to restricted benefits for family planning services.</p>	<p>Some beneficiaries who do not qualify for full-scope benefits are eligible for family planning services through an 1115 demonstration (Ranji, Bair, and Salganicoff 2016).</p>
<p>C: Individual is eligible for S-CHIP dental coverage (supplemental dental wraparound benefit to employer-sponsored insurance).</p>	<p>Some children who have employer-sponsored health insurance are also eligible for supplemental S-CHIP dental wraparound benefit in select states. As of 2024, only one state (OK) offers this benefit and reports individuals with this restricted benefits code.</p>
<p>E: Individual is eligible for Medicaid or Medicaid Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based on substance abuse, medically needy, or other criteria) that do not meet the standard for Minimum Essential Coverage.</p>	<p>This code represents a variety of beneficiaries who are eligible only for limited benefits that do not meet the MEC standard and do not fit into other restricted benefits code categories.<sup>f</sup> Examples of what might be included in this code are benefits provided under a medically needy program, 1115 demonstrations that are not captured under Alternative Benefit Plans, tuberculosis-only coverage, or the inmate coverage exclusion. This code became a valid value in May 2020 but may be present in earlier years of data because some states resubmit historic files.</p>
<p>F: Individual is eligible for Medicaid but is only entitled to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID-19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020, as described in Sections 1902(a)(10)(A)(ii)(XXIII), 1902(ss), and clause XVIII in the matter following 1902(a)(10)(G) of the Social Security Act.</p>	<p>Section 6004(a)(3) of the Families First Coronavirus Response Act added Section 1902(a)(10)(A)(ii)(XXIII) to the Social Security Act. During any portion of the public health emergency period beginning March 18, 2020, this provision permits states to temporarily cover uninsured individuals through an optional Medicaid eligibility group for the limited purpose of COVID-19 testing, which includes in vitro diagnostic products for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 and any visit for COVID-19 testing-related services for which payment may be made under the State plan.<sup>g</sup></p>

Valid values and description of restricted benefits code	Details
<p>G: Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status Medicare Part B-ID End Stage Renal Disease (ESRD) Benefit.</p>	<p>Section 402 of the Consolidated Appropriations Act, 2021 extended eligibility for immunosuppressive drug (ID) coverage under Medicare Part B for certain individuals whose Medicare entitlement based on ESRD would otherwise end 36 months after a successful kidney transplant, effective January 2023.</p> <p>Individuals are only eligible for Medicare Part B-ID benefit coverage if they do not have any other private insurance, Medicaid, or other public coverage of immunosuppressive drugs. As of the time of this publication, all states cover immunosuppressive drugs for beneficiaries with full Medicaid benefits. Therefore, the only Medicaid enrollees who are also have Part B-ID benefit are those with partial Medicaid-Medicare dual eligibility via enrollment in an MSP.<sup>h</sup> These beneficiaries are eligible for Medicaid to pay the Medicare premium and, if applicable, Medicare cost-sharing for the Part B-ID benefit.</p>
<p><b>Not eligible</b></p>	
<p>0: Individual is not eligible for Medicaid or CHIP during the month.</p>	<p>The beneficiary is not entitled to Medicaid or CHIP benefits during the month.</p>

Source: Annual DE Codebook.

Note: One value for the restricted benefits code are not included in this table. RSTRCTD\_BNFTS\_CD = B (Individual is eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account [HOA]) refers to a 5-year demonstration that began in 2007, but no beneficiaries have been in this category in recent years (Centers for Medicare & Medicaid Services [CMS] 2007).

<sup>a</sup> Additional information about the Alternatives to Psychiatric Residential Treatment Facilities Demonstration is available at <https://www.medicaid.gov/medicaid/long-term-services-supports/alternatives-psychiatric-residential-treatment-facilities>.

<sup>b</sup> Medicaid Secretary-approved Minimum Essential Coverage from February 16, 2016, is available at <https://www.medicaid.gov/sites/default/files/2020-01/state-mec-designations.pdf>.

<sup>c</sup> The American Rescue Plan Act of 2021 provided states with the option to extend postpartum coverage from 60 days to 12 months, and states that chose to extend postpartum coverage to 12 months were required to provide full-benefit pregnancy-related coverage. CMS guidance on the option to extend postpartum coverage is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf>. Three states that previously only covered limited benefits for individuals eligible based on pregnancy submitted and obtained approval for State Plan Amendments (SPA) to extend coverage for these individuals. Idaho's SPA is available at <https://www.medicaid.gov/CHIP/Downloads/ID-25-0002.pdf>. Arkansas' SPA is available at <http://www.medicaid.gov/medicaid/spa/downloads/AR-22-0027.pdf>. South Dakota's SPA is available at <https://www.medicaid.gov/medicaid/spa/downloads/SD-23-0008.pdf>.

<sup>d</sup> In February 2020, CMS released guidance that (1) the restricted benefits code value of 5 should be used only if the coverage meets the MEC standard and (2) a new valid value of E should be used if the coverage does not meet the MEC standard. This guidance took effect in May 2020. Because states vary in their resubmission of historic data, the TAF data for some states might include these updated values in the years before 2019. CMS guidance to states for reporting restricted benefits codes is available at <https://www.medicaid.gov/tmsis/dataguide/v3/t-msis-coding-blog/cms-guidance-reporting-restricted-benefits-code-in-the-t-msis-eligible-file/>.

<sup>e</sup> CMS guidance to states on reporting expectations for dually eligible beneficiaries is available at <https://www.medicaid.gov/tmsis/dataguide/v3/t-msis-coding-blog/cms-guidance-reporting-expectations-for-dually-eligible-beneficiaries-updated/>.

<sup>f</sup> For additional information on family planning services eligibility, see <https://www.medicaid.gov/resources-for-states/downloads/macpro-ig-individuals-eligible-for-family-planning-services.pdf>.

<sup>g</sup> In April 2020, CMS added a new restricted benefits code valid value, F, for people who are entitled only to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID-19 testing-related service. CMS guidance to states on reporting uninsured individuals who receive coverage for COVID-19 testing services is available at <https://www.medicaid.gov/tmsis/dataguide/v3/t-msis-coding-blog/cms-guidance-reporting-individuals-who-receive-medicaid-coverage-for-covid-19-testing-in-the-t-msis-eligible-file/>.

<sup>h</sup> Additional information on the Medicare Part B-ID ESRD Benefit is available at <https://www.cms.gov/partbid-provider>. CMS guidance to states on reporting expectations for dual-eligible beneficiaries with this benefit is available at <https://www.medicaid.gov/tmsis/dataguide/t-msis-coding-blog/cms-technical-instructions-reporting-beneficiaries-dually-eligible-for-medicaid-and-medicare-part-b-immunosuppressive-drug-id-benefits-to-t-msis/>.

## VI. Identifying specific groups of beneficiaries

TAF users may wish to identify a subgroup of beneficiaries or exclude particular beneficiaries from their analyses. In many cases, there are multiple data elements that could potentially be used to identify beneficiaries enrolled in Medicaid or in CHIP. Additionally, the annual DE file includes monthly variables, so users interested in enrollment in a particular month must focus on the specific variables that correspond to that month.<sup>23</sup> Furthermore, some rows in the annual DE file are dummy records for beneficiary identification numbers that appear in claims but for which the state did not submit any eligibility records, and other rows are missing information on the type of enrollment. The structure of the annual DE file and these exceptions make the process of identifying specific groups of beneficiaries complex. This section describes how to use the base file to determine whether beneficiary groups of particular interest were enrolled in a month of interest.

### A. All enrolled beneficiaries

There are a number of ways to identify beneficiaries who are enrolled in a certain month. Some of the most common include (1) CHIP code (`CHIP_CD_mm = 1, 2, 3, or 4`), (2) eligibility group code (`ELGBLTY_GRP_CD_mm = 01–76`), or (3) Medicaid or CHIP enrolled days (`MDCD_ENRLMT_DAYS_mm > 0` or `CHIP_ENRLMT_DAYS_mm > 0`), where “mm” indicates the month: 01–12.

Because some states are having trouble reporting enrolled days (which are the basis for `MDCD_ENRLMT_DAYS_mm` and `CHIP_ENRLMT_DAYS_mm`), and for consistency in identifying subgroups (for instance, separating Medicaid and CHIP beneficiaries), we recommend that enrolled beneficiaries be identified by using `CHIP_CD_mm = 1, 2, 3, or 4`; or when `CHIP_CD` is equal to null, by using `ELGBLTY_GRP_CD_mm = 01–76`.<sup>24</sup>

### B. Medicaid beneficiaries

There are a number of ways to identify Title XIX Medicaid beneficiaries. In most cases, the most reliable approach is to use the variable `CHIP_CD_mm` (`CHIP_CD_mm = 1`). Because some states do not populate `CHIP_CD_mm` for all beneficiaries, in which case `CHIP_CD_mm` would be missing, users can also use `ELGBLTY_GRP_CD_mm = 1–60` or `69–76` to identify Medicaid beneficiaries when CHIP code is missing.<sup>25</sup>

TAF users can use `MISG_ENRLMT_TYPE_IND_mm` to distinguish between beneficiaries who were not enrolled in the month of interest (for which `CHIP_CD` should be equal to null) and beneficiaries for whom `CHIP_CD` is erroneously equal to null. A null value for the `MISG_ENRLMT_TYPE_IND_mm` variable

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<sup>23</sup> Additional details on enrollment spans are in the eligibility dates supplemental file.

<sup>24</sup> More information on how well the Medicaid and CHIP population with comprehensive benefits can be identified in the TAF is available in “Total Medicaid and CHIP Enrollment” in the Explore by Topic section of *DQ Atlas*.

<sup>25</sup> A test of alternative specifications for identifying Title XIX Medicaid beneficiaries using the 2016 TAF data indicated that using CHIP code and using eligibility group code only when CHIP code was missing resulted in the best alignment between the TAF and an external benchmark across the largest number of states. This approach outperformed using CHIP code alone.

means that the beneficiary was not enrolled for at least one day in the month of interest. If this variable is populated with a 0 or 1, then the beneficiary was enrolled in some type of Medicaid or CHIP program for one or more days in that month, and CHIP\_CD\_mm (and ELGLTY\_GRP\_CD\_mm) should be populated.

In historical data, a very small number of states used CHIP\_CD\_mm = 4 for beneficiaries enrolled in both Medicaid and S-CHIP in a month (in other words, the beneficiary is enrolled in Medicaid for part of the month and in S-CHIP for another part of the month). Although this value of the CHIP code has been phased out, if TAF users would like to include this population in their Medicaid count, they can identify Medicaid beneficiaries as CHIP\_CD = 1 or 4.

MDCD\_ENRLMT\_DAYS\_mm cannot be used to identify Title XIX Medicaid beneficiaries because it includes Title XXI M-CHIP beneficiaries.<sup>26</sup>

### C. CHIP beneficiaries

States may use Title XXI CHIP funds to expand their Medicaid programs to low-income children who do not otherwise qualify for Medicaid (referred to as Medicaid Expansion, or M-CHIP), create a program separate from their existing Medicaid programs (referred to as Separate CHIP, or S-CHIP), or adopt a combination of the two approaches.

There are a number of ways to identify Title XXI CHIP beneficiaries, including CHIP code and S-CHIP enrollment days. States should be populating consistent information across these data elements. For example, if CHIP code identifies an individual as enrolled in S-CHIP, that individual should also be identified as a CHIP beneficiary by the eligibility group code variable and have non-zero CHIP enrollment days. However, the information from these data elements is not always consistent. In most cases, using the variable CHIP\_CD\_mm (CHIP\_CD\_mm = 2 or 3) is the most reliable way—and is therefore the recommended way—to identify Title XXI CHIP beneficiaries.<sup>27</sup> However, because some states do not populate CHIP\_CD\_mm for all beneficiaries, this variable may be missing. When this occurs, ELGLTY\_GRP\_CD\_mm = 61–68 can be used to identify Title XXI CHIP beneficiaries. The eligibility group code should not be used alone to identify Title XXI CHIP beneficiaries because states might report some Title XXI M-CHIP enrollees using ELGLTY\_GRP\_CD\_mm = 07 or 31.<sup>28</sup>

TAF users can use MISG\_ENRLMT\_TYPE\_IND\_mm to distinguish between beneficiaries who were not enrolled in the month of interest (for which CHIP\_CD\_mm should be equal to null) and beneficiaries for whom CHIP\_CD is erroneously equal to null. A null value for the MISG\_ENRLMT\_TYPE\_IND\_mm variable specifies that the beneficiary was not enrolled for at least one day in the month of interest. If this

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<sup>26</sup> More information on how well the Medicaid population can be identified in the TAF is available in “Medicaid-Only Enrollment” in the Explore by Topic section of *DQ Atlas*.

<sup>27</sup> A test of alternative specifications for identifying Title XXI CHIP beneficiaries using the 2016 TAF data indicated that using CHIP code alone resulted in the highest alignment with an external benchmark across the largest number of states.

<sup>28</sup> States may use eligibility group codes 07 and 31 for either Title XIX Medicaid beneficiaries or Title XXI M-CHIP beneficiaries.

variable is populated with a 0 or a 1, the beneficiary was enrolled in some type of program for one or more days in that month, and CHIP\_CD\_mm (or ELGBLTY\_GRP\_CD\_mm when CHIP\_CD\_mm is missing) should be populated.

A very small number of states are using CHIP\_CD\_mm = 4 for beneficiaries enrolled in both Medicaid and S-CHIP in a month (in other words, the beneficiary is enrolled in Medicaid for part of the month and in S-CHIP for another part of the month). Although this value of the CHIP code is being phased out, TAF users who would like to include this population in their CHIP count can identify CHIP beneficiaries as CHIP\_CD = 2, 3, or 4.

If TAF users are interested in distinguishing between M-CHIP and S-CHIP beneficiaries, CHIP\_CD\_mm is the only variable that can be used for this purpose. However, some states may have difficulty correctly differentiating between M-CHIP and S-CHIP beneficiaries using CHIP code.<sup>29</sup>

CHIP\_ENRLMT\_DAYS\_mm will only identify S-CHIP beneficiaries, so it cannot be used to identify all Title XXI CHIP beneficiaries. The variable ELGBLTY\_GRP\_CD\_mm can only be used to distinguish between Title XIX Medicaid (1–60 or 69–76) and Title XXI CHIP (61–68) when CHIP\_CD\_mm is missing.<sup>30</sup>

### D. Dually eligible beneficiaries

TAF users can identify beneficiaries who are simultaneously enrolled in both Medicare and Medicaid during the month by using the dual eligible code (DUAL\_ELGBL\_CD\_mm). Dually eligible beneficiaries should have a dual status code of 01, 02, 03, 04, 05, 06, 08, or 09.

Dually eligible beneficiaries fall into two groups—those who qualify for full-scope Medicaid and those who qualify for only partial benefits. Dually eligible beneficiaries who qualify for partial benefits (sometimes referred to as the “partial dual” population) are entitled to have Medicaid pay for some but not all of the expenses they incur under Medicare. These expenses include the premiums for Part A and for Part B, if applicable. Medicaid may also pay for some other cost-sharing amounts owed under Medicare, such as deductibles, coinsurance, and copayments. Dually eligible beneficiaries who qualify for full-scope benefits (sometimes referred to as the “full dual” population) are additionally entitled to Medicaid coverage for services that Medicare does not cover, such as most types of long-term services and supports. The dual eligible code can be used to differentiate between these two groups. Dually eligible beneficiaries with full benefits have a dual status code of 02, 04, or 08. Dually eligible beneficiaries with partial benefits have a dual status code of 01, 03, 05, or 06.

Some dually eligible beneficiaries cannot be easily classified into either the full dual or partial dual population. Dual status code 09 (Eligible is entitled to Medicare – Other) is rarely used by states, as it requires specific CMS approval. Dual status code 10 (Separate CHIP Eligible is entitled to Medicare)

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<sup>29</sup> Information on the states that report beneficiaries using a CHIP code that is inconsistent with the CHIP program type operating in the state is available in “CHIP Code” in the Explore by Topic section of *DQ Atlas*.

<sup>30</sup> More information on how well the CHIP population can be identified in the TAF is available in “M-CHIP and S-CHIP Enrollment” in the Explore by Topic section of *DQ Atlas*.

should not be used when identifying beneficiaries dually eligible Medicaid beneficiaries, as it is used only for S-CHIP beneficiaries who are also enrolled in Medicare.<sup>31</sup>

## E. The expansion population

Under the ACA, Medicaid eligibility was extended to nearly all adults younger than 65 with an income below 138 percent of the federal poverty level.<sup>32</sup> The expansion is not mandatory, but CMS requires states that used the authority of the ACA to provide Medicaid coverage to low-income adults to report these Medicaid beneficiaries using the eligibility group code (ELGBLTY\_GRP\_CD\_mm) values of 72, 73, 74, or 75.<sup>33,34</sup> Eligibility group code 72 (ELGBLTY\_GRP\_CD\_mm = 72) is for newly eligible adult expansion beneficiaries—those who would not qualify for Medicaid under the state’s program rules in place as of December 1, 2009. Eligibility group codes 73, 74, and 75 (ELGBLTY\_GRP\_CD\_mm = 73, 74, and 75) are for not newly eligible adult expansion beneficiaries, i.e., those who would qualify under the previous rules (CMS 2013). However, not all Medicaid expansion states are reporting beneficiaries to these codes.<sup>35</sup> In some cases, this may reflect a broader difficulty states have in reporting the new eligibility group code information that is required by T-MSIS.

## F. Beneficiaries enrolled in managed care

Beneficiaries in the annual DE file who are enrolled in any type of managed care during the month can be identified by using the managed care plan type code (MC\_PLAN\_TYPE\_CD\_mm). A null value or a value of “00” in this field indicates the beneficiary was not enrolled in managed care during the month, as reported by the state.<sup>36</sup>

Beneficiaries whom the state reported as being enrolled in more than one managed care plan during the month will have only a single managed care plan type code represented in the DE base file for each month. The selection of this plan type value is based on a hierarchy (Table 5). For example, a beneficiary

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<sup>31</sup> More information on how well the dually eligible population can be identified in the TAF is available in “Dually Enrolled in Medicare” in the Explore by Topic section of *DQ Atlas*.

<sup>32</sup> This expansion population is also known as the VIII Group because its eligibility criteria are defined in Section 1902(10)(VIII) of the Social Security Act.

<sup>33</sup> In the 2016 TAF data, at least one state (Pennsylvania) was reporting adult expansion beneficiaries into eligibility group code 71, which represents other expansions implemented under the 1115 authority. TAF users interested in identifying this population may wish to examine eligibility group code 71 in expansion states that do not appear to be reporting any adult expansion enrollees in the expected eligibility group codes of 72-75.

<sup>34</sup> The District of Columbia reports their Medicaid adult expansion population with ELGBLTY\_GRP\_CD\_mm = 33 (Individuals above 133% Federal Poverty Level (FPL) under Age 65). Compared to most states, DC offers a more generous income threshold for expansion adults (up to 215% FPL). TAF users interested in identifying the adult expansion population in DC should include beneficiaries aged 18 or older where ELGBLTY\_GRP\_CD\_mm = 33.

<sup>35</sup> More information on how well the adult expansion population can be identified in the TAF is available in “Adult Expansion Enrollment” and “Newly Eligible Adult Enrollment” in the Explore by Topic section of *DQ Atlas*.

<sup>36</sup> The managed care plan type code of 00 (not applicable, individual is eligible for Medicaid or CHIP but not enrolled in a managed care plan) is no longer a valid value, but some states are still reporting beneficiaries in this category. More information on how well the managed care population can be identified in the TAF is available in “Enrollment in CMC Plans,” “Enrollment in BHO Plans,” and “Enrollment in PCCM Programs” in the Explore by Topic section of *DQ Atlas*.

enrolled in a comprehensive managed care organization (CMC) and a separate dental-only plan would be coded as enrolled in a CMC in the base file. To obtain complete information on all types of managed care that a beneficiary was enrolled in during the month—or to identify all beneficiaries enrolled in a specific type of managed care—requires use of the managed care supplemental file. Like the DE base file, the managed care supplemental file has one record per unique beneficiary. In the managed care supplemental file, TAF users can find the managed care plan ID associated with every plan a beneficiary was enrolled in (up to 16 plans per month) and the managed care plan type code associated with those plans.

**Table 5. Hierarchy for selecting the single managed care plan type for the base file record**

Priority	Code	Managed Care Plan Type
Priority 1	01	Comprehensive Managed Care Organization (CMC)
Priority 2	04	Health Insuring Organization (HIO)
Priority 3	05	Medical-only Prepaid Inpatient Health Plan (PIHP)
Priority 4	06	Medical-only Prepaid Ambulatory Health Plan (PAHP)
Priority 5	15	Transportation PAHP
Priority 6	07	Long-Term Care (LTC) PIHP
Priority 7	14	Dental PAHP
Priority 8	17	Program of All-Inclusive Care for the Elderly (PACE)
Priority 9	08	Mental Health (MH) PIHP
Priority 10	09	MH PAHP
Priority 11	10	Substance Use Disorders (SUD) PIHP
Priority 12	11	SUD PAHP
Priority 13	12	MH and SUD PIHP
Priority 14	13	MH and SUD PAHP
Priority 15	19	Individual is enrolled in Long-Term Services & Supports (LTSS) and Mental Health (MH) PIHP
Priority 16	18	Pharmacy PAHP
Priority 17	16	Disease Management PAHP
Priority 18	02	Traditional Primary Care Case Management (PCCM) Provider
Priority 19	03	Enhanced PCCM Provider
Priority 20	60	Accountable Care Organization (ACO)
Priority 21	70	Health/Medical Home (HH)
Priority 22	80	Integrated Care For Dual Eligibles
Priority 23	20	Other

There are 23 valid values for plan type code in both the DE base and managed care supplemental files, plus other values that have been retired but might appear in historic enrollment, claims, and managed care TAF. For some analyses, users might want to roll up these plan type codes into higher-level categories.

One common approach is to group plan type codes into seven categories: comprehensive managed care, behavioral health organizations, managed long-term services and supports, other medical-only prepaid

health plans (noncomprehensive), nonmedical prepaid health plans, primary care case management, and other. Table 6 shows the mapping of plan type codes to these seven categories.

**Table 6. Types of managed care plans in the DE file**

Plan type	MC_PLAN_TYPE_CD_mm value(s)
<b>Comprehensive managed care</b>	01: Comprehensive Managed Care Organization 04: Health Insuring Organization (HIO) 80: Integrated Care for Dual Eligibles
<b>Behavioral health organizations</b>	08: Mental Health (MH) PIHP 09: Mental Health (MH) PAHP 10: Substance Use Disorders (SUD) PIHP 11: Substance Use Disorders (SUD) PAHP 12: Mental Health (MH) and Substance Use Disorders (SUD) PIHP 13: Mental Health (MH) and Substance Use Disorders (SUD) PAHP
<b>Managed long-term services and supports, including PACE</b>	07: Long-Term Services & Supports (LTSS) PIHP 17: Program of All-Inclusive Care for the Elderly (PACE) 19: Long-Term Services & Supports (LTSS) and Mental Health (MH) PIHP
<b>Medical-only prepaid health plans (noncomprehensive)</b>	05: Medical-Only PIHP (risk or nonrisk/noncomprehensive/with inpatient hospital or institutional services) 06: Medical-Only PAHP (risk or nonrisk/noncomprehensive/no inpatient hospital or institutional services)
<b>Nonmedical prepaid health plans</b>	14: Dental PAHP 15: Transportation PAHP 16: Disease Management PAHP 18: Pharmacy PAHP
<b>Primary care case management</b>	02: Traditional PCCM Provider arrangement 03: Enhanced PCCM Provider arrangement 70: Health/Medical Home ( <i>retired value but might appear in historic data</i> )
<b>Other managed care arrangements</b>	20: Other 60: Accountable Care Organization <sup>37</sup>

Depending on the analysis, different users might consider some of these categories to be equivalent to being in the FFS system. For example, enrollees who receive primary care case management without participating in any other type of managed care are usually classified as FFS enrollees. In some analyses, someone only enrolled in a nonmedical prepaid health plan (such as a dental-only or transportation-only plan) or “other” managed care arrangement would also be considered an FFS enrollee. Users should consider the goals of their analysis and the relevant types of managed care when determining how to classify beneficiaries as enrolled in managed care or the FFS system.

<sup>37</sup> As of 2021, only a single state (Vermont) was reporting any beneficiaries enrolled in an accountable care organization in T-MSIS. This program is not authorized to operate as a Medicaid managed care plan, but for the purposes of T-MSIS reporting, it is captured as a type of managed care. Users will need to decide whether to consider this to be managed care for the purpose of their analysis.

## VII. Demographic information

The annual DE base file includes a variety of demographic information: age (AGE, AGE\_GRP\_CD), sex (SEX\_CD), marital status (MRTL\_STUS\_CD), race/ethnicity (RACE\_ETHNCTY\_CD), income (INCM\_CD), and zip code (BENE\_ZIP\_CD), among other variables. Some of these variables are populated more completely and accurately than others. Age, sex, and zip code tend to be completely populated with reasonable values in nearly all states. In contrast, race/ethnicity and income level have historically high rates of missing values in many states because these two variables are often not required.<sup>38</sup>

There are a variety of indicators of vital status in the annual DE: birth date (BIRTH\_DT), death date (DEATH\_DT), and deceased flag (DEATH\_IND), among others. The deceased flag is set equal to 1 if the state reports a date of death on any active record for the month (and the date of death is in the TAF month), and beneficiaries with a death date are excluded from the subsequent months of the TAF even if there are still enrollment records for them.

## VIII. Waiver participation

States can use waiver authorities to experiment with the structure and delivery of services in their Medicaid program. TAF users may want to either explicitly study beneficiaries who are participating in a particular waiver or exclude them from their analyses entirely.<sup>39</sup> Waiver participation is a complex dimension of a beneficiary's status; for instance, a beneficiary can be participating in multiple waivers in the same month. As a result, there are no summary variables in the DE base file. Instead, information on waiver participation is in the variables WVR\_TYPE\_CD1\_mm to WVR\_TYPE\_CD10\_mm, which are in the waiver supplemental file. This file has one record for each beneficiary who was enrolled in at least one waiver in any month during the calendar year.<sup>40</sup> The possible waiver types are 1115, 1915(b), 1915(c), and 1332. The TAF includes up to 10 waivers in a month for each beneficiary, and users should exercise caution with this information because some states have incomplete data.

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<sup>38</sup> More information on the quality and completeness of key demographic characteristics in the TAF is available in "Age," "Sex," "Race and Ethnicity," "Income," and "ZIP Code" in the Explore by Topic section of *DQ Atlas*.

<sup>39</sup> For the complete list of state waivers, see <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

<sup>40</sup> There are also other variables in the waiver supplemental file that provide information on the following: the waiver ID (WVR\_ID1\_01 - WVR\_ID10\_12), the last-best waiver information for a beneficiary (\_1115\_WVR\_TYPE and \_1915C\_WVR\_TYPE) as well as constructed summary counts of the number of months in which a beneficiary was enrolled in various types of waivers (for instance \_1115\_PHRMCY\_PLUS\_WVR\_MOS and \_1115\_DSTR\_REL\_WVR\_MOS).

## References

- Centers for Medicare & Medicaid Services. "April 2019 Medicaid and CHIP Enrollment Data Highlights." Available at <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>. Accessed July 19, 2019.
- Centers for Medicare & Medicaid Services. *DQ Atlas*. Available at <https://www.medicaid.gov/dq-atlas/>.
- Centers for Medicare & Medicaid Services. "Eligibility." Available at <https://www.medicaid.gov/medicaid/eligibility/index.html>. Accessed July 19, 2019b.
- Centers for Medicare & Medicaid Services. "Medicaid and CHIP FAQs: Newly Eligible FMAP and Expansion State FMAP." February 2013. Available at: <https://www.medicaid.gov/state-resource-center/FAQ-medicaid-and-chip-affordable-care-act-implementation/downloads/aca-faq-bhp.pdf>. Accessed April 15, 2019.
- Centers for Medicare & Medicaid Services. "Important Facts for State Policymakers: Deficit Reduction Act." Health Opportunity Accounts. Washington, DC: 2007. Available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/DeficitReductionAct/downloads/HOABackgrounder.pdf>.
- Westmoreland, T.M. Letter to state health officials on the Breast and Cervical Cancer Prevention and Treatment Act of 2000, authorizing the National Breast and Cervical Cancer Early Detection Program. Available at <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/sho010401.pdf>. Accessed July 19, 2019.

## Appendix A: Revision History

**Table A.1. Revisions to technical documentation, by version**

Version of documentation	Description of revision
October 2025	<ul style="list-style-type: none"> <li>• Updated recommended logic for assigning beneficiaries to eligibility categories in Section IV.D (Table 3) to align with current best practices.</li> <li>• Added information to Section IV.D (Table 3) and in Section VI.E to inform TAF users who are interested in identifying the expansion population that the District of Columbia reports adult expansion beneficiaries using eligibility group code 33.</li> <li>• Updated Section V (Table 4) to include new valid values 'G' and 'O' for restricted benefits code, revised the categorization of restricted benefits code '4' to “comprehensive benefits” for all states as of 2025, and provided contextual information for this update. Previously, restricted benefits code '4' was considered “limited benefits” for three states (Arkansas, Idaho, and South Dakota) and “comprehensive benefits” for all other states.</li> </ul>
April 2022	<ul style="list-style-type: none"> <li>• Updated language to clarify the following points:                             <ul style="list-style-type: none"> <li>– Eligibility group code alone cannot be used to identify the Title XXI CHIP population or to distinguish between Title XXI M-CHIP, Title XXI S-CHIP, and Title XXI Medicaid enrollees.</li> <li>– The recommended method for identifying Title XIX CHIP beneficiaries and differentiating between enrollment in Title XIX Medicaid, Title XXI M-CHIP, and Title XXI S-CHIP is to use the CHIP code. When the CHIP code is missing, users can then use eligibility group codes 61–68 to indicate CHIP enrollment, and 1–60 or 69–76 to indicate Medicaid enrollment.</li> </ul> </li> <li>• Added a new section, “Identifying new enrollment, continuous enrollment, and disenrollment,” which describes the new eligibility after end of year indicator.</li> <li>• Removed the section “Enrollment data completeness and quality,” which contained outdated information about the eligibility group code.</li> </ul>
August 2021	<ul style="list-style-type: none"> <li>• Added a description of two options for identifying unique beneficiaries: via the state-assigned identifier (MSIS ID) and via the federally assigned identifier (BENE ID).</li> <li>• Added eligibility group code 76, a new valid value in 2020 for beneficiaries newly eligible for COVID-19 testing and testing-related services</li> <li>• Simplified the algorithm for using eligibility group code and age to assign beneficiaries to eligibility categories</li> <li>• Added restricted benefits code E and F (new valid values in 2020) and revised the definition for restricted benefits code 5 (which changed when the new valid values were added in 2020).</li> <li>• Added information to account for new valid values of SUBMTG_STATE_CD for non-Medicaid entities from states that submit CHIP or TPA separately from Medicaid.</li> <li>• Provided more details on using the DE base and managed care supplemental files to identify beneficiaries enrolled in specific types of managed care.</li> <li>• Expanded the suggested grouping of managed care plan type codes into larger managed care categories (from five categories to seven).</li> <li>• Deleted references to a “DE Linkages Supplemental file,” which was planned but never created.</li> <li>• Clarified the nature of eligibility group codes 72–75, which represent beneficiaries who are part of the ACA Medicaid expansion for childless adults.</li> </ul>

## **Appendix B: Crosswalk Between Annual DE TAF and Medicaid Analytic eXtract (MAX) Person Summary (PS) File Data Elements**

Annual DE base file

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
SSN_NUM	EL_SSN	
BIRTH_DT	EL_DOB	
DEATH_DT	EL_DOD	
DCSD_FLAG	No equivalent in MAX	
AGE_NUM	No equivalent in MAX	
AGE_GRP_FLAG	EL_AGE_GRP_CD	Categories are different
GNDR_CD	EL_SEX_CD	
MRTL_STUS_CD	No equivalent in MAX	
INCM_CD	No equivalent in MAX	
VET_IND	No equivalent in MAX	
CTZNSHP_IND	No equivalent in MAX	
CTZNSHP_VRFCTN_IND	No equivalent in MAX	
IMGRTN_STUS_CD	No equivalent in MAX	
IMGRTN_VRFCTN_IND	No equivalent in MAX	
IMGRTN_STUS_5_YR_BAR_END_DT	No equivalent in MAX	
OTHR_LANG_HOME_CD	MDCR_LANG_CD	Categories are different
PRMRY_LANG_FLAG	MDCR_LANG_CD	Categories are different
PRMRY_LANG_ENGLSH_PRFCNCY_CD	No equivalent in MAX	
HSEHLD_SIZE_CD	No equivalent in MAX	
PRGNCY_FLAG_01	No equivalent in MAX	
PRGNCY_FLAG_02	No equivalent in MAX	
PRGNCY_FLAG_03	No equivalent in MAX	
PRGNCY_FLAG_04	No equivalent in MAX	
PRGNCY_FLAG_05	No equivalent in MAX	
PRGNCY_FLAG_06	No equivalent in MAX	
PRGNCY_FLAG_07	No equivalent in MAX	
PRGNCY_FLAG_08	No equivalent in MAX	
PRGNCY_FLAG_09	No equivalent in MAX	
PRGNCY_FLAG_10	No equivalent in MAX	
PRGNCY_FLAG_11	No equivalent in MAX	
PRGNCY_FLAG_12	No equivalent in MAX	
PRGNCY_FLAG_EVR	No equivalent in MAX	
CRTFD_AMRCN_INDN_ALSKN_NTV_IND	No equivalent in MAX	
ETHNCTY_CD	ETHNICITY_CODE	Categories are different
RACE_ETHNCTY_FLAG	EL_RACE_ETHNCTY_CD	Categories are different
RACE_ETHNCTY_EXP_FLAG	No equivalent in MAX	

Annual DE base file (continued)

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
ELGBL_ZIP_CD	EL_RSDNC_ZIP_CD_LTST	
ELGBL_CNTY_CD	EL_RSDNC_CNTY_CD_LTST	
ELGBL_STATE_CD	No equivalent in MAX	
ELGBLTY_GRP_CD_01	TMSIS_ELG_GRP_MO_1	MAX element added in 2014
ELGBLTY_GRP_CD_02	TMSIS_ELG_GRP_MO_2	MAX element added in 2014
ELGBLTY_GRP_CD_03	TMSIS_ELG_GRP_MO_3	MAX element added in 2014
ELGBLTY_GRP_CD_04	TMSIS_ELG_GRP_MO_4	MAX element added in 2014
ELGBLTY_GRP_CD_05	TMSIS_ELG_GRP_MO_5	MAX element added in 2014
ELGBLTY_GRP_CD_06	TMSIS_ELG_GRP_MO_6	MAX element added in 2014
ELGBLTY_GRP_CD_07	TMSIS_ELG_GRP_MO_7	MAX element added in 2014
ELGBLTY_GRP_CD_08	TMSIS_ELG_GRP_MO_8	MAX element added in 2014
ELGBLTY_GRP_CD_09	TMSIS_ELG_GRP_MO_9	MAX element added in 2014
ELGBLTY_GRP_CD_10	TMSIS_ELG_GRP_MO_10	MAX element added in 2014
ELGBLTY_GRP_CD_11	TMSIS_ELG_GRP_MO_11	MAX element added in 2014
ELGBLTY_GRP_CD_12	TMSIS_ELG_GRP_MO_12	MAX element added in 2014
ELGBLTY_GRP_CD_LTST	TMSIS_ELG_GRP_LTST	MAX element added in 2014
MASBOE_CD_01	MAX_ELG_CD_MO_1	Categories are different
MASBOE_CD_02	MAX_ELG_CD_MO_2	Categories are different
MASBOE_CD_03	MAX_ELG_CD_MO_3	Categories are different
MASBOE_CD_04	MAX_ELG_CD_MO_4	Categories are different
MASBOE_CD_05	MAX_ELG_CD_MO_5	Categories are different
MASBOE_CD_06	MAX_ELG_CD_MO_6	Categories are different
MASBOE_CD_07	MAX_ELG_CD_MO_7	Categories are different
MASBOE_CD_08	MAX_ELG_CD_MO_8	Categories are different
MASBOE_CD_09	MAX_ELG_CD_MO_9	Categories are different
MASBOE_CD_10	MAX_ELG_CD_MO_10	Categories are different
MASBOE_CD_11	MAX_ELG_CD_MO_11	Categories are different
MASBOE_CD_12	MAX_ELG_CD_MO_12	Categories are different
MASBOE_CD_LTST	EL_MAX_ELGBLTY_CD_LTST	Categories are different
CARE_LVL_STUS_CD	No equivalent in MAX	
DEAF_DSBL_FLAG_EVR	No equivalent in MAX	
BLND_DSBL_FLAG_EVR	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_EVR	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_EVR	No equivalent in MAX	
DFCLTY_DRNG_BTH_DSBL_FLAG_EVR	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_EVR	No equivalent in MAX	
OTHR_DSBL_FLAG_EVR	No equivalent in MAX	
MSIS_CASE_NUM	EL_STATE_CASE_NUM	
MDCD_ENRLMT_DAYS_01	EL_DAYS_EL_CNT_1	
MDCD_ENRLMT_DAYS_02	EL_DAYS_EL_CNT_2	
MDCD_ENRLMT_DAYS_03	EL_DAYS_EL_CNT_3	
MDCD_ENRLMT_DAYS_04	EL_DAYS_EL_CNT_4	
MDCD_ENRLMT_DAYS_05	EL_DAYS_EL_CNT_5	
MDCD_ENRLMT_DAYS_06	EL_DAYS_EL_CNT_6	

Annual DE base file (continued)

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
MDCD_ENRLMT_DAYS_07	EL_DAYS_EL_CNT_7	
MDCD_ENRLMT_DAYS_08	EL_DAYS_EL_CNT_8	
MDCD_ENRLMT_DAYS_09	EL_DAYS_EL_CNT_9	
MDCD_ENRLMT_DAYS_10	EL_DAYS_EL_CNT_10	
MDCD_ENRLMT_DAYS_11	EL_DAYS_EL_CNT_11	
MDCD_ENRLMT_DAYS_12	EL_DAYS_EL_CNT_12	
MDCD_ENRLMT_DAYS_YR	No equivalent in MAX	
CHIP_ENRLMT_DAYS_01	No equivalent in MAX	
CHIP_ENRLMT_DAYS_02	No equivalent in MAX	
CHIP_ENRLMT_DAYS_03	No equivalent in MAX	
CHIP_ENRLMT_DAYS_04	No equivalent in MAX	
CHIP_ENRLMT_DAYS_05	No equivalent in MAX	
CHIP_ENRLMT_DAYS_06	No equivalent in MAX	
CHIP_ENRLMT_DAYS_07	No equivalent in MAX	
CHIP_ENRLMT_DAYS_08	No equivalent in MAX	
CHIP_ENRLMT_DAYS_09	No equivalent in MAX	
CHIP_ENRLMT_DAYS_10	No equivalent in MAX	
CHIP_ENRLMT_DAYS_11	No equivalent in MAX	
CHIP_ENRLMT_DAYS_12	No equivalent in MAX	
CHIP_ENRLMT_DAYS_YR	No equivalent in MAX	
CHIP_CD_01	EL_CHIP_FLAG_1	Categories are different
CHIP_CD_02	EL_CHIP_FLAG_2	Categories are different
CHIP_CD_03	EL_CHIP_FLAG_3	Categories are different
CHIP_CD_04	EL_CHIP_FLAG_4	Categories are different
CHIP_CD_05	EL_CHIP_FLAG_5	Categories are different
CHIP_CD_06	EL_CHIP_FLAG_6	Categories are different
CHIP_CD_07	EL_CHIP_FLAG_7	Categories are different
CHIP_CD_08	EL_CHIP_FLAG_8	Categories are different
CHIP_CD_09	EL_CHIP_FLAG_9	Categories are different
CHIP_CD_10	EL_CHIP_FLAG_10	Categories are different
CHIP_CD_11	EL_CHIP_FLAG_11	Categories are different
CHIP_CD_12	EL_CHIP_FLAG_12	Categories are different
CHIP_CD_LTST	No equivalent in MAX	
MDCR_BENE_ID	No equivalent in MAX	
MDCR_HICN_NUM	EL_HIC_NUM	
STATE_SPEC_ELGBLTY_GRP_01	SS_ELG_CD_MO_1	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_02	SS_ELG_CD_MO_2	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_03	SS_ELG_CD_MO_3	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_04	SS_ELG_CD_MO_4	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_05	SS_ELG_CD_MO_5	State-specific; values may change over time

Annual DE base file (continued)

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
STATE_SPEC_ELGBLTY_GRP_06	SS_ELG_CD_MO_6	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_07	SS_ELG_CD_MO_7	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_08	SS_ELG_CD_MO_8	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_09	SS_ELG_CD_MO_9	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_10	SS_ELG_CD_MO_10	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_11	SS_ELG_CD_MO_11	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_12	SS_ELG_CD_MO_12	State-specific; values may change over time
STATE_SPEC_ELGBLTY_GRP_LTST	EL_SS_ELGBLTY_CD_LTST	State-specific; values may change over time
DUAL_ELGBL_CD_01	EL_MDCR_DUAL_MO_1	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_02	EL_MDCR_DUAL_MO_2	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_03	EL_MDCR_DUAL_MO_3	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_04	EL_MDCR_DUAL_MO_4	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_05	EL_MDCR_DUAL_MO_5	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_06	EL_MDCR_DUAL_MO_6	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_07	EL_MDCR_DUAL_MO_7	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_08	EL_MDCR_DUAL_MO_8	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_09	EL_MDCR_DUAL_MO_9	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_10	EL_MDCR_DUAL_MO_10	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_11	EL_MDCR_DUAL_MO_11	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_12	EL_MDCR_DUAL_MO_12	MAX element includes the EDB link but the TAF element does not
DUAL_ELGBL_CD_LTST	EL_MDCR_DUAL_ANN	MAX element includes the EDB link but the TAF element does not
MC_PLAN_TYPE_CD_01	EL_PHP_TYPE_1-4_1	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_02	EL_PHP_TYPE_1-4_2	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_03	EL_PHP_TYPE_1-4_3	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_04	EL_PHP_TYPE_1-4_4	TAF element is identified through a hierarchy to select one plan per month

Annual DE base file (continued)

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
MC_PLAN_TYPE_CD_05	EL_PHP_TYPE_1-4_5	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_06	EL_PHP_TYPE_1-4_6	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_07	EL_PHP_TYPE_1-4_7	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_08	EL_PHP_TYPE_1-4_8	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_09	EL_PHP_TYPE_1-4_9	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_10	EL_PHP_TYPE_1-4_10	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_11	EL_PHP_TYPE_1-4_11	TAF element is identified through a hierarchy to select one plan per month
MC_PLAN_TYPE_CD_12	EL_PHP_TYPE_1-4_12	TAF element is identified through a hierarchy to select one plan per month
RSTRCTD_BNFTS_CD_01	EL_RSTRCT_BNFT_FLG_1	Categories are different
RSTRCTD_BNFTS_CD_02	EL_RSTRCT_BNFT_FLG_2	Categories are different
RSTRCTD_BNFTS_CD_03	EL_RSTRCT_BNFT_FLG_3	Categories are different
RSTRCTD_BNFTS_CD_04	EL_RSTRCT_BNFT_FLG_4	Categories are different
RSTRCTD_BNFTS_CD_05	EL_RSTRCT_BNFT_FLG_5	Categories are different
RSTRCTD_BNFTS_CD_06	EL_RSTRCT_BNFT_FLG_6	Categories are different
RSTRCTD_BNFTS_CD_07	EL_RSTRCT_BNFT_FLG_7	Categories are different
RSTRCTD_BNFTS_CD_08	EL_RSTRCT_BNFT_FLG_8	Categories are different
RSTRCTD_BNFTS_CD_09	EL_RSTRCT_BNFT_FLG_9	Categories are different
RSTRCTD_BNFTS_CD_10	EL_RSTRCT_BNFT_FLG_10	Categories are different
RSTRCTD_BNFTS_CD_11	EL_RSTRCT_BNFT_FLG_11	Categories are different
RSTRCTD_BNFTS_CD_12	EL_RSTRCT_BNFT_FLG_12	Categories are different
RSTRCTD_BNFTS_CD_LTST	No equivalent in MAX	
SSDI_IND	No equivalent in MAX	
SSI_IND	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD	No equivalent in MAX	
SSI_STUS_CD	No equivalent in MAX	
BIRTH_CNCPTN_IND	No equivalent in MAX	
TANF_CASH_CD	EL_TANF_CASH_FLG_1-12	TAF element is defined as last-best; MAX elements are monthly
TPL_INSRNC_CVRG_IND	EL_PRVT_INSRNC_MO_CNT	TAF element is defined as last-best; MAX element is number of months
TPL_OTHR_CVRG_IND	No equivalent in MAX	
EL_DTS_SPLMTL	No equivalent in MAX	
MNGD_CARE_SPLMTL	No equivalent in MAX	
HCBS_COND_SPLMTL	No equivalent in MAX	
LCKIN_SPLMTL	No equivalent in MAX	
LTSS_SPLMTL	No equivalent in MAX	
MFP_SPLMTL	No equivalent in MAX	
HH_SPO_SPLMTL	No equivalent in MAX	

**Annual DE base file (continued)**

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
OTHER_NEEDS_SPLMTL	No equivalent in MAX	
WAIVER_SPLMTL	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_01	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_02	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_03	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_04	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_05	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_06	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_07	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_08	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_09	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_10	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_11	No equivalent in MAX	
MISG_ENRLMT_TYPE_IND_12	No equivalent in MAX	
MISG_ELGLTY_DATA_IND	MSNG_ELG_DATA	

**Annual DE eligibility dates supplemental file**

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
ENRL_TYPE_FLAG	No equivalent in MAX	
ENRLMT_EFCTV_CY_DT	No equivalent in MAX	
ENRLMT_END_CY_DT	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	

Annual DE name, address, and phone file

Annual DE TAF data element (variable name)	MAX PS data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
ELGBL_1ST_NAME	No equivalent in MAX	
ELGBL_LAST_NAME	No equivalent in MAX	
ELGBL_MDL_INITL_NAME	No equivalent in MAX	
ELGBL_ADR_MAIL_FLAG	No equivalent in MAX	
ELGBL_LINE_1_ADR	No equivalent in MAX	
ELGBL_LINE_2_ADR	No equivalent in MAX	
ELGBL_LINE_3_ADR	No equivalent in MAX	
ELGBL_CITY_NAME	No equivalent in MAX	
ELGBL_ZIP_CD	EL_RSDNC_ZIP_CD_LTST	
ELGBL_CNTY_CD	EL_RSDNC_CNTY_CD_LTST	
ELGBL_STATE_CD	No equivalent in MAX	
ELGBL_PHNE_NUM_HOME	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	

Annual DE managed care supplemental file

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
CMPRHNSV_MC_PLAN_MOS	EL_PPH_PLN_MO_CNT_CMCP	
TRDTNL_PCCM_MC_PLAN_MOS	EL_PPH_PLN_MO_CNT_PCCM	TAF element is traditional PCCM only; MAX element is both traditional and enhanced PCCM
ENHNCD_PCCM_MC_PLAN_MOS	EL_PPH_PLN_MO_CNT_PCCM	TAF element is traditional PCCM only; MAX element is both traditional and enhanced PCCM
HIO_MC_PLAN_MOS	No equivalent in MAX	
PIHP_MC_PLAN_MOS	No equivalent in MAX	
PAHP_MC_PLAN_MOS	No equivalent in MAX	
LTC_PIHP_MC_PLAN_MOS	EL_PPH_PLN_MO_CNT_LTCM	
MH_PIHP_MC_PLAN_MOS	No equivalent in MAX	
MH_PAHP_MC_PLAN_MOS	No equivalent in MAX	
SUD_PIHP_MC_PLAN_MOS	No equivalent in MAX	
SUD_PAHP_MC_PLAN_MOS	No equivalent in MAX	
MH_SUD_PIHP_MC_PLAN_MOS	No equivalent in MAX	
MH_SUD_PAHP_MC_PLAN_MOS	No equivalent in MAX	
DNTL_PAHP_MC_PLAN_MOS	EL_PPH_PLN_MO_CNT_DMCP	
TRANSPRTN_PAHP_MC_PLAN_MOS	No equivalent in MAX	
DEASE_MGMT_MC_PLAN_MOS	No equivalent in MAX	
PACE_MC_PLAN_MOS	EL_PPH_PLN_MO_CNT_AICE	
PHRMCY_PAHP_MC_PLAN_MOS	No equivalent in MAX	
ACNTBL_MC_PLAN_MOS	No equivalent in MAX	
HM_HOME_MC_PLAN_MOS	No equivalent in MAX	
IC_DUALS_MC_PLAN_MOS	No equivalent in MAX	
MC_PLAN_ID1_01	EL_PHP_ID_1_1	Categories are different
MC_PLAN_ID1_02	EL_PHP_ID_1_2	Categories are different
MC_PLAN_ID1_03	EL_PHP_ID_1_3	Categories are different
MC_PLAN_ID1_04	EL_PHP_ID_1_4	Categories are different
MC_PLAN_ID1_05	EL_PHP_ID_1_5	Categories are different
MC_PLAN_ID1_06	EL_PHP_ID_1_6	Categories are different
MC_PLAN_ID1_07	EL_PHP_ID_1_7	Categories are different
MC_PLAN_ID1_08	EL_PHP_ID_1_8	Categories are different
MC_PLAN_ID1_09	EL_PHP_ID_1_9	Categories are different
MC_PLAN_ID1_10	EL_PHP_ID_1_10	Categories are different
MC_PLAN_ID1_11	EL_PHP_ID_1_11	Categories are different
MC_PLAN_ID1_12	EL_PHP_ID_1_12	Categories are different
MC_PLAN_TYPE_CD1_01	EL_PHP_TYPE_1_1	Categories are different

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_TYPE_CD1_02	EL_PHP_TYPE_1_2	Categories are different
MC_PLAN_TYPE_CD1_03	EL_PHP_TYPE_1_3	Categories are different
MC_PLAN_TYPE_CD1_04	EL_PHP_TYPE_1_4	Categories are different
MC_PLAN_TYPE_CD1_05	EL_PHP_TYPE_1_5	Categories are different
MC_PLAN_TYPE_CD1_06	EL_PHP_TYPE_1_6	Categories are different
MC_PLAN_TYPE_CD1_07	EL_PHP_TYPE_1_7	Categories are different
MC_PLAN_TYPE_CD1_08	EL_PHP_TYPE_1_8	Categories are different
MC_PLAN_TYPE_CD1_09	EL_PHP_TYPE_1_9	Categories are different
MC_PLAN_TYPE_CD1_10	EL_PHP_TYPE_1_10	Categories are different
MC_PLAN_TYPE_CD1_11	EL_PHP_TYPE_1_11	Categories are different
MC_PLAN_TYPE_CD1_12	EL_PHP_TYPE_1_12	Categories are different
MC_PLAN_ID2_01	EL_PHP_ID_2_1	Categories are different
MC_PLAN_ID2_02	EL_PHP_ID_2_2	Categories are different
MC_PLAN_ID2_03	EL_PHP_ID_2_3	Categories are different
MC_PLAN_ID2_04	EL_PHP_ID_2_4	Categories are different
MC_PLAN_ID2_05	EL_PHP_ID_2_5	Categories are different
MC_PLAN_ID2_06	EL_PHP_ID_2_6	Categories are different
MC_PLAN_ID2_07	EL_PHP_ID_2_7	Categories are different
MC_PLAN_ID2_08	EL_PHP_ID_2_8	Categories are different
MC_PLAN_ID2_09	EL_PHP_ID_2_9	Categories are different
MC_PLAN_ID2_10	EL_PHP_ID_2_10	Categories are different
MC_PLAN_ID2_11	EL_PHP_ID_2_11	Categories are different
MC_PLAN_ID2_12	EL_PHP_ID_2_12	Categories are different
MC_PLAN_TYPE_CD2_01	EL_PHP_TYPE_2_1	Categories are different
MC_PLAN_TYPE_CD2_02	EL_PHP_TYPE_2_2	Categories are different
MC_PLAN_TYPE_CD2_03	EL_PHP_TYPE_2_3	Categories are different
MC_PLAN_TYPE_CD2_04	EL_PHP_TYPE_2_4	Categories are different
MC_PLAN_TYPE_CD2_05	EL_PHP_TYPE_2_5	Categories are different
MC_PLAN_TYPE_CD2_06	EL_PHP_TYPE_2_6	Categories are different
MC_PLAN_TYPE_CD2_07	EL_PHP_TYPE_2_7	Categories are different
MC_PLAN_TYPE_CD2_08	EL_PHP_TYPE_2_8	Categories are different
MC_PLAN_TYPE_CD2_09	EL_PHP_TYPE_2_9	Categories are different
MC_PLAN_TYPE_CD2_10	EL_PHP_TYPE_2_10	Categories are different
MC_PLAN_TYPE_CD2_11	EL_PHP_TYPE_2_11	Categories are different
MC_PLAN_TYPE_CD2_12	EL_PHP_TYPE_2_12	Categories are different
MC_PLAN_ID3_01	EL_PHP_ID_3_1	Categories are different
MC_PLAN_ID3_02	EL_PHP_ID_3_2	Categories are different
MC_PLAN_ID3_03	EL_PHP_ID_3_3	Categories are different
MC_PLAN_ID3_04	EL_PHP_ID_3_4	Categories are different
MC_PLAN_ID3_05	EL_PHP_ID_3_5	Categories are different
MC_PLAN_ID3_06	EL_PHP_ID_3_6	Categories are different
MC_PLAN_ID3_07	EL_PHP_ID_3_7	Categories are different
MC_PLAN_ID3_08	EL_PHP_ID_3_8	Categories are different
MC_PLAN_ID3_09	EL_PHP_ID_3_9	Categories are different

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_ID3_10	EL_PHP_ID_3_10	Categories are different
MC_PLAN_ID3_11	EL_PHP_ID_3_11	Categories are different
MC_PLAN_ID3_12	EL_PHP_ID_3_12	Categories are different
MC_PLAN_TYPE_CD3_01	EL_PHP_TYPE_3_1	Categories are different
MC_PLAN_TYPE_CD3_02	EL_PHP_TYPE_3_2	Categories are different
MC_PLAN_TYPE_CD3_03	EL_PHP_TYPE_3_3	Categories are different
MC_PLAN_TYPE_CD3_04	EL_PHP_TYPE_3_4	Categories are different
MC_PLAN_TYPE_CD3_05	EL_PHP_TYPE_3_5	Categories are different
MC_PLAN_TYPE_CD3_06	EL_PHP_TYPE_3_6	Categories are different
MC_PLAN_TYPE_CD3_07	EL_PHP_TYPE_3_7	Categories are different
MC_PLAN_TYPE_CD3_08	EL_PHP_TYPE_3_8	Categories are different
MC_PLAN_TYPE_CD3_09	EL_PHP_TYPE_3_9	Categories are different
MC_PLAN_TYPE_CD3_10	EL_PHP_TYPE_3_10	Categories are different
MC_PLAN_TYPE_CD3_11	EL_PHP_TYPE_3_11	Categories are different
MC_PLAN_TYPE_CD3_12	EL_PHP_TYPE_3_12	Categories are different
MC_PLAN_ID4_01	EL_PHP_ID_4_1	Categories are different
MC_PLAN_ID4_02	EL_PHP_ID_4_2	Categories are different
MC_PLAN_ID4_03	EL_PHP_ID_4_3	Categories are different
MC_PLAN_ID4_04	EL_PHP_ID_4_4	Categories are different
MC_PLAN_ID4_05	EL_PHP_ID_4_5	Categories are different
MC_PLAN_ID4_06	EL_PHP_ID_4_6	Categories are different
MC_PLAN_ID4_07	EL_PHP_ID_4_7	Categories are different
MC_PLAN_ID4_08	EL_PHP_ID_4_8	Categories are different
MC_PLAN_ID4_09	EL_PHP_ID_4_9	Categories are different
MC_PLAN_ID4_10	EL_PHP_ID_4_10	Categories are different
MC_PLAN_ID4_11	EL_PHP_ID_4_11	Categories are different
MC_PLAN_ID4_12	EL_PHP_ID_4_12	Categories are different
MC_PLAN_TYPE_CD4_01	EL_PHP_TYPE_4_1	Categories are different
MC_PLAN_TYPE_CD4_02	EL_PHP_TYPE_4_2	Categories are different
MC_PLAN_TYPE_CD4_03	EL_PHP_TYPE_4_3	Categories are different
MC_PLAN_TYPE_CD4_04	EL_PHP_TYPE_4_4	Categories are different
MC_PLAN_TYPE_CD4_05	EL_PHP_TYPE_4_5	Categories are different
MC_PLAN_TYPE_CD4_06	EL_PHP_TYPE_4_6	Categories are different
MC_PLAN_TYPE_CD4_07	EL_PHP_TYPE_4_7	Categories are different
MC_PLAN_TYPE_CD4_08	EL_PHP_TYPE_4_8	Categories are different
MC_PLAN_TYPE_CD4_09	EL_PHP_TYPE_4_9	Categories are different
MC_PLAN_TYPE_CD4_10	EL_PHP_TYPE_4_10	Categories are different
MC_PLAN_TYPE_CD4_11	EL_PHP_TYPE_4_11	Categories are different
MC_PLAN_TYPE_CD4_12	EL_PHP_TYPE_4_12	Categories are different
MC_PLAN_ID5_01	No equivalent in MAX	
MC_PLAN_ID5_02	No equivalent in MAX	
MC_PLAN_ID5_03	No equivalent in MAX	
MC_PLAN_ID5_04	No equivalent in MAX	
MC_PLAN_ID5_05	No equivalent in MAX	

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_ID5_06	No equivalent in MAX	
MC_PLAN_ID5_07	No equivalent in MAX	
MC_PLAN_ID5_08	No equivalent in MAX	
MC_PLAN_ID5_09	No equivalent in MAX	
MC_PLAN_ID5_10	No equivalent in MAX	
MC_PLAN_ID5_11	No equivalent in MAX	
MC_PLAN_ID5_12	No equivalent in MAX	
MC_PLAN_TYPE_CD5_01	No equivalent in MAX	
MC_PLAN_TYPE_CD5_02	No equivalent in MAX	
MC_PLAN_TYPE_CD5_03	No equivalent in MAX	
MC_PLAN_TYPE_CD5_04	No equivalent in MAX	
MC_PLAN_TYPE_CD5_05	No equivalent in MAX	
MC_PLAN_TYPE_CD5_06	No equivalent in MAX	
MC_PLAN_TYPE_CD5_07	No equivalent in MAX	
MC_PLAN_TYPE_CD5_08	No equivalent in MAX	
MC_PLAN_TYPE_CD5_09	No equivalent in MAX	
MC_PLAN_TYPE_CD5_10	No equivalent in MAX	
MC_PLAN_TYPE_CD5_11	No equivalent in MAX	
MC_PLAN_TYPE_CD5_12	No equivalent in MAX	
MC_PLAN_ID6_01	No equivalent in MAX	
MC_PLAN_ID6_02	No equivalent in MAX	
MC_PLAN_ID6_03	No equivalent in MAX	
MC_PLAN_ID6_04	No equivalent in MAX	
MC_PLAN_ID6_05	No equivalent in MAX	
MC_PLAN_ID6_06	No equivalent in MAX	
MC_PLAN_ID6_07	No equivalent in MAX	
MC_PLAN_ID6_08	No equivalent in MAX	
MC_PLAN_ID6_09	No equivalent in MAX	
MC_PLAN_ID6_10	No equivalent in MAX	
MC_PLAN_ID6_11	No equivalent in MAX	
MC_PLAN_ID6_12	No equivalent in MAX	
MC_PLAN_TYPE_CD6_01	No equivalent in MAX	
MC_PLAN_TYPE_CD6_02	No equivalent in MAX	
MC_PLAN_TYPE_CD6_03	No equivalent in MAX	
MC_PLAN_TYPE_CD6_04	No equivalent in MAX	
MC_PLAN_TYPE_CD6_05	No equivalent in MAX	
MC_PLAN_TYPE_CD6_06	No equivalent in MAX	
MC_PLAN_TYPE_CD6_07	No equivalent in MAX	
MC_PLAN_TYPE_CD6_08	No equivalent in MAX	
MC_PLAN_TYPE_CD6_09	No equivalent in MAX	
MC_PLAN_TYPE_CD6_10	No equivalent in MAX	
MC_PLAN_TYPE_CD6_11	No equivalent in MAX	
MC_PLAN_TYPE_CD6_12	No equivalent in MAX	
MC_PLAN_ID7_01	No equivalent in MAX	

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_ID7_02	No equivalent in MAX	
MC_PLAN_ID7_03	No equivalent in MAX	
MC_PLAN_ID7_04	No equivalent in MAX	
MC_PLAN_ID7_05	No equivalent in MAX	
MC_PLAN_ID7_06	No equivalent in MAX	
MC_PLAN_ID7_07	No equivalent in MAX	
MC_PLAN_ID7_08	No equivalent in MAX	
MC_PLAN_ID7_09	No equivalent in MAX	
MC_PLAN_ID7_10	No equivalent in MAX	
MC_PLAN_ID7_11	No equivalent in MAX	
MC_PLAN_ID7_12	No equivalent in MAX	
MC_PLAN_TYPE_CD7_01	No equivalent in MAX	
MC_PLAN_TYPE_CD7_02	No equivalent in MAX	
MC_PLAN_TYPE_CD7_03	No equivalent in MAX	
MC_PLAN_TYPE_CD7_04	No equivalent in MAX	
MC_PLAN_TYPE_CD7_05	No equivalent in MAX	
MC_PLAN_TYPE_CD7_06	No equivalent in MAX	
MC_PLAN_TYPE_CD7_07	No equivalent in MAX	
MC_PLAN_TYPE_CD7_08	No equivalent in MAX	
MC_PLAN_TYPE_CD7_09	No equivalent in MAX	
MC_PLAN_TYPE_CD7_10	No equivalent in MAX	
MC_PLAN_TYPE_CD7_11	No equivalent in MAX	
MC_PLAN_TYPE_CD7_12	No equivalent in MAX	
MC_PLAN_ID8_01	No equivalent in MAX	
MC_PLAN_ID8_02	No equivalent in MAX	
MC_PLAN_ID8_03	No equivalent in MAX	
MC_PLAN_ID8_04	No equivalent in MAX	
MC_PLAN_ID8_05	No equivalent in MAX	
MC_PLAN_ID8_06	No equivalent in MAX	
MC_PLAN_ID8_07	No equivalent in MAX	
MC_PLAN_ID8_08	No equivalent in MAX	
MC_PLAN_ID8_09	No equivalent in MAX	
MC_PLAN_ID8_10	No equivalent in MAX	
MC_PLAN_ID8_11	No equivalent in MAX	
MC_PLAN_ID8_12	No equivalent in MAX	
MC_PLAN_TYPE_CD8_01	No equivalent in MAX	
MC_PLAN_TYPE_CD8_02	No equivalent in MAX	
MC_PLAN_TYPE_CD8_03	No equivalent in MAX	
MC_PLAN_TYPE_CD8_04	No equivalent in MAX	
MC_PLAN_TYPE_CD8_05	No equivalent in MAX	
MC_PLAN_TYPE_CD8_06	No equivalent in MAX	
MC_PLAN_TYPE_CD8_07	No equivalent in MAX	
MC_PLAN_TYPE_CD8_08	No equivalent in MAX	
MC_PLAN_TYPE_CD8_09	No equivalent in MAX	

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_TYPE_CD8_10	No equivalent in MAX	
MC_PLAN_TYPE_CD8_11	No equivalent in MAX	
MC_PLAN_TYPE_CD8_12	No equivalent in MAX	
MC_PLAN_ID9_01	No equivalent in MAX	
MC_PLAN_ID9_02	No equivalent in MAX	
MC_PLAN_ID9_03	No equivalent in MAX	
MC_PLAN_ID9_04	No equivalent in MAX	
MC_PLAN_ID9_05	No equivalent in MAX	
MC_PLAN_ID9_06	No equivalent in MAX	
MC_PLAN_ID9_07	No equivalent in MAX	
MC_PLAN_ID9_08	No equivalent in MAX	
MC_PLAN_ID9_09	No equivalent in MAX	
MC_PLAN_ID9_10	No equivalent in MAX	
MC_PLAN_ID9_11	No equivalent in MAX	
MC_PLAN_ID9_12	No equivalent in MAX	
MC_PLAN_TYPE_CD9_01	No equivalent in MAX	
MC_PLAN_TYPE_CD9_02	No equivalent in MAX	
MC_PLAN_TYPE_CD9_03	No equivalent in MAX	
MC_PLAN_TYPE_CD9_04	No equivalent in MAX	
MC_PLAN_TYPE_CD9_05	No equivalent in MAX	
MC_PLAN_TYPE_CD9_06	No equivalent in MAX	
MC_PLAN_TYPE_CD9_07	No equivalent in MAX	
MC_PLAN_TYPE_CD9_08	No equivalent in MAX	
MC_PLAN_TYPE_CD9_09	No equivalent in MAX	
MC_PLAN_TYPE_CD9_10	No equivalent in MAX	
MC_PLAN_TYPE_CD9_11	No equivalent in MAX	
MC_PLAN_TYPE_CD9_12	No equivalent in MAX	
MC_PLAN_ID10_01	No equivalent in MAX	
MC_PLAN_ID10_02	No equivalent in MAX	
MC_PLAN_ID10_03	No equivalent in MAX	
MC_PLAN_ID10_04	No equivalent in MAX	
MC_PLAN_ID10_05	No equivalent in MAX	
MC_PLAN_ID10_06	No equivalent in MAX	
MC_PLAN_ID10_07	No equivalent in MAX	
MC_PLAN_ID10_08	No equivalent in MAX	
MC_PLAN_ID10_09	No equivalent in MAX	
MC_PLAN_ID10_10	No equivalent in MAX	
MC_PLAN_ID10_11	No equivalent in MAX	
MC_PLAN_ID10_12	No equivalent in MAX	
MC_PLAN_TYPE_CD10_01	No equivalent in MAX	
MC_PLAN_TYPE_CD10_02	No equivalent in MAX	
MC_PLAN_TYPE_CD10_03	No equivalent in MAX	
MC_PLAN_TYPE_CD10_04	No equivalent in MAX	
MC_PLAN_TYPE_CD10_05	No equivalent in MAX	

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_TYPE_CD10_06	No equivalent in MAX	
MC_PLAN_TYPE_CD10_07	No equivalent in MAX	
MC_PLAN_TYPE_CD10_08	No equivalent in MAX	
MC_PLAN_TYPE_CD10_09	No equivalent in MAX	
MC_PLAN_TYPE_CD10_10	No equivalent in MAX	
MC_PLAN_TYPE_CD10_11	No equivalent in MAX	
MC_PLAN_TYPE_CD10_12	No equivalent in MAX	
MC_PLAN_ID11_01	No equivalent in MAX	
MC_PLAN_ID11_02	No equivalent in MAX	
MC_PLAN_ID11_03	No equivalent in MAX	
MC_PLAN_ID11_04	No equivalent in MAX	
MC_PLAN_ID11_05	No equivalent in MAX	
MC_PLAN_ID11_06	No equivalent in MAX	
MC_PLAN_ID11_07	No equivalent in MAX	
MC_PLAN_ID11_08	No equivalent in MAX	
MC_PLAN_ID11_09	No equivalent in MAX	
MC_PLAN_ID11_10	No equivalent in MAX	
MC_PLAN_ID11_11	No equivalent in MAX	
MC_PLAN_ID11_12	No equivalent in MAX	
MC_PLAN_TYPE_CD11_01	No equivalent in MAX	
MC_PLAN_TYPE_CD11_02	No equivalent in MAX	
MC_PLAN_TYPE_CD11_03	No equivalent in MAX	
MC_PLAN_TYPE_CD11_04	No equivalent in MAX	
MC_PLAN_TYPE_CD11_05	No equivalent in MAX	
MC_PLAN_TYPE_CD11_06	No equivalent in MAX	
MC_PLAN_TYPE_CD11_07	No equivalent in MAX	
MC_PLAN_TYPE_CD11_08	No equivalent in MAX	
MC_PLAN_TYPE_CD11_09	No equivalent in MAX	
MC_PLAN_TYPE_CD11_10	No equivalent in MAX	
MC_PLAN_TYPE_CD11_11	No equivalent in MAX	
MC_PLAN_TYPE_CD11_12	No equivalent in MAX	
MC_PLAN_ID12_01	No equivalent in MAX	
MC_PLAN_ID12_02	No equivalent in MAX	
MC_PLAN_ID12_03	No equivalent in MAX	
MC_PLAN_ID12_04	No equivalent in MAX	
MC_PLAN_ID12_05	No equivalent in MAX	
MC_PLAN_ID12_06	No equivalent in MAX	
MC_PLAN_ID12_07	No equivalent in MAX	
MC_PLAN_ID12_08	No equivalent in MAX	
MC_PLAN_ID12_09	No equivalent in MAX	
MC_PLAN_ID12_10	No equivalent in MAX	
MC_PLAN_ID12_11	No equivalent in MAX	
MC_PLAN_ID12_12	No equivalent in MAX	
MC_PLAN_TYPE_CD12_01	No equivalent in MAX	

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_TYPE_CD12_02	No equivalent in MAX	
MC_PLAN_TYPE_CD12_03	No equivalent in MAX	
MC_PLAN_TYPE_CD12_04	No equivalent in MAX	
MC_PLAN_TYPE_CD12_05	No equivalent in MAX	
MC_PLAN_TYPE_CD12_06	No equivalent in MAX	
MC_PLAN_TYPE_CD12_07	No equivalent in MAX	
MC_PLAN_TYPE_CD12_08	No equivalent in MAX	
MC_PLAN_TYPE_CD12_09	No equivalent in MAX	
MC_PLAN_TYPE_CD12_10	No equivalent in MAX	
MC_PLAN_TYPE_CD12_11	No equivalent in MAX	
MC_PLAN_TYPE_CD12_12	No equivalent in MAX	
MC_PLAN_ID13_01	No equivalent in MAX	
MC_PLAN_ID13_02	No equivalent in MAX	
MC_PLAN_ID13_03	No equivalent in MAX	
MC_PLAN_ID13_04	No equivalent in MAX	
MC_PLAN_ID13_05	No equivalent in MAX	
MC_PLAN_ID13_06	No equivalent in MAX	
MC_PLAN_ID13_07	No equivalent in MAX	
MC_PLAN_ID13_08	No equivalent in MAX	
MC_PLAN_ID13_09	No equivalent in MAX	
MC_PLAN_ID13_10	No equivalent in MAX	
MC_PLAN_ID13_11	No equivalent in MAX	
MC_PLAN_ID13_12	No equivalent in MAX	
MC_PLAN_TYPE_CD13_01	No equivalent in MAX	
MC_PLAN_TYPE_CD13_02	No equivalent in MAX	
MC_PLAN_TYPE_CD13_03	No equivalent in MAX	
MC_PLAN_TYPE_CD13_04	No equivalent in MAX	
MC_PLAN_TYPE_CD13_05	No equivalent in MAX	
MC_PLAN_TYPE_CD13_06	No equivalent in MAX	
MC_PLAN_TYPE_CD13_07	No equivalent in MAX	
MC_PLAN_TYPE_CD13_08	No equivalent in MAX	
MC_PLAN_TYPE_CD13_09	No equivalent in MAX	
MC_PLAN_TYPE_CD13_10	No equivalent in MAX	
MC_PLAN_TYPE_CD13_11	No equivalent in MAX	
MC_PLAN_TYPE_CD13_12	No equivalent in MAX	
MC_PLAN_ID14_01	No equivalent in MAX	
MC_PLAN_ID14_02	No equivalent in MAX	
MC_PLAN_ID14_03	No equivalent in MAX	
MC_PLAN_ID14_04	No equivalent in MAX	
MC_PLAN_ID14_05	No equivalent in MAX	
MC_PLAN_ID14_06	No equivalent in MAX	
MC_PLAN_ID14_07	No equivalent in MAX	
MC_PLAN_ID14_08	No equivalent in MAX	
MC_PLAN_ID14_09	No equivalent in MAX	

Annual DE managed care supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_ID14_10	No equivalent in MAX	
MC_PLAN_ID14_11	No equivalent in MAX	
MC_PLAN_ID14_12	No equivalent in MAX	
MC_PLAN_TYPE_CD14_01	No equivalent in MAX	
MC_PLAN_TYPE_CD14_02	No equivalent in MAX	
MC_PLAN_TYPE_CD14_03	No equivalent in MAX	
MC_PLAN_TYPE_CD14_04	No equivalent in MAX	
MC_PLAN_TYPE_CD14_05	No equivalent in MAX	
MC_PLAN_TYPE_CD14_06	No equivalent in MAX	
MC_PLAN_TYPE_CD14_07	No equivalent in MAX	
MC_PLAN_TYPE_CD14_08	No equivalent in MAX	
MC_PLAN_TYPE_CD14_09	No equivalent in MAX	
MC_PLAN_TYPE_CD14_10	No equivalent in MAX	
MC_PLAN_TYPE_CD14_11	No equivalent in MAX	
MC_PLAN_TYPE_CD14_12	No equivalent in MAX	
MC_PLAN_ID15_01	No equivalent in MAX	
MC_PLAN_ID15_02	No equivalent in MAX	
MC_PLAN_ID15_03	No equivalent in MAX	
MC_PLAN_ID15_04	No equivalent in MAX	
MC_PLAN_ID15_05	No equivalent in MAX	
MC_PLAN_ID15_06	No equivalent in MAX	
MC_PLAN_ID15_07	No equivalent in MAX	
MC_PLAN_ID15_08	No equivalent in MAX	
MC_PLAN_ID15_09	No equivalent in MAX	
MC_PLAN_ID15_10	No equivalent in MAX	
MC_PLAN_ID15_11	No equivalent in MAX	
MC_PLAN_ID15_12	No equivalent in MAX	
MC_PLAN_TYPE_CD15_01	No equivalent in MAX	
MC_PLAN_TYPE_CD15_02	No equivalent in MAX	
MC_PLAN_TYPE_CD15_03	No equivalent in MAX	
MC_PLAN_TYPE_CD15_04	No equivalent in MAX	
MC_PLAN_TYPE_CD15_05	No equivalent in MAX	
MC_PLAN_TYPE_CD15_06	No equivalent in MAX	
MC_PLAN_TYPE_CD15_07	No equivalent in MAX	
MC_PLAN_TYPE_CD15_08	No equivalent in MAX	
MC_PLAN_TYPE_CD15_09	No equivalent in MAX	
MC_PLAN_TYPE_CD15_10	No equivalent in MAX	
MC_PLAN_TYPE_CD15_11	No equivalent in MAX	
MC_PLAN_TYPE_CD15_12	No equivalent in MAX	
MC_PLAN_ID16_01	No equivalent in MAX	
MC_PLAN_ID16_02	No equivalent in MAX	
MC_PLAN_ID16_03	No equivalent in MAX	
MC_PLAN_ID16_04	No equivalent in MAX	
MC_PLAN_ID16_05	No equivalent in MAX	

Annual DE managed care supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
MC_PLAN_ID16_06	No equivalent in MAX	
MC_PLAN_ID16_07	No equivalent in MAX	
MC_PLAN_ID16_08	No equivalent in MAX	
MC_PLAN_ID16_09	No equivalent in MAX	
MC_PLAN_ID16_10	No equivalent in MAX	
MC_PLAN_ID16_11	No equivalent in MAX	
MC_PLAN_ID16_12	No equivalent in MAX	
MC_PLAN_TYPE_CD16_01	No equivalent in MAX	
MC_PLAN_TYPE_CD16_02	No equivalent in MAX	
MC_PLAN_TYPE_CD16_03	No equivalent in MAX	
MC_PLAN_TYPE_CD16_04	No equivalent in MAX	
MC_PLAN_TYPE_CD16_05	No equivalent in MAX	
MC_PLAN_TYPE_CD16_06	No equivalent in MAX	
MC_PLAN_TYPE_CD16_07	No equivalent in MAX	
MC_PLAN_TYPE_CD16_08	No equivalent in MAX	
MC_PLAN_TYPE_CD16_09	No equivalent in MAX	
MC_PLAN_TYPE_CD16_10	No equivalent in MAX	
MC_PLAN_TYPE_CD16_11	No equivalent in MAX	
MC_PLAN_TYPE_CD16_12	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	

Annual DE waiver supplemental file

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
1915C_WVR_TYPE	MAX_1915C_WAIVER_TYPE_LTST	Categories are different
1115_WVR_TYPE	No equivalent in MAX	
1115_PHRMCY_PLUS_WVR_MOS	No equivalent in MAX	
1115_DSTR_REL_WVR_MOS	No equivalent in MAX	
1115_FP_ONLY_WVR_MOS	No equivalent in MAX	
1915C_WVR_MOS	No equivalent in MAX	
1915BC_WVR_MOS	No equivalent in MAX	
1915B_WVR_MOS	No equivalent in MAX	
1115_OTHR_WVR_MOS	No equivalent in MAX	
1115_HIFA_WVR_MOS	No equivalent in MAX	
OTHR_WVR_MOS	No equivalent in MAX	
SECT_1115A_DEMO_IND_01	No equivalent in MAX	
SECT_1115A_DEMO_IND_02	No equivalent in MAX	
SECT_1115A_DEMO_IND_03	No equivalent in MAX	
SECT_1115A_DEMO_IND_04	No equivalent in MAX	
SECT_1115A_DEMO_IND_05	No equivalent in MAX	
SECT_1115A_DEMO_IND_06	No equivalent in MAX	
SECT_1115A_DEMO_IND_07	No equivalent in MAX	
SECT_1115A_DEMO_IND_08	No equivalent in MAX	
SECT_1115A_DEMO_IND_09	No equivalent in MAX	
SECT_1115A_DEMO_IND_10	No equivalent in MAX	
SECT_1115A_DEMO_IND_11	No equivalent in MAX	
SECT_1115A_DEMO_IND_12	No equivalent in MAX	
WVR_ID1_01	MAX_WAIVER_ID_1_MO_1	Categories are different
WVR_ID1_02	MAX_WAIVER_ID_1_MO_2	Categories are different
WVR_ID1_03	MAX_WAIVER_ID_1_MO_3	Categories are different
WVR_ID1_04	MAX_WAIVER_ID_1_MO_4	Categories are different
WVR_ID1_05	MAX_WAIVER_ID_1_MO_5	Categories are different
WVR_ID1_06	MAX_WAIVER_ID_1_MO_6	Categories are different
WVR_ID1_07	MAX_WAIVER_ID_1_MO_7	Categories are different
WVR_ID1_08	MAX_WAIVER_ID_1_MO_8	Categories are different
WVR_ID1_09	MAX_WAIVER_ID_1_MO_9	Categories are different
WVR_ID1_10	MAX_WAIVER_ID_1_MO_10	Categories are different
WVR_ID1_11	MAX_WAIVER_ID_1_MO_11	Categories are different
WVR_ID1_12	MAX_WAIVER_ID_1_MO_12	Categories are different
WVR_TYPE_CD1_01	MAX_WAIVER_TYPE_1_MO_1	Categories are different
WVR_TYPE_CD1_02	MAX_WAIVER_TYPE_1_MO_2	Categories are different

Annual DE waiver supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
WVR_TYPE_CD1_03	MAX_WAIVER_TYPE_1_MO_3	Categories are different
WVR_TYPE_CD1_04	MAX_WAIVER_TYPE_1_MO_4	Categories are different
WVR_TYPE_CD1_05	MAX_WAIVER_TYPE_1_MO_5	Categories are different
WVR_TYPE_CD1_06	MAX_WAIVER_TYPE_1_MO_6	Categories are different
WVR_TYPE_CD1_07	MAX_WAIVER_TYPE_1_MO_7	Categories are different
WVR_TYPE_CD1_08	MAX_WAIVER_TYPE_1_MO_8	Categories are different
WVR_TYPE_CD1_09	MAX_WAIVER_TYPE_1_MO_9	Categories are different
WVR_TYPE_CD1_10	MAX_WAIVER_TYPE_1_MO_10	Categories are different
WVR_TYPE_CD1_11	MAX_WAIVER_TYPE_1_MO_11	Categories are different
WVR_TYPE_CD1_12	MAX_WAIVER_TYPE_1_MO_12	Categories are different
WVR_ID2_01	MAX_WAIVER_ID_2_MO_1	Categories are different
WVR_ID2_02	MAX_WAIVER_ID_2_MO_2	Categories are different
WVR_ID2_03	MAX_WAIVER_ID_2_MO_3	Categories are different
WVR_ID2_04	MAX_WAIVER_ID_1_MO_4	Categories are different
WVR_ID2_05	MAX_WAIVER_ID_2_MO_5	Categories are different
WVR_ID2_06	MAX_WAIVER_ID_2_MO_6	Categories are different
WVR_ID2_07	MAX_WAIVER_ID_2_MO_7	Categories are different
WVR_ID2_08	MAX_WAIVER_ID_2_MO_8	Categories are different
WVR_ID2_09	MAX_WAIVER_ID_2_MO_9	Categories are different
WVR_ID2_10	MAX_WAIVER_ID_2_MO_10	Categories are different
WVR_ID2_11	MAX_WAIVER_ID_2_MO_11	Categories are different
WVR_ID2_12	MAX_WAIVER_ID_2_MO_12	Categories are different
WVR_TYPE_CD2_01	MAX_WAIVER_TYPE_2_MO_1	Categories are different
WVR_TYPE_CD2_02	MAX_WAIVER_TYPE_2_MO_2	Categories are different
WVR_TYPE_CD2_03	MAX_WAIVER_TYPE_2_MO_3	Categories are different
WVR_TYPE_CD2_04	MAX_WAIVER_TYPE_2_MO_4	Categories are different
WVR_TYPE_CD2_05	MAX_WAIVER_TYPE_2_MO_5	Categories are different
WVR_TYPE_CD2_06	MAX_WAIVER_TYPE_2_MO_6	Categories are different
WVR_TYPE_CD2_07	MAX_WAIVER_TYPE_2_MO_7	Categories are different
WVR_TYPE_CD2_08	MAX_WAIVER_TYPE_2_MO_8	Categories are different
WVR_TYPE_CD2_09	MAX_WAIVER_TYPE_2_MO_9	Categories are different
WVR_TYPE_CD2_10	MAX_WAIVER_TYPE_2_MO_10	Categories are different
WVR_TYPE_CD2_11	MAX_WAIVER_TYPE_2_MO_11	Categories are different
WVR_TYPE_CD2_12	MAX_WAIVER_TYPE_2_MO_12	Categories are different
WVR_ID3_01	MAX_WAIVER_ID_3_MO_1	Categories are different
WVR_ID3_02	MAX_WAIVER_ID_3_MO_2	Categories are different
WVR_ID3_03	MAX_WAIVER_ID_3_MO_3	Categories are different
WVR_ID3_04	MAX_WAIVER_ID_3_MO_4	Categories are different
WVR_ID3_05	MAX_WAIVER_ID_3_MO_5	Categories are different
WVR_ID3_06	MAX_WAIVER_ID_3_MO_6	Categories are different
WVR_ID3_07	MAX_WAIVER_ID_3_MO_7	Categories are different
WVR_ID3_08	MAX_WAIVER_ID_3_MO_8	Categories are different
WVR_ID3_09	MAX_WAIVER_ID_3_MO_9	Categories are different
WVR_ID3_10	MAX_WAIVER_ID_3_MO_10	Categories are different

Annual DE waiver supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
WVR_ID3_11	MAX_WAIVER_ID_3_MO_11	Categories are different
WVR_ID3_12	MAX_WAIVER_ID_3_MO_12	Categories are different
WVR_TYPE_CD3_01	MAX_WAIVER_TYPE_3_MO_1	Categories are different
WVR_TYPE_CD3_02	MAX_WAIVER_TYPE_3_MO_2	Categories are different
WVR_TYPE_CD3_03	MAX_WAIVER_TYPE_3_MO_3	Categories are different
WVR_TYPE_CD3_04	MAX_WAIVER_TYPE_3_MO_4	Categories are different
WVR_TYPE_CD3_05	MAX_WAIVER_TYPE_3_MO_5	Categories are different
WVR_TYPE_CD3_06	MAX_WAIVER_TYPE_3_MO_6	Categories are different
WVR_TYPE_CD3_07	MAX_WAIVER_TYPE_3_MO_7	Categories are different
WVR_TYPE_CD3_08	MAX_WAIVER_TYPE_3_MO_8	Categories are different
WVR_TYPE_CD3_09	MAX_WAIVER_TYPE_3_MO_9	Categories are different
WVR_TYPE_CD3_10	MAX_WAIVER_TYPE_3_MO_10	Categories are different
WVR_TYPE_CD3_11	MAX_WAIVER_TYPE_3_MO_11	Categories are different
WVR_TYPE_CD3_12	MAX_WAIVER_TYPE_3_MO_12	Categories are different
WVR_ID4_01	No equivalent in MAX	
WVR_ID4_02	No equivalent in MAX	
WVR_ID4_03	No equivalent in MAX	
WVR_ID4_04	No equivalent in MAX	
WVR_ID4_05	No equivalent in MAX	
WVR_ID4_06	No equivalent in MAX	
WVR_ID4_07	No equivalent in MAX	
WVR_ID4_08	No equivalent in MAX	
WVR_ID4_09	No equivalent in MAX	
WVR_ID4_10	No equivalent in MAX	
WVR_ID4_11	No equivalent in MAX	
WVR_ID4_12	No equivalent in MAX	
WVR_TYPE_CD4_01	No equivalent in MAX	
WVR_TYPE_CD4_02	No equivalent in MAX	
WVR_TYPE_CD4_03	No equivalent in MAX	
WVR_TYPE_CD4_04	No equivalent in MAX	
WVR_TYPE_CD4_05	No equivalent in MAX	
WVR_TYPE_CD4_06	No equivalent in MAX	
WVR_TYPE_CD4_07	No equivalent in MAX	
WVR_TYPE_CD4_08	No equivalent in MAX	
WVR_TYPE_CD4_09	No equivalent in MAX	
WVR_TYPE_CD4_10	No equivalent in MAX	
WVR_TYPE_CD4_11	No equivalent in MAX	
WVR_TYPE_CD4_12	No equivalent in MAX	
WVR_ID5_01	No equivalent in MAX	
WVR_ID5_02	No equivalent in MAX	
WVR_ID5_03	No equivalent in MAX	
WVR_ID5_04	No equivalent in MAX	
WVR_ID5_05	No equivalent in MAX	
WVR_ID5_06	No equivalent in MAX	

Annual DE waiver supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
WVR_ID5_07	No equivalent in MAX	
WVR_ID5_08	No equivalent in MAX	
WVR_ID5_09	No equivalent in MAX	
WVR_ID5_10	No equivalent in MAX	
WVR_ID5_11	No equivalent in MAX	
WVR_ID5_12	No equivalent in MAX	
WVR_TYPE_CD5_01	No equivalent in MAX	
WVR_TYPE_CD5_02	No equivalent in MAX	
WVR_TYPE_CD5_03	No equivalent in MAX	
WVR_TYPE_CD5_04	No equivalent in MAX	
WVR_TYPE_CD5_05	No equivalent in MAX	
WVR_TYPE_CD5_06	No equivalent in MAX	
WVR_TYPE_CD5_07	No equivalent in MAX	
WVR_TYPE_CD5_08	No equivalent in MAX	
WVR_TYPE_CD5_09	No equivalent in MAX	
WVR_TYPE_CD5_10	No equivalent in MAX	
WVR_TYPE_CD5_11	No equivalent in MAX	
WVR_TYPE_CD5_12	No equivalent in MAX	
WVR_ID6_01	No equivalent in MAX	
WVR_ID6_02	No equivalent in MAX	
WVR_ID6_03	No equivalent in MAX	
WVR_ID6_04	No equivalent in MAX	
WVR_ID6_05	No equivalent in MAX	
WVR_ID6_06	No equivalent in MAX	
WVR_ID6_07	No equivalent in MAX	
WVR_ID6_08	No equivalent in MAX	
WVR_ID6_09	No equivalent in MAX	
WVR_ID6_10	No equivalent in MAX	
WVR_ID6_11	No equivalent in MAX	
WVR_ID6_12	No equivalent in MAX	
WVR_TYPE_CD6_01	No equivalent in MAX	
WVR_TYPE_CD6_02	No equivalent in MAX	
WVR_TYPE_CD6_03	No equivalent in MAX	
WVR_TYPE_CD6_04	No equivalent in MAX	
WVR_TYPE_CD6_05	No equivalent in MAX	
WVR_TYPE_CD6_06	No equivalent in MAX	
WVR_TYPE_CD6_07	No equivalent in MAX	
WVR_TYPE_CD6_08	No equivalent in MAX	
WVR_TYPE_CD6_09	No equivalent in MAX	
WVR_TYPE_CD6_10	No equivalent in MAX	
WVR_TYPE_CD6_11	No equivalent in MAX	
WVR_TYPE_CD6_12	No equivalent in MAX	
WVR_ID7_01	No equivalent in MAX	
WVR_ID7_02	No equivalent in MAX	

Annual DE waiver supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
WVR_ID7_03	No equivalent in MAX	
WVR_ID7_04	No equivalent in MAX	
WVR_ID7_05	No equivalent in MAX	
WVR_ID7_06	No equivalent in MAX	
WVR_ID7_07	No equivalent in MAX	
WVR_ID7_08	No equivalent in MAX	
WVR_ID7_09	No equivalent in MAX	
WVR_ID7_10	No equivalent in MAX	
WVR_ID7_11	No equivalent in MAX	
WVR_ID7_12	No equivalent in MAX	
WVR_TYPE_CD7_01	No equivalent in MAX	
WVR_TYPE_CD7_02	No equivalent in MAX	
WVR_TYPE_CD7_03	No equivalent in MAX	
WVR_TYPE_CD7_04	No equivalent in MAX	
WVR_TYPE_CD7_05	No equivalent in MAX	
WVR_TYPE_CD7_06	No equivalent in MAX	
WVR_TYPE_CD7_07	No equivalent in MAX	
WVR_TYPE_CD7_08	No equivalent in MAX	
WVR_TYPE_CD7_09	No equivalent in MAX	
WVR_TYPE_CD7_10	No equivalent in MAX	
WVR_TYPE_CD7_11	No equivalent in MAX	
WVR_TYPE_CD7_12	No equivalent in MAX	
WVR_ID8_01	No equivalent in MAX	
WVR_ID8_02	No equivalent in MAX	
WVR_ID8_03	No equivalent in MAX	
WVR_ID8_04	No equivalent in MAX	
WVR_ID8_05	No equivalent in MAX	
WVR_ID8_06	No equivalent in MAX	
WVR_ID8_07	No equivalent in MAX	
WVR_ID8_08	No equivalent in MAX	
WVR_ID8_09	No equivalent in MAX	
WVR_ID8_10	No equivalent in MAX	
WVR_ID8_11	No equivalent in MAX	
WVR_ID8_12	No equivalent in MAX	
WVR_TYPE_CD8_01	No equivalent in MAX	
WVR_TYPE_CD8_02	No equivalent in MAX	
WVR_TYPE_CD8_03	No equivalent in MAX	
WVR_TYPE_CD8_04	No equivalent in MAX	
WVR_TYPE_CD8_05	No equivalent in MAX	
WVR_TYPE_CD8_06	No equivalent in MAX	
WVR_TYPE_CD8_07	No equivalent in MAX	
WVR_TYPE_CD8_08	No equivalent in MAX	
WVR_TYPE_CD8_09	No equivalent in MAX	
WVR_TYPE_CD8_10	No equivalent in MAX	

Annual DE waiver supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
WVR_TYPE_CD8_11	No equivalent in MAX	
WVR_TYPE_CD8_12	No equivalent in MAX	
WVR_ID9_01	No equivalent in MAX	
WVR_ID9_02	No equivalent in MAX	
WVR_ID9_03	No equivalent in MAX	
WVR_ID9_04	No equivalent in MAX	
WVR_ID9_05	No equivalent in MAX	
WVR_ID9_06	No equivalent in MAX	
WVR_ID9_07	No equivalent in MAX	
WVR_ID9_08	No equivalent in MAX	
WVR_ID9_09	No equivalent in MAX	
WVR_ID9_10	No equivalent in MAX	
WVR_ID9_11	No equivalent in MAX	
WVR_ID9_12	No equivalent in MAX	
WVR_TYPE_CD9_01	No equivalent in MAX	
WVR_TYPE_CD9_02	No equivalent in MAX	
WVR_TYPE_CD9_03	No equivalent in MAX	
WVR_TYPE_CD9_04	No equivalent in MAX	
WVR_TYPE_CD9_05	No equivalent in MAX	
WVR_TYPE_CD9_06	No equivalent in MAX	
WVR_TYPE_CD9_07	No equivalent in MAX	
WVR_TYPE_CD9_08	No equivalent in MAX	
WVR_TYPE_CD9_09	No equivalent in MAX	
WVR_TYPE_CD9_10	No equivalent in MAX	
WVR_TYPE_CD9_11	No equivalent in MAX	
WVR_TYPE_CD9_12	No equivalent in MAX	
WVR_ID10_01	No equivalent in MAX	
WVR_ID10_02	No equivalent in MAX	
WVR_ID10_03	No equivalent in MAX	
WVR_ID10_04	No equivalent in MAX	
WVR_ID10_05	No equivalent in MAX	
WVR_ID10_06	No equivalent in MAX	
WVR_ID10_07	No equivalent in MAX	
WVR_ID10_08	No equivalent in MAX	
WVR_ID10_09	No equivalent in MAX	
WVR_ID10_10	No equivalent in MAX	
WVR_ID10_11	No equivalent in MAX	
WVR_ID10_12	No equivalent in MAX	
WVR_TYPE_CD10_01	No equivalent in MAX	
WVR_TYPE_CD10_02	No equivalent in MAX	
WVR_TYPE_CD10_03	No equivalent in MAX	
WVR_TYPE_CD10_04	No equivalent in MAX	
WVR_TYPE_CD10_05	No equivalent in MAX	
WVR_TYPE_CD10_06	No equivalent in MAX	

**Annual DE waiver supplemental file (*continued*)**

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
WVR_TYPE_CD10_07	No equivalent in MAX	
WVR_TYPE_CD10_08	No equivalent in MAX	
WVR_TYPE_CD10_09	No equivalent in MAX	
WVR_TYPE_CD10_10	No equivalent in MAX	
WVR_TYPE_CD10_11	No equivalent in MAX	
WVR_TYPE_CD10_12	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	

Annual DE MFP supplemental file

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
MFP_PRTCPTN_ENDD_RSN_CD	No equivalent in MAX	
MFP_LVS_WTH_FMLY_CD	No equivalent in MAX	
MFP_QLFYD_INSTN_CD	No equivalent in MAX	
MFP_RINSTLZD_RSN_CD	No equivalent in MAX	
MFP_QLFYD_RSDNC_CD	No equivalent in MAX	
MFP_PRTCPTN_FLAG_01	No equivalent in MAX	
MFP_PRTCPTN_FLAG_02	No equivalent in MAX	
MFP_PRTCPTN_FLAG_03	No equivalent in MAX	
MFP_PRTCPTN_FLAG_04	No equivalent in MAX	
MFP_PRTCPTN_FLAG_05	No equivalent in MAX	
MFP_PRTCPTN_FLAG_06	No equivalent in MAX	
MFP_PRTCPTN_FLAG_07	No equivalent in MAX	
MFP_PRTCPTN_FLAG_08	No equivalent in MAX	
MFP_PRTCPTN_FLAG_09	No equivalent in MAX	
MFP_PRTCPTN_FLAG_10	No equivalent in MAX	
MFP_PRTCPTN_FLAG_11	No equivalent in MAX	
MFP_PRTCPTN_FLAG_12	No equivalent in MAX	
MFP_PRTCPTN_FLAG_LTST	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	

Annual DE HHs & SPOs supplemental file

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
HH_PGM_PRTCNT_FLAG_01	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_02	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_03	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_04	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_05	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_06	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_07	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_08	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_09	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_10	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_11	No equivalent in MAX	
HH_PGM_PRTCNT_FLAG_12	No equivalent in MAX	
HH_PRVDR_NUM	No equivalent in MAX	
HH_ENT_NAME	No equivalent in MAX	
MH_HH_CHRNC_COND_FLAG	No equivalent in MAX	
SA_HH_CHRNC_COND_FLAG	No equivalent in MAX	
ASTHMA_HH_CHRNC_COND_FLAG	No equivalent in MAX	
DBTS_HH_CHRNC_COND_FLAG	No equivalent in MAX	
HRT_DIS_HH_CHRNC_COND_FLAG	No equivalent in MAX	
OVRWT_HH_CHRNC_COND_FLAG	No equivalent in MAX	
HIV_AIDS_HH_CHRNC_COND_FLAG	No equivalent in MAX	
OTHR_HH_CHRNC_COND_FLAG	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_01	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_02	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_03	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_04	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_05	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_06	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_07	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_08	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_09	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_10	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_11	No equivalent in MAX	
CMNTY_1ST_CHS_SPO_FLAG_12	No equivalent in MAX	
1915I_SPO_FLAG_01	No equivalent in MAX	
1915I_SPO_FLAG_02	No equivalent in MAX	
1915I_SPO_FLAG_03	No equivalent in MAX	

Annual DE HHs & SPOs supplemental file (continued)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
1915I_SPO_FLAG_04	No equivalent in MAX	
1915I_SPO_FLAG_05	No equivalent in MAX	
1915I_SPO_FLAG_06	No equivalent in MAX	
1915I_SPO_FLAG_07	No equivalent in MAX	
1915I_SPO_FLAG_08	No equivalent in MAX	
1915I_SPO_FLAG_09	No equivalent in MAX	
1915I_SPO_FLAG_10	No equivalent in MAX	
1915I_SPO_FLAG_11	No equivalent in MAX	
1915I_SPO_FLAG_12	No equivalent in MAX	
1915J_SPO_FLAG_01	No equivalent in MAX	
1915J_SPO_FLAG_02	No equivalent in MAX	
1915J_SPO_FLAG_03	No equivalent in MAX	
1915J_SPO_FLAG_04	No equivalent in MAX	
1915J_SPO_FLAG_05	No equivalent in MAX	
1915J_SPO_FLAG_06	No equivalent in MAX	
1915J_SPO_FLAG_07	No equivalent in MAX	
1915J_SPO_FLAG_08	No equivalent in MAX	
1915J_SPO_FLAG_09	No equivalent in MAX	
1915J_SPO_FLAG_10	No equivalent in MAX	
1915J_SPO_FLAG_11	No equivalent in MAX	
1915J_SPO_FLAG_12	No equivalent in MAX	
1932A_SPO_FLAG_01	No equivalent in MAX	
1932A_SPO_FLAG_02	No equivalent in MAX	
1932A_SPO_FLAG_03	No equivalent in MAX	
1932A_SPO_FLAG_04	No equivalent in MAX	
1932A_SPO_FLAG_05	No equivalent in MAX	
1932A_SPO_FLAG_06	No equivalent in MAX	
1932A_SPO_FLAG_07	No equivalent in MAX	
1932A_SPO_FLAG_08	No equivalent in MAX	
1932A_SPO_FLAG_09	No equivalent in MAX	
1932A_SPO_FLAG_10	No equivalent in MAX	
1932A_SPO_FLAG_11	No equivalent in MAX	
1932A_SPO_FLAG_12	No equivalent in MAX	
1915A_SPO_FLAG_01	No equivalent in MAX	
1915A_SPO_FLAG_02	No equivalent in MAX	
1915A_SPO_FLAG_03	No equivalent in MAX	
1915A_SPO_FLAG_04	No equivalent in MAX	
1915A_SPO_FLAG_05	No equivalent in MAX	
1915A_SPO_FLAG_06	No equivalent in MAX	
1915A_SPO_FLAG_07	No equivalent in MAX	
1915A_SPO_FLAG_08	No equivalent in MAX	
1915A_SPO_FLAG_09	No equivalent in MAX	
1915A_SPO_FLAG_10	No equivalent in MAX	
1915A_SPO_FLAG_11	No equivalent in MAX	

**Annual DE HHs & SPOs supplemental file (continued)**

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
1915A_SPO_FLAG_12	No equivalent in MAX	
1937_ABP_SPO_FLAG_01	No equivalent in MAX	
1937_ABP_SPO_FLAG_02	No equivalent in MAX	
1937_ABP_SPO_FLAG_03	No equivalent in MAX	
1937_ABP_SPO_FLAG_04	No equivalent in MAX	
1937_ABP_SPO_FLAG_05	No equivalent in MAX	
1937_ABP_SPO_FLAG_06	No equivalent in MAX	
1937_ABP_SPO_FLAG_07	No equivalent in MAX	
1937_ABP_SPO_FLAG_08	No equivalent in MAX	
1937_ABP_SPO_FLAG_09	No equivalent in MAX	
1937_ABP_SPO_FLAG_10	No equivalent in MAX	
1937_ABP_SPO_FLAG_11	No equivalent in MAX	
1937_ABP_SPO_FLAG_12	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	

Annual DE disability and need supplemental file

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
DA_RUN_ID	No equivalent in MAX	
DE_LINK_KEY	No equivalent in MAX	
DE_FIL_DT	MAX_YR_DT	
ANN_DE_VRSN	No equivalent in MAX	
SUBMTG_STATE_CD	STATE_CD	TAF contains additional valid values for non-Medicaid reporting entities
MSIS_IDENT_NUM	MSIS_ID	
HCBS_AGED_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_PHYS_DSBL_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_INTEL_DSBL_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_AUTSM_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_DD_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_MI_SED_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_BRN_INJ_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_HIV_AIDS_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_TCH_DP_MF_NON_HHCC_FLAG	No equivalent in MAX	
HCBS_DSBL_OTHR_NON_HHCC_FLAG	No equivalent in MAX	
CARE_LVL_STUS_CD_01	No equivalent in MAX	
CARE_LVL_STUS_CD_02	No equivalent in MAX	
CARE_LVL_STUS_CD_03	No equivalent in MAX	
CARE_LVL_STUS_CD_04	No equivalent in MAX	
CARE_LVL_STUS_CD_05	No equivalent in MAX	
CARE_LVL_STUS_CD_06	No equivalent in MAX	
CARE_LVL_STUS_CD_07	No equivalent in MAX	
CARE_LVL_STUS_CD_08	No equivalent in MAX	
CARE_LVL_STUS_CD_09	No equivalent in MAX	
CARE_LVL_STUS_CD_10	No equivalent in MAX	
CARE_LVL_STUS_CD_11	No equivalent in MAX	
CARE_LVL_STUS_CD_12	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_01	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_02	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_03	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_04	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_05	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_06	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_07	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_08	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_09	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_10	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_11	No equivalent in MAX	
DFCLTY_CNCNTRTNG_DSBL_FLAG_12	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_01	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_02	No equivalent in MAX	

Annual DE disability and need supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
DFCLTY_WLKG_DSBL_FLAG_03	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_04	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_05	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_06	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_07	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_08	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_09	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_10	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_11	No equivalent in MAX	
DFCLTY_WLKG_DSBL_FLAG_12	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_01	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_02	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_03	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_04	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_05	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_06	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_07	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_08	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_09	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_10	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_11	No equivalent in MAX	
DFCLTY_DRSNG_BTH_DSBL_FLAG_12	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_01	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_02	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_03	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_04	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_05	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_06	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_07	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_08	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_09	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_10	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_11	No equivalent in MAX	
DFCLTY_ERNDS_ALN_DSBL_FLAG_12	No equivalent in MAX	
LCKIN_FLAG	No equivalent in MAX	
LCKIN_PRVDR_NUM1	No equivalent in MAX	
LCKIN_PRVDR_TYPE_CD1	No equivalent in MAX	
LCKIN_PRVDR_NUM2	No equivalent in MAX	
LCKIN_PRVDR_TYPE_CD2	No equivalent in MAX	
LCKIN_PRVDR_NUM3	No equivalent in MAX	
LCKIN_PRVDR_TYPE_CD3	No equivalent in MAX	
LTSS_PRVDR_NUM1	No equivalent in MAX	
LTSS_PRVDR_NUM2	No equivalent in MAX	
LTSS_PRVDR_NUM3	No equivalent in MAX	

Annual DE disability and need supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
LTSS_LVL_CARE_CD1_01	No equivalent in MAX	
LTSS_LVL_CARE_CD1_02	No equivalent in MAX	
LTSS_LVL_CARE_CD1_03	No equivalent in MAX	
LTSS_LVL_CARE_CD1_04	No equivalent in MAX	
LTSS_LVL_CARE_CD1_05	No equivalent in MAX	
LTSS_LVL_CARE_CD1_06	No equivalent in MAX	
LTSS_LVL_CARE_CD1_07	No equivalent in MAX	
LTSS_LVL_CARE_CD1_08	No equivalent in MAX	
LTSS_LVL_CARE_CD1_09	No equivalent in MAX	
LTSS_LVL_CARE_CD1_10	No equivalent in MAX	
LTSS_LVL_CARE_CD1_11	No equivalent in MAX	
LTSS_LVL_CARE_CD1_12	No equivalent in MAX	
LTSS_LVL_CARE_CD1_LTST	No equivalent in MAX	
LTSS_PRVDR_NUM2	No equivalent in MAX	
LTSS_LVL_CARE_CD2_01	No equivalent in MAX	
LTSS_LVL_CARE_CD2_02	No equivalent in MAX	
LTSS_LVL_CARE_CD2_03	No equivalent in MAX	
LTSS_LVL_CARE_CD2_04	No equivalent in MAX	
LTSS_LVL_CARE_CD2_05	No equivalent in MAX	
LTSS_LVL_CARE_CD2_06	No equivalent in MAX	
LTSS_LVL_CARE_CD2_07	No equivalent in MAX	
LTSS_LVL_CARE_CD2_08	No equivalent in MAX	
LTSS_LVL_CARE_CD2_09	No equivalent in MAX	
LTSS_LVL_CARE_CD2_10	No equivalent in MAX	
LTSS_LVL_CARE_CD2_11	No equivalent in MAX	
LTSS_LVL_CARE_CD2_12	No equivalent in MAX	
LTSS_LVL_CARE_CD2_LTST	No equivalent in MAX	
LTSS_PRVDR_NUM3	No equivalent in MAX	
LTSS_LVL_CARE_CD3_01	No equivalent in MAX	
LTSS_LVL_CARE_CD3_02	No equivalent in MAX	
LTSS_LVL_CARE_CD3_03	No equivalent in MAX	
LTSS_LVL_CARE_CD3_04	No equivalent in MAX	
LTSS_LVL_CARE_CD3_05	No equivalent in MAX	
LTSS_LVL_CARE_CD3_06	No equivalent in MAX	
LTSS_LVL_CARE_CD3_07	No equivalent in MAX	
LTSS_LVL_CARE_CD3_08	No equivalent in MAX	
LTSS_LVL_CARE_CD3_09	No equivalent in MAX	
LTSS_LVL_CARE_CD3_10	No equivalent in MAX	
LTSS_LVL_CARE_CD3_11	No equivalent in MAX	
LTSS_LVL_CARE_CD3_12	No equivalent in MAX	
LTSS_LVL_CARE_CD3_LTST	No equivalent in MAX	
SSDI_IND_01	No equivalent in MAX	
SSDI_IND_02	No equivalent in MAX	
SSDI_IND_03	No equivalent in MAX	

Annual DE disability and need supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
SSDI_IND_04	No equivalent in MAX	
SSDI_IND_05	No equivalent in MAX	
SSDI_IND_06	No equivalent in MAX	
SSDI_IND_07	No equivalent in MAX	
SSDI_IND_08	No equivalent in MAX	
SSDI_IND_09	No equivalent in MAX	
SSDI_IND_10	No equivalent in MAX	
SSDI_IND_11	No equivalent in MAX	
SSDI_IND_12	No equivalent in MAX	
SSI_IND_01	No equivalent in MAX	
SSI_IND_02	No equivalent in MAX	
SSI_IND_03	No equivalent in MAX	
SSI_IND_04	No equivalent in MAX	
SSI_IND_05	No equivalent in MAX	
SSI_IND_06	No equivalent in MAX	
SSI_IND_07	No equivalent in MAX	
SSI_IND_08	No equivalent in MAX	
SSI_IND_09	No equivalent in MAX	
SSI_IND_10	No equivalent in MAX	
SSI_IND_11	No equivalent in MAX	
SSI_IND_12	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_01	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_02	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_03	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_04	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_05	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_06	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_07	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_08	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_09	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_10	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_11	No equivalent in MAX	
SSI_STATE_SPLMT_STUS_CD_12	No equivalent in MAX	
SSI_STUS_CD_01	No equivalent in MAX	
SSI_STUS_CD_02	No equivalent in MAX	
SSI_STUS_CD_03	No equivalent in MAX	
SSI_STUS_CD_04	No equivalent in MAX	
SSI_STUS_CD_05	No equivalent in MAX	
SSI_STUS_CD_06	No equivalent in MAX	
SSI_STUS_CD_07	No equivalent in MAX	
SSI_STUS_CD_08	No equivalent in MAX	
SSI_STUS_CD_09	No equivalent in MAX	
SSI_STUS_CD_10	No equivalent in MAX	
SSI_STUS_CD_11	No equivalent in MAX	

Annual DE disability and need supplemental file (*continued*)

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
SSI_STUS_CD_12	No equivalent in MAX	
BIRTH_CNCPTN_IND_01	No equivalent in MAX	
BIRTH_CNCPTN_IND_02	No equivalent in MAX	
BIRTH_CNCPTN_IND_03	No equivalent in MAX	
BIRTH_CNCPTN_IND_04	No equivalent in MAX	
BIRTH_CNCPTN_IND_05	No equivalent in MAX	
BIRTH_CNCPTN_IND_06	No equivalent in MAX	
BIRTH_CNCPTN_IND_07	No equivalent in MAX	
BIRTH_CNCPTN_IND_08	No equivalent in MAX	
BIRTH_CNCPTN_IND_09	No equivalent in MAX	
BIRTH_CNCPTN_IND_10	No equivalent in MAX	
BIRTH_CNCPTN_IND_11	No equivalent in MAX	
BIRTH_CNCPTN_IND_12	No equivalent in MAX	
TANF_CASH_CD_01	EL_TANF_CASH_FLG_1	
TANF_CASH_CD_02	EL_TANF_CASH_FLG_2	
TANF_CASH_CD_03	EL_TANF_CASH_FLG_3	
TANF_CASH_CD_04	EL_TANF_CASH_FLG_4	
TANF_CASH_CD_05	EL_TANF_CASH_FLG_5	
TANF_CASH_CD_06	EL_TANF_CASH_FLG_6	
TANF_CASH_CD_07	EL_TANF_CASH_FLG_7	
TANF_CASH_CD_08	EL_TANF_CASH_FLG_8	
TANF_CASH_CD_09	EL_TANF_CASH_FLG_9	
TANF_CASH_CD_10	EL_TANF_CASH_FLG_10	
TANF_CASH_CD_11	EL_TANF_CASH_FLG_11	
TANF_CASH_CD_12	EL_TANF_CASH_FLG_12	
TPL_INSRNC_CVRG_IND_01	EL_PVT_INS_CD_1	Categories are different
TPL_INSRNC_CVRG_IND_02	EL_PVT_INS_CD_2	Categories are different
TPL_INSRNC_CVRG_IND_03	EL_PVT_INS_CD_3	Categories are different
TPL_INSRNC_CVRG_IND_04	EL_PVT_INS_CD_4	Categories are different
TPL_INSRNC_CVRG_IND_05	EL_PVT_INS_CD_5	Categories are different
TPL_INSRNC_CVRG_IND_06	EL_PVT_INS_CD_6	Categories are different
TPL_INSRNC_CVRG_IND_07	EL_PVT_INS_CD_7	Categories are different
TPL_INSRNC_CVRG_IND_08	EL_PVT_INS_CD_8	Categories are different
TPL_INSRNC_CVRG_IND_09	EL_PVT_INS_CD_9	Categories are different
TPL_INSRNC_CVRG_IND_10	EL_PVT_INS_CD_10	Categories are different
TPL_INSRNC_CVRG_IND_11	EL_PVT_INS_CD_11	Categories are different
TPL_INSRNC_CVRG_IND_12	EL_PVT_INS_CD_12	Categories are different
TPL_OTHR_CVRG_IND_01	No equivalent in MAX	
TPL_OTHR_CVRG_IND_02	No equivalent in MAX	
TPL_OTHR_CVRG_IND_03	No equivalent in MAX	
TPL_OTHR_CVRG_IND_04	No equivalent in MAX	
TPL_OTHR_CVRG_IND_05	No equivalent in MAX	
TPL_OTHR_CVRG_IND_06	No equivalent in MAX	
TPL_OTHR_CVRG_IND_07	No equivalent in MAX	

**Annual DE disability and need supplemental file (*continued*)**

Annual DE TAF data element (variable name)	MAX data element (variable name)	Notes
TPL_OTHR_CVRG_IND_08	No equivalent in MAX	
TPL_OTHR_CVRG_IND_09	No equivalent in MAX	
TPL_OTHR_CVRG_IND_10	No equivalent in MAX	
TPL_OTHR_CVRG_IND_11	No equivalent in MAX	
TPL_OTHR_CVRG_IND_12	No equivalent in MAX	
REC_ADD_TS	No equivalent in MAX	
REC_UPDT_TS	No equivalent in MAX	

Data elements in MAX person summary file (PS) but not in the annual TAF demographic and eligibility (DE) file<sup>41</sup>

MAX data element (variable name)
<b>Eligibility</b>
FILLER_1
EL_SEX_RACE_CD
RACE_CODE_1-5
MDCR_DEATH_DAY_SW
EL_ELGLTY_MO_CNT
EL_MDCR_BEN_MO_1-12
EL_PPH_PLN_MO_CNT_BMCP
EL_PPH_PLN_MO_CNT_PDMC
MC_COMBO_MO_1-12
<b>Claims-based</b>
RCPNT_IND
TOT_IP_DSCHRG_CNT
TOT_IP_STAY_CNT
TOT_IP_DAY_CNT_DSCHRG
TOT_IP_DAY_CNT_STAYS
TOT_IP_CVR_DAY_CNT_DSCHRG
TOT_IP_CVR_DAY_CNT_STAYS
TOT_LTC_CVR_DAY_CNT_AGED
TOT_LTC_CVR_DAY_CNT_PSYCH
TOT_LTC_CVR_DAY_CNT_ICFMR
TOT_LTC_CVR_DAY_CNT_NF
TOT_LTC_CVR_DAY_CNT
TOT_MDCD_CLM_CNT
TOT_MDCD_FFS_CLM_CNT
TOT_MDCD_PREM_CLM_CNT
TOT_MDCD_ENCT_CLM_CNT
TOT_MDCD_PYMT_AMT
TOT_MDCD_FFS_PYMT_AMT
TOT_MDCD_PREM_PYMT_AMT
TOT_MDCD_CHRG_AMT
TOT_MDCD_TP_PYMT_AMT
IP_HOSP_REC_FP
IP_HOSP_PYMT_FP
LT_REC_CNT_FP
LT_PYMT_AMT_FP
OT_REC_CNT_FP
OT_PYMT_AMT_FP
RX_REC_CNT_FP
RX_PYMT_AMT_FP

<sup>41</sup> The annual UP TAF contains use and payment information for all Medicaid- or CHIP-eligible beneficiaries. Information on many of the variables listed here may be found in the data dictionary for the annual UP TAF.

Data elements in MAX person summary file (PS) but not in the annual TAF demographic and eligibility (DE) file (*continued*)

MAX data element (variable name)
TOT_REC_CNT_FP
TOT_PYMT_AMT_FP
IP_HOSP_REC_RHC
IP_HOSP_PYMT_RHC
LT_REC_CNT_RHC
LT_PYMT_AMT_RHC
OT_REC_CNT_RHC
OT_PYMT_AMT_RHC
RX_REC_CNT_RHC
RX_PYMT_AMT_RHC
TOT_REC_CNT_RHC
TOT_PYMT_AMT_RHC
IP_HOSP_REC_FQHC
IP_HOSP_PYMT_FQHC
LT_REC_CNT_FQHC
LT_PYMT_AMT_FQHC
OT_REC_CNT_FQHC
OT_PYMT_AMT_FQHC
RX_REC_CNT_FQHC
RX_PYMT_AMT_FQHC
TOT_REC_CNT_FQHC
TOT_PYMT_AMT_FQHC
IP_HOSP_REC_IHS
IP_HOSP_PYMT_IHS
LT_REC_CNT_IHS
LT_PYMT_AMT_IHS
OT_REC_CNT_IHS
OT_PYMT_AMT_IHS
RX_REC_CNT_IHS
RX_PYMT_AMT_IHS
TOT_REC_CNT_IHS
TOT_PYMT_AMT_IHS
IP_HOSP_REC_HCBCA
IP_HOSP_PYMT_HCBCA
LT_REC_CNT_HCBCA
LT_PYMT_AMT_HCBCA
OT_REC_CNT_HCBCA
OT_PYMT_AMT_HCBCA
RX_REC_CNT_HCBCA
RX_PYMT_AMT_HCBCA
TOT_REC_CNT_HCBCA
TOT_PYMT_AMT_HCBCA
IP_HOSP_REC_HCBCS
IP_HOSP_PYMT_HCBCS

Data elements in MAX person summary file (PS) but not in the annual TAF demographic and eligibility (DE) file (*continued*)

MAX data element (variable name)
LT_REC_CNT_HCBCS
LT_PYMT_AMT_HCBCS
OT_REC_CNT_HCBCS
OT_PYMT_AMT_HCBCS
RX_REC_CNT_HCBCS
RX_PYMT_AMT_HCBCS
TOT_REC_CNT_HCBCS
TOT_PYMT_AMT_HCBCS
RCPNT_DLVR_CD
FEE_FOR_SRVC_IND_XX <sup>42</sup>
FFS_CLM_CNT_XX
FFS_PYMT_AMT_XX
FFS_CHRG_AMT_XX
FFS_TP_AMT_XX
ENCTR_REC_CNT_XX
CLTC_FFS_PYMT_AMT_YY <sup>43</sup>
HCBS_FFS_PYMT_AMT_ZZ <sup>44</sup>
PREM_PYMT_IND_HMO
PREM_PYMT_REC_CNT_HMO
PREM_MDCD_PYMT_AMT_HMO
PREM_PYMT_IND_PHP
PREM_PYMT_REC_CNT_PHP
PREM_MDCD_PYMT_AMT_PHP
PREM_PYMT_IND_PCCM
PREM_PYMT_REC_CNT_PCCM
PREM_MDCD_PYMT_AMT_PCCM
PREM_PYMT_IND_PHI
PREM_PYMT_REC_CNT_PHI
PREM_MDCD_PYMT_AMT_PHI
ENCTR_REC_CNT_HCBS

<sup>42</sup> XX represents each unique value of Type of Service (TOS): 01, 02, 04, 05, 07, 08, 09, 10, 11, 12, 13, 15, 16, 19, 24, 25, 26, 30, 31, 33, 34, 35, 36, 37, 38, 39, 51, 51, 53, 54, 99.

<sup>43</sup> YY represents each unique value of Community-Based Long-Term Care (CLTC): 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40.

<sup>44</sup> ZZ represents each unique value of HCBS: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 99.

# Appendix C: Eligibility groups

Eligibility groups

Code	Eligibility group	Short description	Citation	Type	Category
<b>Medicaid mandatory coverage</b>					
01	Parents and Other Caretaker Relatives	Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	42 CFR 435.110; 1902(a)(10)(A)(i)(I); 1931(b) and (d)	Family/Adult	Mandatory Coverage
02	Transitional Medical Assistance	Families with Medicaid eligibility extended for up to 12 months because of earnings.	408(a)(11)(A); 1902(a)(52); 1902(e)(1)(B); 1925; 1931(c)(2)	Family/Adult	Mandatory Coverage
03	Extended Medicaid due to Earnings	Families with Medicaid eligibility extended for 4 months because of increased earnings.	42 CFR 435.112; 408(a)(11)(A); 1902 (e)(1)(A); 1931 (c)(2)	Family/Adult	Mandatory Coverage
04	Extended Medicaid due to Spousal Support Collections	Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.	42 CFR 435.115; 408(a)(11)(B); 1931 (c)(1)	Family/Adult	Mandatory Coverage
05	Pregnant Women	Women who are pregnant or post-partum, with household income at or below a standard established by the state.	42 CFR 435.116; 1902(a)(10)(A)(i)(III) and (IV); 1902(a)(10)(A)(ii)(I), (IV) and (IX); 1931(b) and (d);	Family/Adult	Mandatory Coverage
06	Deemed Newborns	Children born to women covered under Medicaid or a separate CHIP for the date of the child's birth, who are deemed eligible for Medicaid until the child turns age 1	42 CFR 435.117; 1902(e)(4) and 2112€	Family/Adult	Mandatory Coverage
07	Infants and Children under Age 19	Infants and children under age 19 with household income at or below standards established by the state based on age group.	42 CFR 435.118 1902(a)(10)(A)(i)(III), (IV), (VI) and (VII); 1902(a)(10)(A)(ii)(IV) and (IX); 1931(b) and (d)	Family/Adult	Mandatory Coverage
08	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.	42 CFR 435.145; 473(b)(3); 1902(a)(10)(A)(i)(I)	Family/Adult	Mandatory Coverage
09	Former Foster Care Children	Individuals under the age of 26, not otherwise mandatorily eligible, who were in foster care and on Medicaid either when they turned age 18 or aged out of foster care.	42 CFR 435.150; 1902(a)(10)(A)(i)(IX)	Family/Adult	Mandatory Coverage
11	Individuals Receiving SSI	Individuals who are aged, blind or disabled who receive SSI.	42 CFR 435.120; 1902(a)(10)(A)(i)(II)(aa)	ABD	Mandatory Coverage
12	Aged, Blind and Disabled Individuals in 209(b) States	In 209(b) states, aged, blind and disabled individuals who meet more restrictive criteria than used in SSI.	42 CFR 435.121; 1902(f)	ABD	Mandatory Coverage

Eligibility groups (*continued*)

Code	Eligibility group	Short description	Citation	Type	Category
13	Individuals Receiving Mandatory State Supplements	Individuals receiving mandatory State Supplements to SSI benefits.	42 CFR 435.130	ABD	Mandatory Coverage
14	Individuals Who Are Essential Spouses	Individuals who were eligible as essential spouses in 1973 and who continue be essential to the well-being of a recipient of cash assistance.	42 CFR 435.131; 1905(a)	ABD	Mandatory Coverage
15	Institutionalized Individuals Continuously Eligible Since 1973	Institutionalized individuals who were eligible for Medicaid in 1973 as inpatients of Title XIX medical institutions or intermediate care facilities, and who continue to meet the 1973 requirements.	42 CFR 435.132	ABD	Mandatory Coverage
16	Blind or Disabled Individuals Eligible in 1973	Blind or disabled individuals who were eligible for Medicaid in 1973 who meet all current requirements for Medicaid except for the blindness or disability criteria.	42 CFR 435.133	ABD	Mandatory Coverage
17	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	Individuals who would be eligible for SSI/SSP except for the increase in OASDI benefits in 1972, who were entitled to and receiving cash assistance in August, 1972.	42 CFR 435.134	ABD	Mandatory Coverage
18	Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	Individuals who are receiving OASDI and became ineligible for SSI/SSP after April, 1977, who would continue to be eligible if the cost of living increases in OASDI since their last month of eligibility for SSI/SSP/OASDI were deducted from income.	42 CFR 435.135	ABD	Mandatory Coverage
19	Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI	Disabled widows and widowers who would be eligible for SSI /SSP, except for the increase in OASDI benefits due to the elimination of the reduction factor in P.L. 98-21, who therefore are deemed to be SSI or SSP recipients.	42 CFR 435.137; 1634(b)	ABD	Mandatory Coverage
20	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	Disabled widows and widowers who would be eligible for SSI/SSP, except for the early receipt of OASDI benefits, who are not entitled to Medicare Part A, who therefore are deemed to be SSI recipients.	42 CFR 435.138; 1634(d)	ABD	Mandatory Coverage
21	Working Disabled under 1619(b)	Blind or disabled individuals who participated in Medicaid as SSI cash recipients or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.	1619(b); 1902(a)(10)(A)(i)(II)(bb); 1905(q)	ABD	Mandatory Coverage
22	Disabled Adult Children	Individuals who lose eligibility for SSI at age 18 or older due to receipt of or increase in Title II OASDI child benefits.	1634(c)	ABD	Mandatory Coverage

Eligibility groups (*continued*)

Code	Eligibility group	Short description	Citation	Type	Category
23	Qualified Medicare Beneficiaries	Individuals with income equal to or less than 100% of the FPL who are entitled to Medicare Part A, who qualify for Medicare cost-sharing.	1902(a)(10)(E)(i); 1905(p)	ABD	Mandatory Coverage
24	Qualified Disabled and Working Individuals	Working, disabled individuals with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, who qualify for payment of Medicare Part A premiums.	1902(a)(10)(E)(ii); 1905(p)(3)(A)(i); 1905(s)	ABD	Mandatory Coverage
25	Specified Low Income Medicare Beneficiaries	Individuals with income between 100% and 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.	1902(a)(10)(E)(iii); 1905(p)(3)(A)(ii)	ABD	Mandatory Coverage
26	Qualifying Individuals	Individuals with income between 120% and 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.	1902(a)(10)(E)(iv); 1905(p)(3)(A)(ii)	ABD	Mandatory Coverage
<b>Medicaid options for coverage</b>					
27	Optional Coverage of Parents and Other Caretaker Relatives	Individuals qualifying as parents or caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the State.	42 CFR 435.220; 1902(a)(10)(A)(ii)(I)	Family/Adult	Options for Coverage
28	Reasonable Classifications of Individuals under Age 21	Individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the State.	42 CFR 435.222; 1902(a)(10)(A)(ii)(I) and (IV)	Family/Adult	Options for Coverage
29	Children with Non-IV-E Adoption Assistance	Children with special needs for whom there is a non-IV-E adoption assistance agreement in effect with a state, who either were eligible for Medicaid or had income at or below a standard established by the state.	42 CFR 435.227; 1902(a)(10)(A)(ii)(VIII);	Family/Adult	Options for Coverage
30	Independent Foster Care Adolescents	Individuals under an age specified by the State, less than age 21, who were in State-sponsored foster care on their 18th birthday and who meet the income standard established by the State.	42 CFR 435.226; 1902(a)(10)(A)(ii)(XVII)	Family/Adult	Options for Coverage
31	Optional Targeted Low Income Children	Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the State.	42 CFR 435.229 and 435.4; 1902(a)(10)(A)(ii)(XIV); 1905(u)(2)(B)	Family/Adult	Options for Coverage
32	Individuals Electing COBRA Continuation Coverage	Individuals choosing to continue COBRA benefits with income equal to or less than 100% of the FPL.	1902(a)(10)(F); 1902(u)(1)	Family/Adult	Options for Coverage

Eligibility groups (*continued*)

Code	Eligibility group	Short description	Citation	Type	Category
33	Individuals above 133% FPL under Age 65	Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the State.	CFR 435.218; 1902(hh); 1902(a)(10)(A)(ii) (XX)	Family/Adult	Options for Coverage
34	Certain Individuals Needing Treatment for Breast or Cervical Cancer	Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.	42 CFR 435.213; 1902(a)(10)(A)(ii) (XVIII); 1902(aa)	Family/Adult	Options for Coverage
35	Individuals Eligible for Family Planning Services	Individuals who are not pregnant, with income equal to or below the highest standard for pregnant women, as specified by the State, limited to family planning and related services.	42 CFR 435.214; 1902(a)(10)(A)(ii) (XXI)	Family/Adult	Options for Coverage
36	Individuals with Tuberculosis	Individuals infected with tuberculosis whose income does not exceed established standards, limited to tuberculosis-related services.	42 CFR 435.215; 1902(a)(10)(A)(ii) (XII); 1902(z)	Family/Adult	Options for Coverage
37	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance	Individuals who meet the requirements of SSI or Optional State Supplement, but who do not receive cash.	42 CFR 435.210 & 230; 1902(a)(10)(A)(ii) (I);	ABD	Options for Coverage
38	Individuals Eligible for Cash Assistance except for Institutionalization	Individuals who meet the requirements of AFDC, SSI or Optional State Supplement, and would be eligible if they were not living in a medical institution.	42 CFR 435.211; 1902(a)(10)(A)(ii) (IV);	ABD	Options for Coverage
39	Individuals Receiving Home and Community Based Services under Institutional Rules	Individuals who would be eligible for Medicaid under the State Plan if in a medical institution, who would live in an institution if they did not receive home and community based services.	42 CFR 435.217; 1902(a)(10)(A)(ii) (VI)	ABD	Options for Coverage
40	Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements	Individuals in 1634 States and in SSI Criteria States with agreements under 1616, who receive a state supplementary payment (but not SSI).	42 CFR 435.232; 1902(a)(10)(A)(ii) (IV)	ABD	Options for Coverage
41	Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements	Individuals in 209(b) States and in SSI Criteria States without agreements under 1616, who receive a state supplementary payment (but not SSI).	42 CFR 435.234; 1902(a)(10)(A)(ii) (XI)	ABD	Options for Coverage
42	Institutionalized Individuals Eligible under a Special Income Level	Individuals who are in institutions for at least 30 consecutive days who are eligible under a special income level.	42 CFR 435.236; 1902(a)(10)(A)(ii) (V)	ABD	Options for Coverage

Eligibility groups (*continued*)

Code	Eligibility group	Short description	Citation	Type	Category
43	Individuals participating in a PACE Program under Institutional Rules	Individuals who would be eligible for Medicaid under the State Plan if in a medical institution, who would require institutionalization if they did not participate in the PACE program.	1934	ABD	Options for Coverage
44	Individuals Receiving Hospice Care	Individuals who would be eligible for Medicaid under the State Plan if they were in a medical institution, who are terminally ill, and who will receive hospice care.	1902(a)(10)(A)(ii)(VII); 1905(o)	ABD	Options for Coverage
45	Qualified Disabled Children under Age 19	Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	1902(e)(3)	ABD	Options for Coverage
46	Poverty Level Aged or Disabled	Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%).	1902(a)(10)(A)(ii)(X); 1902(m)(1)	ABD	Options for Coverage
47	Work Incentives Eligibility Group	Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.	1902(a)(10)(A)(ii)(XIII)	ABD	Options for Coverage
48	Ticket to Work Basic Group	Individuals with earned income between ages 16 and 64 with a disability, with income and resources equal to or below a standard specified by the State.	1902(a)(10)(A)(ii)(XV)	ABD	Options for Coverage
49	Ticket to Work Medical Improvements Group	Individuals with earned income between ages 16 and 64 who are no longer disabled but still have a medical impairment, with income and resources equal to or below a standard specified by the State.	1902(a)(10)(A)(ii)(XVI)	ABD	Options for Coverage
50	Family Opportunity Act Children with Disabilities	Children under 19 who are disabled, with income equal to or less than a standard specified by the State (no higher than 300% of the FPL).	1902(a)(10)(A)(ii)(XIX); 1902(cc)(1)	ABD	Options for Coverage
51	Individuals Eligible for Home and Community-Based Services	Individuals with income equal to or below 150% of the FPL, who qualify for home and community based services without a determination that they would otherwise live in an institution.	1902(a)(10)(A)(ii)(XXII); 1915(i)	ABD	Options for Coverage
52	Individuals Eligible for Home and Community-Based Services - Special Income Level	Individuals with income equal to or below 300% of the SSI federal benefit rate, who meet the eligibility requirements for a waiver approved for the State under 1915(c), (d) or (e), or 1115.	1902(a)(10)(A)(ii)(XXII); 1915(i)	ABD	Options for Coverage

Eligibility groups (continued)

Code	Eligibility group	Short description	Citation	Type	Category
72	Adult Group - Individuals at or below 133% FPL Age 19 through 64 - newly eligible for all states	Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	42 CFR 435.119; 1902(a)(10)(A)(i) (VIII)	Family/Adult	Mandatory Coverage <sup>a</sup>
73	Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible for non 1905z(3) states	Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	42 CFR 435.119; 1902(a)(10)(A)(i) (VIII); 1905z(3)	Family/Adult	Mandatory Coverage <sup>a</sup>
74	Adult Group - Individuals at or below 133% FPL Age 19 through 64 – not newly eligible parent/ caretaker-relative(s) in 1905z(3) states	Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	42 CFR 435.119; 1902(a)(10)(A)(i) (VIII) 1905z(3)	Family/Adult	Mandatory Coverage <sup>a</sup>
75	Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible non-parent/ caretaker-relative(s) in 1905z(3) states	Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	42 CFR 435.119; 1902(a)(10)(A)(i) (VIII) 1905z(3)	Family/Adult	Mandatory Coverage <sup>a</sup>
76	Uninsured Individual eligible for COVID-19 testing	Uninsured individuals who are eligible for medical assistance for COVID-19 diagnostic products and any visit described as a COVID-19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period.	1902(a)(10) (A)(ii)(XXIII)	Family/Adult	Options for Coverage
<b>Medicaid medically needy</b>					
53	Medically Needy Pregnant Women	Women who are pregnant, who would qualify as categorically needy, except for income.	42 CFR 435.301(b)(1)(i) and (iv); 1902(a)(10)(C)(ii) (II)	Family/Adult	Medically Needy
54	Medically Needy Children under Age 18	Children under 18 who would qualify as categorically needy, except for income.	42 CFR 435.301(b)(1)(ii); 1902(a)(10)(C)(ii) (II)	Family/Adult	Medically Needy
55	Medically Needy Children Age 18 Through 20	Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.	42 CFR 435.308; 1902(a)(10)(C)(ii) (II)	Family/Adult	Medically Needy
56	Medically Needy Parents and Other Caretakers	Parents and other caretaker relatives of dependent children, eligible as categorically needy except for income.	42 CFR 435.310	Family/Adult	Medically Needy

Eligibility groups (continued)

Code	Eligibility group	Short description	Citation	Type	Category
59	Medically Needy Aged, Blind or Disabled	Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income.	42 CFR 435.320, 435.322, 435.324, and 435.330; 1902(a)(10)(C)	ABD	Medically Needy
60	Medically Needy Blind or Disabled Individuals Eligible in 1973	Blind or disabled individuals who were eligible for Medicaid as Medically Needy in 1973 who meet all current requirements for Medicaid except for the blindness or disability criteria.	42 CFR 435.340	ABD	Medically Needy
<b>CHIP coverage</b>					
61	Targeted Low-Income Children	Uninsured children under age 19 who do not have access to public employee coverage and whose household income is within standards established by the state.	42 CFR 457.310; 2102(b)(1)(B)(v)	Children	Optional
62	Deemed Newborn	Children born to targeted low-income pregnant women who are deemed eligible for CHIP or Medicaid for one year.	2112(e)	Children	Optional
63	Children Ineligible for Medicaid Due to Loss of Income Disregards	Children determined to be ineligible for Medicaid as a result of the elimination of income disregards under the MAGI income methodology.	42 CFR 457.340(d) Section 2101(f) of the ACA	Children	Mandatory
<b>CHIP additional options for coverage</b>					
64	Coverage from Conception to Birth	Uninsured children from conception to birth who do not have access to public employee coverage and whose household income is within standards established by the state.	42 CFR 457.310 2102(b)(1)(B)(v)	Children	Option for Coverage
65	Children with Access to Public Employee Coverage	Uninsured children under age 19 having access to public employee coverage and whose household income is within standards established by the state.	2110(b)(2)(B) and (b)(6)	Children	Option for Coverage
66	Children Eligible for Dental Only Supplemental Coverage	Children who are otherwise eligible for CHIP but for the fact that they are enrolled in a group health plan or health insurance offered through an employer. Coverage is limited to dental services.	2110(b)(5)	Children	Option for Coverage
67	Targeted Low-Income Pregnant Women	Uninsured pregnant women who do not have access to public employee coverage and whose household income is within standards established by the state.	2112	Pregnant Women	Option for Coverage

Eligibility groups (*continued*)

Code	Eligibility group	Short description	Citation	Type	Category
68	Pregnant Women with Access to Public Employee Coverage	Uninsured pregnant women having access to public employee coverage and whose household income is within standards established by the state. /	2110(b)(2)(B) and (b)(6)	Pregnant Women	Option for Coverage
<b>1115 expansion eligibility groups</b>					
69	Individuals with Mental Health Conditions (expansion group)	Individuals with mental health conditions who do not qualify for Medicaid due to the severity or duration of their disability or due to other eligibility factors; and/or those who are otherwise eligible but require benefits or services that are not comparable to those provided to other Medicaid beneficiaries.	1115 expansion		
70	Family Planning Participants (expansion group)	Individuals of child bearing age who require family planning services and supplies and for which the state does not choose to, or cannot provide, optional eligibility coverage under the Individuals Eligible for Family Planning Services eligibility group (1902(a)(10)(A)(ii)(XXI)).	1115 expansion		
71	Other expansion group	Individuals who do not qualify for Medicaid or CHIP under a mandatory eligibility or coverage group and for whom the state chooses to provide eligibility and/or benefits in a manner not permitted by title XIX or XXI of the Social Security Act.	1115 expansion		

<sup>a</sup> ACA Medicaid expansion for childless adults (represented by eligibility group values “72” through “75”) is still technically characterized as mandatory eligibility by Subsection 1902(a)(10)(A)(i) of the Social Security Act, despite the U.S. Supreme Court ruling that states could not be required to offer such coverage (National Federation of Independent Business v. Sebelius, 567 U.S. 519 [2012]). Therefore, some states might not report any of the Medicaid expansion groups to T-MSIS if these groups are not applicable to a given state. (Source: <https://www.hhs.gov/guidance/document/cms-macbis-t-msis-reporting-reminder-medicaid-expansion-population-t-msis-eligible-file>)

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