DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations

SMDL #04-007

December 3, 2004

Dear State Medicaid Director:

The purpose of this letter is to inform you of a change to the reporting specifications for the Medicaid Statistical Information System (MSIS). This change is effective with the first quarterly tape submittals for Federal fiscal year (FFY) 2006 (the October - December 2005 quarter).

Effective in FFY 1999, MSIS became the primary Federal reporting medium for general Medicaid program information, replacing the hard-copy HCFA-2082 report. Under MSIS, states submit quarterly tape extracts of eligibles and claims data from their claims processing and administrative systems. This change affects only the MSIS eligible tapes and no changes are required for the claims tape submittals. It is documented in the attached MSIS Data Dictionary replacement pages and it will be available on our Web site at http://www.cms.hhs.gov/medicaid/msis at a later date.

This change revises the reporting of the dual eligibility flag from quarterly to monthly beginning with the first quarterly tape submittals for FFY 2006 (the October - December 2005 quarter). The change from quarterly to monthly reporting of dual eligibility is required to provide improved program information for analysis of the dual eligibility population.

Please forward this information, along with the attached modifications to the MSIS data dictionary, to the appropriate state staff. We have an ongoing working relationship with the reporting staffs from the states, and look forward to providing any needed information or assistance to facilitate these changes.

We very much appreciate your efforts to implement the dramatic improvements in program information represented by MSIS. Please refer any questions or concerns

regarding these MSIS changes to Roger Buchanan at (410) 786-0780 or rbuchanan@cms.hhs.gov.

Sincerely,

/s/

Dennis G. Smith

Enclosure

cc:
CMS Regional Administrators

CMS Associate Regional Administrators
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Kathryn Kotula
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5.4 ELIGIBLE File - Physical Data Record Layout

The following table summarizes the fields in the ELIGIBLE file record in the order in which they physically occur in each record (see Section 2, paragraph [e]). Fields whose values remain fixed for an entire quarter are referred to as "root" fields; fields that vary monthly are listed separately for each month.

ELIGIBLE RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION - START	END	DEFAULT ERROR TOLERANCE
ROOT FIELDS				
MSIS-IDENTIFICATION-NUMBER	X(20)	01	20	0.1%
DATE-OF-BIRTH	9(8)	21	28	0.1%
DATE-OF-DEATH	9(8)	29	36	5.0%
SEX-CODE	X(1)	37	37	2.0%
RACE-ETHNICITY-CODE	9(1)	38	38	2.0%
SOCIAL-SECURITY-NUMBER	9(9)	39	47	2.0%
COUNTY-CODE	9(3)	48	50	5.0%
ZIP-CODE	9(5)	51	55	5.0%
TYPE-OF-RECORD	9(1)	56	56	2.0%
FEDERAL-FISCAL-YEAR-QUARTER	9(5)	57	61	0.1%
FILLER	**X(2)**	**62**	**63**	
HIC-NUMBER	X(12)	64	75	5.0%
MSIS-CASE-NUMBER	X(12)	76	87	0.1%
RACE-CODE-1	9(1)	88	88	5.0%
RACE-CODE-2	9(1)	89	89	5.0%
RACE-CODE-3	9(1)	90	90	5.0%
RACE-CODE-4	9(1)	91	91	5.0%
RACE-CODE-5	9(1)	92	92	5.0%
ETHNICITY-CODE	9(1)	93	93	5.0%
FILLER	X(9)	94	102	

ELIGIBLE RECORD SUMMARY

FIELD NAME MONTHLY FIELDS	COBOL PICTURE	- POSITION - START	END	DEFAULT ERROR TOLERANCE
MONTH 1:				
DAYS-OF-ELIGIBILITY	S9(2)	103	104	2.0%
ELIGIBILITY-GROUP	X(6)	105	110	2.0%
MAINTENANCE-ASSISTANCE-STATUS	X(1)	111	111	0.1%
BASIS-OF-ELIGIBILITY	X(1)	112	112	0.1%
HEALTH-INSURANCE	9(1)	113	113	5.0%
TANF-CASH-FLAG	9(1)	114	114	2.0%
RESTRICTED-BENEFITS-FLAG	9(1)	115	115	5.0%
PLAN-TYPE-1	9(2)	116	117	5.0%
PLAN-ID-1	X(12)	118	129	5.0%
PLAN-TYPE-2	9(2)	130	131	5.0%
PLAN-ID-2	X(12)	132	143	5.0%
PLAN-TYPE-3	9(2)	144	145	5.0%
PLAN-ID-3	X(12)	146	157	5.0%
PLAN-TYPE-4	9(2)	158	159	5.0%
PLAN-ID-4	X(12)	160	171	5.0%
SCHIP-CODE	X(1)	172	172	5.0%
INCOME-CODE	X(2)	173	174	5.0%
WAIVER-TYPE-1	X(1)	175	175	5.0%
WAIVER-ID-1	X(2)	176	177	5.0%
WAIVER-TYPE-2	X(1)	178	178	5.0%
WAIVER-ID-2	X(2)	179	180	5.0%
WAIVER-TYPE-3	X(1)	181	181	5.0%
WAIVER-ID-3	X(2)	182	183	5.0%
DUAL-ELIGIBLE-CODE	**X(2)**	**184**	**185**	**2.0%**
FILLER	**X(8)**	**186**	**193**	

ELIGIBLE RECORD SUMMARY

FIELD NAME MONTHLY FIELDS	COBOL PICTURE	- POSITION - START	END	DEFAULT ERROR TOLERANCE
MONTH 2:				
DAYS-OF-ELIGIBILITY	S9(2)	194	195	2.0%
ELIGIBILITY-GROUP	X(6)	196	201	2.0%
MAINTENANCE-ASSISTANCE-STATUS	X(1)	202	202	0.1%
BASIS-OF-ELIGIBILITY	X(1)	203	203	0.1%
HEALTH-INSURANCE	9(1)	204	204	5.0%
TANF-CASH-FLAG	9(1)	205	205	2.0%
RESTRICTED-BENEFITS-FLAG	9(1)	206	206	5.0%
PLAN-TYPE-1	9(2)	207	208	5.0%
PLAN-ID-1	X(12)	209	220	5.0%
PLAN-TYPE-2	9(2)	221	222	5.0%
PLAN-ID-2	X(12)	223	234	5.0%
PLAN-TYPE-3	9(2)	235	236	5.0%
PLAN-ID-3	X(12)	237	248	5.0%
PLAN-TYPE-4	9(2)	249	250	5.0%
PLAN-ID-4	X(12)	251	262	5.0%
SCHIP-CODE	X(1)	263	263	5.0%
INCOME-CODE	X(2)	264	265	5.0%
WAIVER-TYPE-1	X(1)	266	266	5.0%
WAIVER-ID-1	X(2)	267	268	5.0%
WAIVER-TYPE-2	X(1)	269	269	5.0%
WAIVER-ID-2	X(2)	270	271	5.0%
WAIVER-TYPE-3	X(1)	272	272	5.0%
WAIVER-ID-3	X(2)	273	274	5.0%
DUAL-ELIGIBLE-CODE	**X(2)**	**275**	**276**	**2.0%**
FILLER	**X(8)**	**277**	**284**	

ELIGIBLE RECORD SUMMARY

FIELD NAME	COBOL PICTURE	- POSITION - START	END	DEFAULT ERROR TOLERANCE
MONTH 3:				
DAYS-OF-ELIGIBILITY	S9(2)	285	286	2.0%
ELIGIBILITY-GROUP	X(6)	287	292	2.0%
MAINTENANCE-ASSISTANCE-STATUS	X(1)	293	293	0.1%
BASIS-OF-ELIGIBILITY	X(1)	294	294	0.1%
HEALTH-INSURANCE	9(1)	295	295	5.0%
TANF-CASH-FLAG	9(1)	296	296	2.0%
RESTRICTED-BENEFITS-FLAG	9(1)	297	297	5.0%
PLAN-TYPE-1	9(2)	298	299	5.0%
PLAN-ID-1	X(12)	300	311	5.0%
PLAN-TYPE-2	9(2)	312	313	5.0%
PLAN-ID-2	X(12)	314	325	5.0%
PLAN-TYPE-3	9(2)	326	327	5.0%
PLAN-ID-3	X(12)	328	339	5.0%
PLAN-TYPE-4	9(2)	340	341	5.0%
PLAN-ID-4	X(12)	342	353	5.0%
SCHIP-CODE	X(1)	354	354	5.0%
INCOME-CODE	X(2)	355	356	5.0%
WAIVER-TYPE-1	X(1)	357	357	5.0%
WAIVER-ID-1	X(2)	358	359	5.0%
WAIVER-TYPE-2	X(1)	360	360	5.0%
WAIVER-ID-2	X(2)	361	362	5.0%
WAIVER-TYPE-3	X(1)	363	363	5.0%
WAIVER-ID-3	X(2)	364	365	5.0%
DUAL-ELIGIBLE-CODE	**X(2)**	**366**	**367**	**2.0%**
FILLER	**X(8)**	**368**	**375**	

The error tolerance describes, for each field, the maximum allowable percentage of records submitted that may have missing, unknown, or invalid codes. Error rates in excess of the error tolerance level for **any** field will cause the entire file to be rejected.

ELIGIBLE FILE

Data Element Name: DUAL-ELIGIBLE-**CODE**

Definition: **Monthly Field** - Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.

Field Description:

COBOL PICTURE	Error Tolerance	Example Value
9(2)	2.0%	00

Coding Requirements:

Valid Values	Code Definition
00	Eligible is not a Medicare beneficiary
01	Eligible is entitled to Medicare- QMB only
02	Eligible is entitled to Medicare- QMB AND Medicaid coverage including RX **(Medicaid drug coverage criterion only applies through December 2005)**
03	Eligible is entitled to Medicare- SLMB only
04	Eligible is entitled to Medicare- SLMB AND Medicaid coverage including RX **(Medicaid drug coverage criterion only applies through December 2005)**
05	Eligible is entitled to Medicare- QDWI
06	Eligible is entitled to Medicare- Qualifying individuals
08	Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid coverage including RX **(Medicaid drug coverage criterion only applies through December 2005)**
09	Eligible is entitled to Medicare – Other Dual Eligibles
99	Eligible's Medicare status is unknown.

00. Eligible Is Not a Medicare Beneficiary - The individual is not entitled to Medicare coverage.

Medicare Dual Eligibles - The following describes the various categories of individuals who, collectively, are known as dual eligibles. Medicare has two basic coverages: Part A, which pays for hospitalization costs; and Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services. Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medicaid benefit.

01. Qualified Medicare Beneficiaries (QMBs) without other Medicaid (QMB Only) - These individuals are entitled to Medicare Part A, have income of 100% Federal poverty level (FPL) or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and Medicare deductibles and coinsurance for Medicare services provided by Medicare providers.

02. QMBs with Medicaid Coverage (QMB Plus). These individuals are entitled to Medicare Part A, have income of 100% FPL or less and resources that do not exceed twice the limit for SSI eligibility. Through 2005, individuals in this group qualify for one or more Medicaid benefits including prescription drug coverage. Effective 2006, they qualify for one or more Medicaid benefits that do not include prescription drugs. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and Medicare deductibles and coinsurance, and provides one or more Medicaid benefits. **QMB individuals with prescription drug coverage are included in this group through December 2005. Beginning in January 2006, Part D provides drug coverage for these individuals, and Medicaid drug benefits are not required for an individual to be reported in this group.**

Data Element Name: DUAL-ELIGIBLE-**CODE** (continued)

03. Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (SLMB Only) - These individuals are entitled to Medicare Part A, have income of 100 -120% FPL and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only.

04. SLMBs with Medicaid Coverage (SLMB Plus). These individuals are entitled to Medicare Part A, have income of 100-120% FPL and resources that do not exceed twice the limit for SSI eligibility. Through 2005, individuals in this group qualify for one or more Medicaid benefits including prescription drug coverage. Effective 2006, they qualify for one or more Medicaid benefits that do not include prescription drugs. Medicaid pays their Medicare Part B premiums and provides one or more Medicaid benefits. **SLMB individuals with prescription drug coverage are included in this group through December 2005. Beginning in January 2006, Part D provides drug coverage for these individuals, and Medicaid drug benefits are not required for an individual to be reported in this group.**

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

06. Qualifying Individuals (QIs) - There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have income of 120 -135% FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only with 100% Federal funding.

08. Other Dual Eligibles with Medicaid Coverage (Non QMB, SLMB, QDWI or QI) - These individuals are entitled to Medicare Part A and/or Part B and are eligible for one or more Medicaid benefits including prescription drug coverage. They are not eligible for Medicaid as a QMB, SLMB, QDWI or QI. Typically, these individuals need to spend down to qualify for Medicaid or fall into a Medicaid poverty group that exceeds the limits listed above. Through **December 2005**, individuals in this group qualify for one or more Medicaid benefits including prescription drug coverage. **Beginning in January 2006, Part D provides drug coverage for these individuals, and Medicaid drug benefits are not required for an individual to be reported in this group.** Medicaid pays for Medicaid services provided by Medicaid providers, but only to the extent that the Medicaid rate exceeds any Medicare payment for services covered by both Medicare and Medicaid. Payment by Medicaid of Part B premiums is a state option.

09. Other Dual Eligibles (e.g, Pharmacy + Waivers; states not including prescription drugs in Medicaid benefits for some groups) – Special dual eligible groups not included above, but approved under special circumstances. This code is to be used only with specific CMS approval.

Error Condition	Resulting Error Code
1. Value is Non-Numeric - Reset to 9-filled	812
2. Value is 99	301
3. Value is < 00 OR Value is > 09	203
4. Relational Field in Error	999
5. **If Value={01, 03, 05, OR 06} AND MAINTENANCE-ASSISTANCE-STATUS <>"3**"	503