

ESPC 3.0 VARIABLE LIST

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
% children 19-35 mos. receiving 431331 vaccine series	% of children aged 19-35 months who received the 431331 vaccine series. Data presented as point estimate +/- 95% confidence interval.	National Immunization Survey	Child	Immunizations	Utilization	Immunizations childhood by age
% children 19-35 mos. receiving 4313314 vaccine series	% of children aged 19-35 months who received the 4313314 vaccine series. Data presented as point estimate +/- 95% confidence interval.	National Immunization Survey	Child	Immunizations	Utilization	Immunizations childhood by age
% eligibles who are dual eligible	% Medicaid eligibles who are dual eligible	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
% long-stay NH residents given flu vaccine	Percent of long-stay nursing home residents given influenza vaccination during the flu season	National Healthcare Quality and Disparities Reports	Not applicable	Immunizations	Utilization	Immunizations, flu in nursing homes
% nursing facility beds that are dually certified	% nursing facility (NF) beds that are dually certified	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Percent of nursing facility beds that are certified
% nursing facility beds that are Medicaid certified	% nursing facility (NF) beds that are Medicaid certified	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Percent of nursing facility beds that are certified

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
% nursing facility beds that are Medicare certified	% nursing facility (NF) beds that are Medicare certified	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Percent of nursing facility beds that are certified
% of 0-18 year-olds who are uninsured	% of 0-18 year-olds who are uninsured	Small Area Health Insurance Estimates	Child	Not applicable	Insurance coverage	Percent of population uninsured by age
% of 0-64 year-old females who are uninsured	% of 0-64 year-old females who are uninsured	Small Area Health Insurance Estimates	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age & gender
% of 0-64 year-old males who are uninsured	% of 0-64 year-old males who are uninsured	Small Area Health Insurance Estimates	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age & gender
% of 0-64 year-olds who are uninsured	% of 0-64 year-olds who are uninsured	Small Area Health Insurance Estimates	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age
% of 0-64 y-o at or below 200% FPL who are uninsured	% of 0-64 year-olds at or below 200% of the federal poverty level who are uninsured	Small Area Health Insurance Estimates	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age & income
% of 0-64 y-o black non-Hispanics who are uninsured	% of 0-64 year-old Black non-Hispanics who are uninsured	Small Area Health Insurance Estimates	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age & race/ethn
% of 0-64 y-o Hispanics of any race who are uninsured	% of 0-64 y-o Hispanics of any race who are uninsured	Small Area Health Insurance Estimates	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age & race/ethn

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% of 0-64 y-o white non-Hispanics who are uninsured	% of 0-64 year-old White non-Hispanics who are uninsured	Small Area Health Insurance Estimates	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age
% of 18-64 year-olds who are uninsured	% of 18-64 year-olds who are uninsured	Small Area Health Insurance Estimates	Adult	Not applicable	Insurance coverage	Percent of population uninsured by age
% of 40-64 year-olds who are uninsured	% of 40-64 year-olds who are uninsured	Small Area Health Insurance Estimates	Adult	Not applicable	Insurance coverage	Percent of population uninsured by age & income
% of adults participating in phys. activity in past mo	% of adults participating in any physical activity in past month	Behavioral Risk Factor Surveillance System	Adult	Not applicable	Health Status	Physical activity
% of adults that report binge drinking	% of adults that report binge drinking (see definitional note in variable comments).	Behavioral Risk Factor Surveillance System	Adult	Not applicable	Health Status	Alcohol use
% of adults visited dentist/dental clinic w/in past yr	% of adults who visited the dentist or dental clinic within the past year for any reason	Behavioral Risk Factor Surveillance System	Adult	Dental services & dentures	Health Status	Oral health
% of adults who are current smokers	% of adults who are current smokers	Behavioral Risk Factor Surveillance System	Adult	Not applicable	Health Status	Tobacco use
% of adults who are obese	% of adults who are obese (body mass index 30.0-99.8)	Behavioral Risk Factor Surveillance System	Adult	Not applicable	Health Status	Obesity
% of certified NFs that are for non-profit	% of certified nursing facilities that are for non-profit	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Percent of nursing facilities by ownership
% of certified NFs that are for profit	% of certified nursing facilities that are for profit	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Percent of nursing facilities by ownership

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
% of certified NFs that are government-owned	% of certified nursing facilities that are government-owned	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Percent of nursing facilities by ownership
% of individuals <18 y-o w/ public or private insurance	% of individuals under 18 years old with public (including Medicaid, Medicare, Tricare, Veterans Administration, and military health care) or private (including employment-based and direct purchase) insurance	Current Population Survey, Annual Social and Economic Supplement	Child	Not applicable	Insurance coverage	Percent pop w/ public or private insurance by age
% of individuals <65 y-o w/ public or private insurance	% of individuals under 65 years old with public (including Medicaid, Medicare, Tricare, Veterans Administration, and military health care) or private (including employment-based and direct purchase) insurance	Current Population Survey, Annual Social and Economic Supplement	Nonaged	Not applicable	Insurance coverage	Percent pop w/ public or private insurance by age
% of individuals under 18 years old who are uninsured	% of individuals under 18 years old who are uninsured	Current Population Survey, Annual Social and Economic Supplement	Child	Not applicable	Insurance coverage	Percent of population uninsured by age
% of individuals under 18 y-o w/ private insurance	% of individuals under 18 years old with private (including employment-based and direct purchase) insurance	Current Population Survey, Annual Social and Economic Supplement	Child	Not applicable	Insurance coverage	Percent of population w/ private insurance by age
% of individuals under 18 y-o w/ public insurance	% of individuals under 18 years old with public (including Medicaid, Medicare, Tricare, Veterans Administration, and military health care) insurance	Current Population Survey, Annual Social and Economic Supplement	Child	Not applicable	Insurance coverage	Percent of population w/ public insurance by age

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
% of individuals under 65 years old who are uninsured	% of individuals under 65 years old who are uninsured	Current Population Survey, Annual Social and Economic Supplement	Nonaged	Not applicable	Insurance coverage	Percent of population uninsured by age
% of individuals under 65 y-o w/ private insurance	% of individuals under 65 years old with private (including employment-based and direct purchase) insurance	Current Population Survey, Annual Social and Economic Supplement	Nonaged	Not applicable	Insurance coverage	Percent of population w/ private insurance by age
% of individuals under 65 y-o w/ public insurance	% of individuals under 65 years old with public (including Medicaid, Medicare, Tricare, Veterans Administration, and military health care) insurance	Current Population Survey, Annual Social and Economic Supplement	Nonaged	Not applicable	Insurance coverage	Percent of population w/ public insurance by age
% of individuals who are uninsured	% of individuals who are uninsured	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Insurance coverage	Percent of population uninsured
% of individuals with private insurance	% of individuals with private (including employment-based and direct purchase) insurance	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Insurance coverage	Percent of population w/ private insurance
% of individuals with public insurance	% of individuals with public (including Medicaid, Medicare, Tricare, Veterans Administration, and military health care) insurance	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Insurance coverage	Percent of population w/ public insurance
% of individuals with public or private insurance	% of individuals with public (including Medicaid, Medicare, Tricare, Veterans Administration, and military health care) or private (including employment-based	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Insurance coverage	Percent pop w/ public or private insurance

Variable Name	Variable Description		Population	Service	Topic	Subtopic
	and direct purchase) insurance					
% of physicians who are office-based, primary care	% of non-federal, patient care physicians who are office-based, primary care	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Primary care services	Supply: personnel	Percent of physicians by type
% of total LTC spending - HH & PCS	Percent of Medicaid long-term care (LTC) expenditures spent on home health (HH) and personal care services (PCS)	Kaiser Family Foundation	All eligibility groups	Home health & personal care services	Expenditures	Distribution of LTC spending
% of total LTC spending - ICF/MR	Percent of Medicaid long-term care (LTC) expenditures spent on intermediate care facilities for the mentally retarded (ICF/MR)	Kaiser Family Foundation	All eligibility groups	Institutional long-term care	Expenditures	Distribution of LTC spending
% of total LTC spending - mental health facilities	Percent of Medicaid long-term care (LTC) expenditures spent on mental health facilities	Kaiser Family Foundation	All eligibility groups	Inpatient psychiatric services	Expenditures	Distribution of LTC spending
% of total LTC spending - nursing facilities	Percent of Medicaid long-term care (LTC) expenditures spent on nursing facilities	Kaiser Family Foundation	All eligibility groups	Institutional long-term care	Expenditures	Distribution of LTC spending
% physicians who are office-based	% of non-federal patient care physicians who are office-based	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Physician services	Supply: personnel	Percent of physicians by type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
1915(a)/1915(c) program service area	Program service area for concurrent 1915(a)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Service area by waiver type
1915(b)/1915(c) program service area	Program service area for concurrent 1915(b)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Service area by waiver type
Admin verification of income for 1931 parents renewal	Indicator for whether the state administratively verifies income for renewal for parents covered through 1931 Medicaid coverage (yes/no).	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Renewal procedures
Adult day health care - dual eligibles excluded	Medicare dual eligibles excluded in adult day health care	Medicaid Managed Care Summary Report	Dual eligible	Adult day care	Managed care	Populations covered by eligibility & program type
Adult day health care - dual eligibles included	Medicare dual eligibles included in adult day health care	Medicaid Managed Care Summary Report	Dual eligible	Adult day care	Managed care	Populations covered by eligibility & program type
Adult day health care - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in adult day health care	Medicaid Managed Care Summary Report	See variable comments	Adult day care	Managed care	Guaranteed eligibility by program type
Adult day health care - included services	Medicaid managed care waiver included services in adult day health care	Medicaid Managed Care Summary Report	See variable comments	Adult day care	Managed care	Covered services by program type
Adult day health care - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for adult day health care	Medicaid Managed Care Summary Report	See variable comments	Adult day care	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Adult day health care - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for adult day health care	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Adult day health care - PCP types	Medicaid managed care waiver primary care provider (PCP) types for adult day health care	Medicaid Managed Care Summary Report	See variable comments	Adult day care	Managed care	PCP types by program type
Adult day health care - pop excluded	Medicaid managed care waiver population categories excluded in adult day health care	Medicaid Managed Care Summary Report	Not applicable	Adult day care	Managed care	Population exclusions by program type
Adult day health care - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in adult day health care	Medicaid Managed Care Summary Report	Not applicable	Adult day care	Managed care	Mandatory groups by program type
Adult day health care - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in adult day health care	Medicaid Managed Care Summary Report	Not applicable	Adult day care	Managed care	Voluntary groups by program type
Adult day health care - reimbursement	Medicaid managed care reimbursement arrangement for adult day health care	Medicaid Managed Care Summary Report	See variable comments	Adult day care	Managed care	Reimbursement method by program type
All-inclusive encounter-based rates - guaranteed elig	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
All-inclusive encounter-based rates - included services	Medicaid managed care waiver included services in all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
All-inclusive encounter-based rates - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
All-inclusive encounter-based rates - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
All-inclusive encounter-based rates - PCP types	Medicaid managed care waiver primary care provider (PCP) types for all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
All-inclusive encounter-based rates - pop excluded	Medicaid managed care waiver population categories excluded in all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
All-inclusive encounter-based rates - pop inc mandatory	Medicaid managed care waiver population categories included mandatorily in all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
All-inclusive encounter-based rates - pop inc voluntary	Medicaid managed care waiver population categories included voluntarily in all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
All-inclusive encounter-based rates - reimbursement	Medicaid managed care reimbursement arrangement for all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
All-inclusive encounter-based rates -dual eligibles exc	Medicare dual eligibles excluded in all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
All-inclusive encounter-based rates -dual eligibles inc	Medicare dual eligibles included in all-inclusive encounter-based rates	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
American Indian PCCM - dual eligibles excluded	Medicare dual eligibles excluded in American Indian primary care case management (PCCM)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
American Indian PCCM - dual eligibles included	Medicare dual eligibles included in American Indian primary care case management (PCCM)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
American Indian PCCM - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in American Indian primary care case management (PCCM)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
American Indian PCCM - included services	Medicaid managed care waiver included services in American Indian PCCM	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
American Indian PCCM - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for American Indian primary care case management (PCCM)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
American Indian PCCM - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for American Indian PCCM	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
American Indian PCCM - PCP types	Medicaid managed care waiver primary care provider (PCP) types for American Indian PCCM	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
American Indian PCCM - pop excluded	Medicaid managed care waiver population categories excluded in American Indian PCCM	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
American Indian PCCM - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in American Indian PCCM	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
American Indian PCCM - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in American Indian PCCM	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
American Indian PCCM - reimbursement	Medicaid managed care reimbursement arrangement for American Indian primary care case management (PCCM)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
App. for 1931 parents consistent w/ child programs	Indicator for whether the state has consistent policies for children and 1931 parents, which requires adoption of all simplification measures listed in Medicaid for both children and parents, and having a simplified family application.	Kaiser Family Foundation	Nonaged	Not applicable	Eligibility	Application procedures
Asset limit - QI, Medicare Savings Program, couple	Asset limit for qualified individuals (QI), couple	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Asset limits by eligibility
Asset limit - QI, Medicare Savings Program, single	Asset limit for qualified individuals (QI), single	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Asset limits by eligibility
Asset limit - QMB, Medicare Savings Program, couple	Asset limit for Qualified Medicare Beneficiaries (QMB), couple	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Asset limits by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Asset limit - QMB, Medicare Savings Program, single	Asset limit for Qualified Medicare Beneficiaries (QMB), single	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Asset limits by eligibility
Asset limit - SLMB, Medicare Savings Program, couple	Asset limit for Specified Low-Income Beneficiaries (SLMB), couple	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Asset limits by eligibility
Asset limit - SLMB, Medicare Savings Program, single	Asset limit for Specified Low-Income Beneficiaries (SLMB), single	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Asset limits by eligibility
Asset limit-couple, ABD	Medicaid asset limit for aged, blind, or disabled (ABD) couples	Kaiser Family Foundation	Aged, blind, disabled	Not applicable	Eligibility	Asset limits by eligibility
Asset limit-individuals, ABD	Medicaid asset limit for aged, blind, or disabled (ABD) individuals	Kaiser Family Foundation	Aged, blind, disabled	Not applicable	Eligibility	Asset limits by eligibility
Asset limit-medically needy, couple (\$)	Asset limit for medically needy couples in dollars	Kaiser Family Foundation	Medically needy	Not applicable	Eligibility	Asset limits by eligibility
Asset limit-medically needy, single (\$)	Asset limit for medically needy individuals in dollars	Kaiser Family Foundation	Medically needy	Not applicable	Eligibility	Asset limits by eligibility
Asset test not reqd for application for 1931 parents	Indicates whether an asset test is NOT required for application for parents covered through 1931 Medicaid coverage. If an asset test is required, the limit is indicated.	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Application procedures
Average cost per prescription	Average cost per prescription	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	All eligibility groups	Prescription drugs	Expenditures	Average cost per service by TOS
Avg capitation pmt per person-month in HMO/HIO	Average capitation payment per person-month of enrollment in HMO/HIO	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Average capitation \$ by delivery system

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Avg capitation pmt per person-month in managed care	Average capitation payment per person-month of enrollment in managed care	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Average capitation payment
Avg capitation pmt per person-month in PCCM	Average capitation payment per person-month of enrollment in PCCM	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Average capitation \$ by delivery system
Avg capitation pmt per person-month in PHP	Average capitation payment per person-month of enrollment in PHP	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Average capitation \$ by delivery system
Benefit package to unborn child, SCHIP	Benefit package provided under SCHIP (separate CHIP) has unborn children provision	National Academy for State Health Policy	Unborn children	Pregnancy, labor & delivery	Benefits	Covered services by eligibility
Birth certificate revision used by state	Year of Revision of the U.S. Standard Certificate of Live Birth used by state (1989 or 2003)	VitalStats, National Vital Statistics System, National Center for Health Statistics	Child	Not applicable	Demographics	Birth certificate revision used
Births financed by Medicaid as percent of total births	Births financed by Medicaid as a percentage of total births	Kaiser Family Foundation	Pregnant women	Pregnancy, labor & delivery	Utilization	Births
Births w/ prenatal care beginning in 1st trimester	Number of births in which prenatal care was received beginning in the first trimester	VitalStats, National Vital Statistics System, National Center for Health Statistics	Not applicable	Pregnancy, labor & delivery	Utilization	Prenatal care
Certified nursing facility occupancy rate (%)	Certified nursing facility (NF) occupancy rate (%)	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Nursing facility occupancy rate
Child prem amount at 201% or 200% FPL if max elig	Premium Amount at 201% (or 200% federal poverty level (FPL) if maximum eligibility is 200% of federal poverty level)	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium amount by income & eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Child premium amount at 101% FPL	Premium Amount at 101% federal poverty level (FPL)	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium amount by income & eligibility
Child premium amount at 151% FPL	Premium Amount at 151% federal poverty level (FPL)	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium amount by income & eligibility
Child premium amount at 250% FPL	Premium amount at 250% federal poverty level (FPL)	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium amount by income & eligibility
Child premium amount at 300% FPL	Premium Amount at 300% federal poverty level (FPL)	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium amount by income & eligibility
Child premium amount at 350% FPL	Premium Amount at 350% FPL (FPL)	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium amount by income & eligibility
Children's Medicaid/CHIP participation rate	The children's Medicaid/CHIP participation rate is equal to the ratio of eligible children enrolled in Medicaid/CHIP to the sum of those children plus uninsured children who are eligible for Medicaid/CHIP.	Kaiser Family Foundation	Child	Not applicable	Enrollment	Participation rate
CHIP brand name	CHIP Brand Name	Medicaid Model Data Lab	Not applicable	Not applicable	Program information	Program name
CHIP premium assistance operating authority	Authority under which the CHIP premium assistance program operates	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Operating authority
CHIP premium assistance program name	Name of CHIP premium assistance program	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Program name

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
CHIP waiting period, months	CHIP waiting period (minimum amount of time a child is required to be uninsured prior to enrolling), months	Kaiser Family Foundation	Child	Not applicable	Eligibility	Length of waiting period in months
Chronic care management - dual eligibles excluded	Medicare dual eligibles excluded in chronic care management	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Chronic care management - dual eligibles included	Medicare dual eligibles included in chronic care management	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Chronic care management - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in chronic care management	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Chronic care management - included services	Medicaid managed care waiver included services in chronic care management	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Chronic care management - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for chronic care management	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Chronic care management - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for chronic care management	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Chronic care management - PCP types	Medicaid managed care waiver primary care provider (PCP) types for chronic care management	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Chronic care management - pop excluded	Medicaid managed care waiver population categories excluded in chronic care management	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Chronic care management - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in chronic care management	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Chronic care management - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in chronic care management	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Chronic care management - reimbursement	Medicaid managed care reimbursement arrangement for chronic care management	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Comm care for elderly agencies - dual eligibles exc	Medicare dual eligibles excluded in Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Comm care for elderly agencies - dual eligibles inc	Medicare dual eligibles included in Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Comm care for elderly agencies - guaranteed elig	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Comm care for elderly agencies - included services	Medicaid managed care waiver included services in Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	See variable comments	Community-based long-term care	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Comm care for elderly agencies - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Comm care for elderly agencies - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Comm care for elderly agencies - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Comm care for elderly agencies - pop excluded	Medicaid managed care waiver population categories excluded in Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Comm care for elderly agencies - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Comm care for elderly agencies - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Comm care for elderly agencies - reimbursement	Medicaid managed care reimbursement arrangement for Community Care for the Elderly Agencies	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Concurrent 1915(a)/1915(c) waiver expiration date	Date the Concurrent Operating 1915(c) waiver (including temporary waiver extensions) under which the program operates, expires.	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Expiration date by waiver type
Concurrent 1915(b)/1915(c) waiver expiration date	Date the Concurrent Operating 1915(c) waiver (including temporary waiver extensions), under which the program operates, expires.	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Expiration date by waiver type
Copay amt - 1931 parent, ER	Copayment amount for emergency room visit for parents covered through 1931 Medicaid coverage	Kaiser Family Foundation	Parents	Emergency room services	Benefits	Copayments by TOS
Copay amt - 1931 parent, generic drug	Copayment amount for generic drug for parents covered through 1931 Medicaid coverage	Kaiser Family Foundation	Parents	Prescription drugs	Benefits	Copayments by TOS
Copay amt - 1931 parent, inpatient hospital visit	Copayment amount for inpatient hospital visit for parents covered through 1931 Medicaid coverage	Kaiser Family Foundation	Parents	Inpatient hospital	Benefits	Copayments by TOS
Copay amt - 1931 parent, non-emergency ER use	Copayment amount for non-emergency use of emergency room for 1931 parents	Kaiser Family Foundation	Parents	Emergency room services	Benefits	Copayments by TOS
Copay amt - 1931 parent, non-preferred name brand drug	Copayment amount for non-preferred name brand drug for parents covered through 1931 Medicaid coverage	Kaiser Family Foundation	Parents	Prescription drugs	Benefits	Copayments by TOS
Copay amt - 1931 parent, non-preventive physician visit	Copayment amount for non-preventive physician visit for parents covered through 1931 Medicaid coverage	Kaiser Family Foundation	Parents	Physician services	Benefits	Copayments by TOS
Copay amt - 1931 parent, preferred name brand drug	Copayment amount for preferred name brand drug for parents covered through 1931	Kaiser Family Foundation	Parents	Prescription drugs	Benefits	Copayments by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	Medicaid coverage					
Copay amt - child, ER, 151% FPL	Copay amount for emergency room visit for children with family income at 151% of FPL	Kaiser Family Foundation	Child	Emergency room services	Benefits	Copayments by TOS
Copay amt - child, ER, 201% FPL	Copay amount for emergency room visit for children with family income at 201% of FPL	Kaiser Family Foundation	Child	Emergency room services	Benefits	Copayments by TOS
Copay amt - child, inpatient, 151% FPL	Copay amount for inpatient hospital visit for children with family income at 151% of FPL	Kaiser Family Foundation	Child	Inpatient hospital	Benefits	Copayments by TOS
Copay amt - child, inpatient, 201% FPL	Copay amount for inpatient hospital visit for children with family income at 201% of FPL	Kaiser Family Foundation	Child	Inpatient hospital	Benefits	Copayments by TOS
Copay amt - child, non-emergency ER use, 151% FPL	Copay amount for non-emergency use of emergency room for children with family income at 151% of FPL	Kaiser Family Foundation	Child	Emergency room services	Benefits	Copayments by TOS
Copay amt - child, non-emergency ER use, 201% FPL	Copay amount for non-emergency use of emergency room for children with family income at 201% of FPL	Kaiser Family Foundation	Child	Emergency room services	Benefits	Copayments by TOS
Copay amt - child, nonpreventive physician, 151% FPL	Copay amount for non-preventive physician visit for children with family income at 151% of FPL	Kaiser Family Foundation	Child	Physician services	Benefits	Copayments by TOS
Copay amt - child, nonpreventive physician, 201% FPL	Copay amount for non-preventive physician visit for children with family income at 201% of FPL	Kaiser Family Foundation	Child	Physician services	Benefits	Copayments by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copay amt-emergency room services, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for emergency room services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Emergency room services	Benefits	Copayments by TOS and income
Copay amt-emergency room services, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for emergency room services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Emergency room services	Benefits	Copayments by TOS and income
Copay amt-emergency transp. services, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for emergency transportation services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Transportation	Benefits	Copayments by TOS and income
Copay amt-emergency transp. services, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for emergency transportation services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Transportation	Benefits	Copayments by TOS and income
Copay amt-inpatient hospital services, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for inpatient hospital services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Inpatient hospital	Benefits	Copayments by TOS and income

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copay amt-inpatient hospital services, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for inpatient hospital services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Inpatient hospital	Benefits	Copayments by TOS and income
Copay amt-inpatient MH services, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for inpatient mental health services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Mental health services	Benefits	Copayments by TOS and income
Copay amt-inpatient MH services, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for inpatient mental health services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Mental health services	Benefits	Copayments by TOS and income
Copay amt-lab and X-ray, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for laboratory and X-ray services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Laboratory & radiology	Benefits	Copayments by TOS and income
Copay amt-lab and X-ray, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for laboratory and X-ray services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Laboratory & radiology	Benefits	Copayments by TOS and income

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copay amt-outpatient MH services, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for outpatient mental health services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Mental health services	Benefits	Copayments by TOS and income
Copay amt-outpatient MH services, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for outpatient mental health services by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Mental health services	Benefits	Copayments by TOS and income
Copay amt-outpatient surgery, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for outpatient surgery by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Outpatient surgery	Benefits	Copayments by TOS and income
Copay amt-outpatient surgery, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for outpatient surgery by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Outpatient surgery	Benefits	Copayments by TOS and income
Copay amt-physician office visits, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for physician office visits by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Physician services	Benefits	Copayments by TOS and income

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copay amt-physician office visits, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for physician office visits by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Physician services	Benefits	Copayments by TOS and income
Copay amt-prescription drugs, MCHIP, by %FPL	Copayment and/or coinsurance amount in MCHIP (Medicaid expansion CHIP) for prescription drugs by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Prescription drugs	Benefits	Copayments by TOS and income
Copay amt-prescription drugs, SCHIP, by %FPL	Copayment and/or coinsurance amount in SCHIP (separate CHIP) for prescription drugs by income category expressed as a percent of the Federal Poverty Level (FPL)	National Academy for State Health Policy	Child	Prescription drugs	Benefits	Copayments by TOS and income
Copayment amount-prescription drug services	Copayment amount for prescription drug services	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Copayments by TOS
Copayment or coinsurance required under CHIP (yes/no)	copayment and/or coinsurance required under CHIP (yes/no)	National Academy for State Health Policy	Child	Not applicable	Benefits	Copayments required
Copayment requirement-ambulance services	Copayment requirement for ambulance services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Copayments by TOS
Copayment requirement-chiropractor services	Copayment requirement for chiropractor services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Copayments by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copayment requirement-CRNA services	Copayment requirement for Certified Registered Nurse Anesthetist (CRNA) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Copayments by TOS
Copayment requirement-dental services	Copayment requirement for dental services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Copayments by TOS
Copayment requirement-dentist med/surgical service	Copayment requirement for medical/surgical services of a dentist - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Copayments by TOS
Copayment requirement-dentures	Copayment requirement for dentures - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Copayments by TOS
Copayment requirement-diagnostic, screening & prev	Copayment requirement for diagnostic, screening and preventive (DSP) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Diagnostic, screening & preventive	Benefits	Copayments by TOS
Copayment requirement-eyeglasses	Copayment requirement for eyeglasses - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Copayments by TOS
Copayment requirement-FQHC services	Copayment requirement for Federally Qualified Health Center (FQHC) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Copayments by TOS
Copayment requirement-freestanding ambulatory surgery	Copayment requirement for clinic services, by an organized facility or clinic not part of a hospital: freestanding ambulatory surgery center (FASC) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Ambulatory surgery center services	Benefits	Copayments by TOS
Copayment requirement-hearing aids	Copayment requirement for hearing aids - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hearing aids	Benefits	Copayments by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copayment requirement-home health services	Copayment requirement for home health services, includes nursing services, home health aides, and medical supplies/equipment - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Home health services	Benefits	Copayments by TOS
Copayment requirement-IMD inpatient hospital/nursing/ICF >=65	Copayment requirement for inpatient hospital, nursing facility and intermediate care facility (ICF) services in institutions for mental diseases (IMD), age 65 and older - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Institutional long-term care	Benefits	Copayments by TOS
Copayment requirement-inpatient psychiatric services <21	Copayment requirement for inpatient psychiatric services, under age 21 - adult, fee-for-service Medicaid	Kaiser Family Foundation	Child	Inpatient psychiatric services	Benefits	Copayments by TOS
Copayment requirement-inpatient hospital (other than IMD)	Copayment requirement for inpatient hospital services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Inpatient hospital	Benefits	Copayments by TOS
Copayment requirement-laboratory and x-ray services, outside hospital	Copayment requirement for laboratory and x-ray services, outside hospital or clinic - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Laboratory & radiology	Benefits	Copayments by TOS
Copayment requirement-medical equipment and supplies	Copayment requirement for medical equipment and supplies - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Medical equipment & supplies	Benefits	Copayments by TOS
Copayment requirement-mental health/substance abuse rehab	Copayment requirement for rehabilitation services: mental health and substance abuse - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health & substance abuse	Benefits	Copayments by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copayment requirement-non-emergency transport	Copayment requirement for non-emergency medical transportation services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Copayments by TOS
Copayment requirement-nurse midwife services	Copayment requirement for nurse midwife services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Other practitioner services	Benefits	Copayments by TOS
Copayment requirement-nurse practitioner services	Copayment requirement for nurse practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Copayments by TOS
Copayment requirement-occupational therapy service	Copayment requirement for occupational therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Copayments by TOS
Copayment requirement-optometrist services	Copayment requirement for optometrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Copayments by TOS
Copayment requirement-outpatient hospital services	Copayment requirement for outpatient hospital services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Outpatient hospital	Benefits	Copayments by TOS
Copayment requirement-personal care services	Copayment requirement for personal care services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Personal care services	Benefits	Copayments by TOS
Copayment requirement-physical therapy services	Copayment requirement for physical therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Copayments by TOS
Copayment requirement-physician services	Copayment requirement for physician services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Physician services	Benefits	Copayments by TOS
Copayment requirement-podiatrist services	Copayment requirement for podiatrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Copayments by TOS
Copayment requirement-prescription drugs	Copayment requirement for prescription drugs - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prescription drugs	Benefits	Copayments by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copayment requirement-private duty nursing service	Copayment requirement for private duty nursing services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Private duty nursing services	Benefits	Copayments by TOS
Copayment requirement-prosthetic/orthotic devices	Copayment requirement for prosthetic and orthotic devices - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prosthetic & orthotic devices	Benefits	Copayments by TOS
Copayment requirement-psychologist services	Copayment requirement for psychologist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health services	Benefits	Copayments by TOS
Copayment requirement-public/mental health clinic	Copayment requirement for clinic services, by an organized facility or clinic not part of a hospital: public health and mental health clinics - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Copayments by TOS
Copayment requirement-RHC services	Copayment requirement for Rural Health Clinic (RHC) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Copayments by TOS
Copayment requirement-speech/hearing/language disorders	Copayment requirement for services for speech, hearing and language disorders - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Copayments by TOS
Copayment requirement-targeted case management	Copayment requirement for targeted case management - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Case management	Benefits	Copayments by TOS
Copayments required for children in CHIP	Indicator for whether copayments are required for children in CHIP	Kaiser Family Foundation	Child	Not applicable	Benefits	Copayments required by eligibility
Copayments required for children in Medicaid	Indicator for whether copayments are required for children in Medicaid	Kaiser Family Foundation	Child	Not applicable	Benefits	Copayments required by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Copays required for 1931 parents	Copays required for Medicaid 1931 parents	Kaiser Family Foundation	Parents	Not applicable	Benefits	Copayments required by eligibility
Cost types usually unmatchable granted for 1115 waiver	Title XIX cost categories not otherwise matchable granted under 1115 waivers	Medicaid Managed Care Summary Report	Unspecified	Not applicable	Waiver	Covered services
Count-adult enr. ever enrolled in HMO/HIOs during year	Count - # Count of Adult Enrollees ever enrolled in health maintenance organizations (HMO)/health insurance organizations (HIO)during year	Mathematica MAX Validation Tables	Adult	Not applicable	Managed care	Enrollment count by eligibility & program type
Count-aged enr. ever enrolled in HMO/HIOs during year	Count- # Aged Enrollees ever enrolled in health maintenance organizations (HMO)/health insurance organizations (HIO)during year	Mathematica MAX Validation Tables	Aged	Not applicable	Managed care	Enrollment count by eligibility & program type
Count-child enr. ever enrolled in HMO/HIOs during year	Count-# Child Enrollees ever enrolled in health maintenance organizations (HMO)/health insurance organizations (HIO)during year	Mathematica MAX Validation Tables	Child	Not applicable	Managed care	Enrollment count by eligibility & program type
Count-disabled enr. ever enrolled in HMO/HIOs during yr	Count-# Disabled Enrollees ever enrolled in health maintenance organizations (HMO)/health insurance organizations (HIO)during year	Mathematica MAX Validation Tables	Disabled	Not applicable	Managed care	Enrollment count by eligibility & program type
Count-enrollees ever enrolled in HMO/HIOs during year	Count- # Enrollees ever enrolled in health maintenance organizations (HMO)/health insurance organizations (HIO)during year	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Managed care	Enrollment count by eligibility & program type
County case manager - dual eligibles excluded	Medicare dual eligibles excluded in County Case Manager	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
County case manager - dual eligibles included	Medicare dual eligibles included in County Case Manager	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
County case manager - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in County Case Manager	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
County case manager - included services	Medicaid managed care waiver included services in County Case Manager	Medicaid Managed Care Summary Report	See variable comments	Case management	Managed care	Covered services by program type
County case manager - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for County Case Manager	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
County case manager - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for County Case Manager	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
County case manager - PCP types	Medicaid managed care waiver primary care provider (PCP) types for County Case Manager	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
County case manager - pop excluded	Medicaid managed care waiver population categories excluded in County Case Manager	Medicaid Managed Care Summary Report	Not applicable	Case management	Managed care	Population exclusions by program type
County case manager - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in County Case Manager	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
County case manager - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in County Case Manager	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
County case manager - reimbursement	Medicaid managed care reimbursement arrangement for County Case Manager	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Coverage - blood glucose test strips	Coverage of blood glucose test strips (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage - cosmetics	Coverage of cosmetics (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type
Coverage - disposable needles for insulin use	Coverage of disposable needles for insulin use (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage - experimental drugs	Coverage of experimental drugs (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage - fertility drugs	Coverage of fertility drugs (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage - interdialytic parenteral nutrition	Coverage of interdialytic parenteral nutrition (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage - OTC - allergy, asthma, and sinus	Coverage of over-the-counter (OTC) medications - Allergy, Asthma, and Sinus (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type
Coverage - OTC - analgesics	Coverage of over-the-counter (OTC) medications - Analgesics (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type
Coverage - OTC - cough and cold	Coverage of over-the-counter (OTC) medications - Cough and Cold (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage - OTC - digestive (non-H2 antagonists)	Coverage of over-the-counter (OTC) medications - Digestive Products (non- H2 antagonists) (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type
Coverage - OTC - feminine products	Coverage of over-the-counter (OTC) medications - Feminine Products (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type
Coverage - OTC - H2 antagonists	Coverage of over-the-counter (OTC) medications - H2 Antagonists (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type
Coverage - OTC - smoking deterrents	Coverage of over-the-counter (OTC) medications - Smoking Deterrents (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type
Coverage - OTC - topical products	Coverage of over-the-counter (OTC) medications - Topical Products (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Over-the-counter medications	Benefits	Covered services by medication type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage - prescribed insulin	Coverage of prescribed insulin (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage - syringe combinations for insulin use	Coverage of syringe combinations for insulin use (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage - total parenteral nutrition	Coverage of total parenteral nutrition (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage - urine ketone test strips	Coverage of urine ketone test strips (covered, not covered, covered with restrictions, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Covered services by medication type
Coverage limitations-all-inclusive elderly care (PACE)	Coverage limitations for program of all-inclusive care for the elderly (PACE) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Community-based long-term care	Benefits	Coverage limits by TOS
Coverage limitations-ambulance services	Coverage limitations for ambulance services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Coverage limits by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage limitations-chiropractor services	Coverage limitations for chiropractor services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Coverage limits by TOS
Coverage limitations-CRNA services	Coverage limitations for Certified Registered Nurse Anesthetist (CRNA) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Coverage limits by TOS
Coverage limitations-dental services	Coverage limitations for dental services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Coverage limits by TOS
Coverage limitations-dentist med/surgical service	Coverage limitations for medical/surgical services of a dentist - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Coverage limits by TOS
Coverage limitations-dentures	Coverage limitations for dentures - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Coverage limits by TOS
Coverage limitations-diagnostic, screening & preventive	Coverage limitations for diagnostic, screening and preventive (DSP) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Diagnostic, screening & preventive	Benefits	Coverage limits by TOS
Coverage limitations-eyeglasses	Coverage limitations for eyeglasses - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Coverage limits by TOS
Coverage limitations-FQHC services	Coverage limitations for Federally Qualified Health Center (FQHC) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Coverage limits by TOS
Coverage limitations-freestanding ambulatory surgery	Coverage limitations for clinic services, by an organized facility or clinic not part of a hospital: freestanding ambulatory surgery center (FASC) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Ambulatory surgery center services	Benefits	Coverage limits by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage limitations-HCB services waiver	Coverage limitations for home and community based (HCB) services waiver - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Community-based long-term care	Benefits	Coverage limits by TOS
Coverage limitations-hearing aids	Coverage limitations for hearing aids - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hearing aids	Benefits	Coverage limits by TOS
Coverage limitations-home health services	Coverage limitations for home health services, includes nursing services, home health aides, and medical supplies/equipment - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Home health services	Benefits	Coverage limits by TOS
Coverage limitations-hospice care	Coverage limitations for hospice care - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hospice care	Benefits	Coverage limits by TOS
Coverage limitations-ICF for mentally retarded	Coverage limitations for Intermediate Care Facility (ICF) services for the mentally retarded - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Coverage limits by TOS
Coverage limitations-IMD inpatient hospital/nursing/ICF >=65	Coverage limitations for inpatient hospital, nursing facility and intermediate care facility services in institutions for mental diseases (IMD), age 65 and older - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Institutional long-term care	Benefits	Coverage limits by TOS
Coverage limitations-inpatient psychiatric services <21	Coverage limitations for inpatient psychiatric services, under age 21 - adult, fee-for-service Medicaid	Kaiser Family Foundation	Child	Inpatient psychiatric services	Benefits	Coverage limits by TOS
Coverage limitations-inpatient hospital (other than IMD)	Coverage limitations for inpatient hospital services, other than in an institution for mental diseases (IMD) - adult,	Kaiser Family Foundation	Adult	Inpatient hospital	Benefits	Coverage limits by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	fee-for-service Medicaid					
Coverage limitations-lab/X-ray services, outside hosp.	Coverage limitations for laboratory and x-ray services, outside hospital or clinic - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Laboratory & radiology	Benefits	Coverage limits by TOS
Coverage limitations-medical equip. and supplies	Coverage limitations for medical equipment and supplies - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Medical equipment & supplies	Benefits	Coverage limits by TOS
Coverage limitations-mental health/sub. abuse rehab	Coverage limitations for rehabilitation services: mental health and substance abuse - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health & substance abuse	Benefits	Coverage limits by TOS
Coverage limitations-No., Quantity, and Refills of Rx	Limits on number, quantity, and refills of prescriptions	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Coverage limits by TOS
Coverage limitations-non-emergency transport	Coverage limitations for non-emergency medical transportation services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Coverage limits by TOS
Coverage limitations-nurse midwife services	Coverage limitations for nurse midwife services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Other practitioner services	Benefits	Coverage limits by TOS
Coverage limitations-nurse practitioner services	Coverage limitations for nurse practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Coverage limits by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage limitations-nursing facility, other than IMD	Coverage limitations for nursing facility services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Coverage limits by TOS
Coverage limitations-occupational therapy service	Coverage limitations for occupational therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Coverage limits by TOS
Coverage limitations-optometrist services	Coverage limitations for optometrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Coverage limits by TOS
Coverage limitations-outpatient hospital services	Coverage limitations for outpatient hospital services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Outpatient hospital	Benefits	Coverage limits by TOS
Coverage limitations-personal care services	Coverage limitations for personal care services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Personal care services	Benefits	Coverage limits by TOS
Coverage limitations-physical therapy services	Coverage limitations for physical therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Coverage limits by TOS
Coverage limitations-physician services	Coverage limitations for physician services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Physician services	Benefits	Coverage limits by TOS
Coverage limitations-podiatrist services	Coverage limitations for podiatrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Coverage limits by TOS
Coverage limitations-prescription drugs	Coverage limitations for prescription drugs - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prescription drugs	Benefits	Coverage limits by TOS
Coverage limitations-prescriptions	Limits on prescriptions (yes, no)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical	Unspecified	Prescription drugs	Benefits	Coverage limits by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
		Council, Inc.				
Coverage limitations-private duty nursing service	Coverage limitations for private duty nursing services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Private duty nursing services	Benefits	Coverage limits by TOS
Coverage limitations-prosthetic/orthotic devices	Coverage limitations for prosthetic and orthotic devices - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prosthetic & orthotic devices	Benefits	Coverage limits by TOS
Coverage limitations-psychologist services	Coverage limitations for psychologist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health services	Benefits	Coverage limits by TOS
Coverage limitations-public/mental health clinic	Coverage limitations for clinic services, by an organized facility or clinic not part of a hospital: public health and mental health clinics - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Coverage limits by TOS
Coverage limitations-religious institution/practitioner	Coverage limitations for religious non-medical health care institution and practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Coverage limits by TOS
Coverage limitations-RHC services	Coverage limitations for Rural Health Clinic (RHC) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Coverage limits by TOS
Coverage limitations-speech/hearing/language disorders	Coverage limitations for services for speech, hearing and language disorders - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Coverage limits by TOS
Coverage limitations-targeted case management	Coverage limitations for targeted case management - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Case management	Benefits	Coverage limits by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage/PA req. - analgesics, antipyretics, NSAIDs	Coverage and prior authorization (PA) requirements – analgesics, antipyretics, NSAIDs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Coverage/PA req. - anxiolytics, sedatives, & hypnotics	Coverage and prior authorization (PA) requirements – anxiolytics, sedatives, & hypnotics	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Coverage/PA req.- prescribed smoking deterrents	Coverage and prior authorization (PA) requirements – prescribed smoking deterrents	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Coverage/PA requirements - anabolic steroids	Coverage and prior authorization (PA) requirements – anabolic steroids	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Coverage/PA requirements - anorectics	Coverage and prior authorization (PA) requirements – anorectics	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Coverage/PA requirements - Antihistamines	Coverage and prior authorization (PA) requirements – Antihistamines	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Coverage/PA requirements - growth hormones	Coverage and prior authorization (PA) requirements – growth hormones	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Coverage/PA requirements - miscellaneous GI products	Coverage and prior authorization (PA) requirements – miscellaneous gastrointestinal products	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Coverage/PA requirements - prescribed cold	Coverage and prior authorization (PA) requirements – prescribed cold medications	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Prior approval by medication type
Covered benefit-all-inclusive elderly care (PACE)	The program of all-inclusive care for the elderly (PACE) benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Community-based long-term care	Benefits	Covered services by TOS
Covered benefit-ambulance services	The ambulance services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Covered services by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Covered benefit-chiropractor services	The chiropractor services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Covered services by TOS
Covered benefit-CRNA services	The Certified Registered Nurse Anesthetist (CRNA) services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Covered services by TOS
Covered benefit-dental services	The dental services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Covered services by TOS
Covered benefit-dentist med/surgical service	The medical/surgical services of a dentist benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Covered services by TOS
Covered benefit-dentures	The dentures benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Covered services by TOS
Covered benefit-diagnostic, screening & preventive	The diagnostic, screening and preventive (DSP) services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Diagnostic, screening & preventive	Benefits	Covered services by TOS
Covered benefit-EPSTD	The Early and Periodic Screening, Diagnosis and Treatment (EPSTD) benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	EPSTD	Benefits	Covered services by TOS
Covered benefit-extended services for pregnant women	The extended services for pregnant women benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Pregnancy, labor & delivery	Benefits	Covered services by TOS
Covered benefit-eyeglasses	The eyeglasses benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Covered services by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Covered benefit-family planning services	The family planning services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Family Planning	Benefits	Covered services by TOS
Covered benefit-FQHC services	The Federally Qualified Health Center (FQHC) Services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Covered services by TOS
Covered benefit-freestanding ambulatory surgery center	The clinic services, by an organized facility or clinic not part of a hospital: freestanding ambulatory surgery center (FASC) benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Ambulatory surgery center services	Benefits	Covered services by TOS
Covered benefit-freestanding birth center services	The freestanding birth center services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Pregnancy, labor & delivery	Benefits	Covered services by TOS
Covered benefit-HCB services waiver	The home and community based (HCB) services waiver benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Community-based long-term care	Benefits	Covered services by TOS
Covered benefit-hearing aids	The hearing aids benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hearing aids	Benefits	Covered services by TOS
Covered benefit-home health services	The home health services, includes nursing services, home health aides, and medical supplies/equipment benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Home health services	Benefits	Covered services by TOS
Covered benefit-hospice care	The hospice care benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hospice care	Benefits	Covered services by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Covered benefit-IMD inp.hosp/nursing/ICF >=65	The inpatient hospital, nursing facility and intermediate care facility services in institutions for mental diseases (IMD), age 65 and older benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Institutional long-term care	Benefits	Covered services by TOS
Covered benefit-inpat. psych. services <21	The inpatient psychiatric services, under age 21 benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Child	Inpatient psychiatric services	Benefits	Covered services by TOS
Covered benefit-inpatient hosp.(other than IMD)	The inpatient hospital services, other than in an institution for mental diseases (IMD) benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Inpatient hospital	Benefits	Covered services by TOS
Covered benefit-medical equip. and supplies	The medical equipment and supplies benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Medical equipment & supplies	Benefits	Covered services by TOS
Covered benefit-mental health/sub. abuse rehab	The rehabilitation services: mental health and substance abuse benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health & substance abuse	Benefits	Covered services by TOS
Covered benefit-non- emergency transport	The non-emergency medical transportation services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Covered services by TOS
Covered benefit-nurse midwife services	The nurse midwife services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Other practitioner services	Benefits	Covered services by TOS
Covered benefit-nurse practitioner services	The nurse practitioner services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Covered services by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Covered benefit-nursing facility, other than IMD	The nursing facility services, other than in an institution for mental diseases (IMD) benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Covered services by TOS
Covered benefit-occupational therapy service	The occupational therapy services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Covered services by TOS
Covered benefit-optometrist services	The optometrist services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Covered services by TOS
Covered benefit-outpatient hospital services	The outpatient hospital services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Outpatient hospital	Benefits	Covered services by TOS
Covered benefit-personal care services	The personal care services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Personal care services	Benefits	Covered services by TOS
Covered benefit-physical therapy services	The physical therapy services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Covered services by TOS
Covered benefit-physician services	The physician services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Physician services	Benefits	Covered services by TOS
Covered benefit-podiatrist services	The podiatrist services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Covered services by TOS
Covered benefit-prescription drugs	The prescription drugs benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prescription drugs	Benefits	Covered services by TOS
Covered benefit-private duty nursing service	The private duty nursing services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Private duty nursing services	Benefits	Covered services by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Covered benefit-prosthetic/orthotic devices	The prosthetic and orthotic devices benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prosthetic & orthotic devices	Benefits	Covered services by TOS
Covered benefit-psychologist services	The psychologist services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health services	Benefits	Covered services by TOS
Covered benefit-public/mental health clinic	The clinic services, by an organized facility or clinic not part of a hospital: public health and mental health clinics benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Covered services by TOS
Covered benefit-religious institution/practitioner	The religious non-medical health care institution and practitioner services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Covered services by TOS
Covered benefit-RHC services	The Rural Health Clinic (RHC) services benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Covered services by TOS
Covered benefits-ICF for mentally retarded	The Intermediate Care Facility (ICF) services for the mentally retarded benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Covered services by TOS
Covered benefits-lab/X-ray services, outside hosp.	The laboratory and x-ray services, outside hospital or clinic benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Laboratory & radiology	Benefits	Covered services by TOS
Covered benefit-speech/hearing/language disorders	The services for speech, hearing and language disorders benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Covered services by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Covered benefit-targeted case management	The targeted case management benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Case management	Benefits	Covered services by TOS
Covered benefit-tobacco cessation for pregnant women	The tobacco cessation services for pregnant women benefit is or is not covered - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Tobacco cessation	Benefits	Covered services by TOS
Dental ASO - dual eligibles excluded	Medicare dual eligibles excluded in Dental ASO	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type
Dental ASO - dual eligibles included	Medicare dual eligibles included in Dental ASO	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type
Dental ASO - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Dental ASO	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Guaranteed eligibility by program type
Dental ASO - included services	Medicaid managed care waiver included services in Dental ASO	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Covered services by program type
Dental ASO - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Dental ASO	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Lock-in provision by program type
Dental ASO - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Dental ASO	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Dental ASO - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Dental ASO	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	PCP types by program type
Dental ASO - pop excluded	Medicaid managed care waiver population categories excluded in Dental ASO	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Population exclusions by program type
Dental ASO - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Dental ASO	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Mandatory groups by program type
Dental ASO - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Dental ASO	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Voluntary groups by program type
Dental ASO - reimbursement	Medicaid managed care reimbursement arrangement for Dental ASO	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Reimbursement method by program type
Dental benefit manager - dual eligibles excluded	Medicare dual eligibles excluded in Dental Benefit Manager	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type
Dental benefit manager - dual eligibles included	Medicare dual eligibles included in Dental Benefit Manager	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type
Dental benefit manager - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Dental Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Guaranteed eligibility by program type
Dental benefit manager - included services	Medicaid managed care waiver included services in Dental Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Dental benefit manager - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Dental Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Lock-in provision by program type
Dental benefit manager - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Dental Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Covered services by program type
Dental benefit manager - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Dental Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	PCP types by program type
Dental benefit manager - pop excluded	Medicaid managed care waiver population categories excluded in Dental Benefit Manager	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Population exclusions by program type
Dental benefit manager - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Dental Benefit Manager	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Mandatory groups by program type
Dental benefit manager - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Dental Benefit Manager	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Voluntary groups by program type
Dental benefit manager - reimbursement	Medicaid managed care reimbursement arrangement for Dental Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Reimbursement method by program type
Dental benefit manager PAHP - dual eligibles excluded	Medicare dual eligibles excluded in dental benefit manager PAHP	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Dental benefit manager PAHP - dual eligibles included	Medicare dual eligibles included in dental benefit manager PAHP	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type
Dental benefit manager PAHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in dental benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Guaranteed eligibility by program type
Dental benefit manager PAHP - included services	Medicaid managed care waiver included services in dental benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Covered services by program type
Dental benefit manager PAHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for dental benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Lock-in provision by program type
Dental benefit manager PAHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for dental benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Dental benefit manager PAHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for dental benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	PCP types by program type
Dental benefit manager PAHP - pop excluded	Medicaid managed care waiver population categories excluded in dental benefit manager PAHP	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Dental benefit manager PAHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in dental benefit manager PAHP	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Mandatory groups by program type
Dental benefit manager PAHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in dental benefit manager PAHP	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Voluntary groups by program type
Dental benefit manager PAHP - reimbursement	Medicaid managed care reimbursement arrangement for dental benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Reimbursement method by program type
Dental PAHP - dual eligibles excluded	Medicare dual eligibles excluded in Dental PAHP	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type
Dental PAHP - dual eligibles included	Medicare dual eligibles included in Dental PAHP	Medicaid Managed Care Summary Report	Dual eligible	Dental services & dentures	Managed care	Populations covered by eligibility & program type
Dental PAHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Dental PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Guaranteed eligibility by program type
Dental PAHP - included services	Medicaid managed care waiver included services in Dental PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Covered services by program type
Dental PAHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Dental PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Dental PAHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Dental PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	Covered services by program type
Dental PAHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Dental PAHP	Medicaid Managed Care Summary Report	See variable comments	Dental services & dentures	Managed care	PCP types by program type
Dental PAHP - pop excluded	Medicaid managed care waiver population categories excluded in Dental PAHP	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Population exclusions by program type
Dental PAHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Dental PAHP	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Mandatory groups by program type
Dental PAHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Dental PAHP	Medicaid Managed Care Summary Report	Not applicable	Dental services & dentures	Managed care	Voluntary groups by program type
Dental PAHP - reimbursement	Medicaid managed care reimbursement arrangement for Dental PAHP	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Description of concurrent 1915(a)/1915(c) waivers	Description of concurrent 1915(a)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Description by waiver type
Description of concurrent 1915(b)/1915(c) waivers	Description of concurrent 1915(b)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Description by waiver type
Disease management PAHP - dual eligibles excluded	Medicare dual eligibles excluded in Disease Management PAHP	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Disease management PAHP - dual eligibles included	Medicare dual eligibles included in Disease Management PAHP	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Disease management PAHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Disease Management PAHP	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Disease management PAHP - included services	Medicaid managed care waiver included services in Disease Management PAHP	Medicaid Managed Care Summary Report	See variable comments	Disease management	Managed care	Covered services by program type
Disease management PAHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Disease Management PAHP	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Disease management PAHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Disease Management PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Disease management PAHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Disease Management PAHP	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Disease management PAHP - pop excluded	Medicaid managed care waiver population categories excluded in Disease Management PAHP	Medicaid Managed Care Summary Report	Not applicable	Disease management	Managed care	Population exclusions by program type
Disease management PAHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Disease Management PAHP	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Disease management PAHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Disease Management PAHP	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Disease management PAHP - reimbursement	Medicaid managed care reimbursement arrangement for Disease Management PAHP	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Dispensing of generic multi-source required	Dispensing of Generic Multi-Source Required (yes, no)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Coverage limits by TOS
Dispensing of lowest cost multi-source required	Dispensing of Lowest Cost Multi-Source Required (yes, no)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Benefits	Coverage limits by TOS
Does state have bed-hold policy?	Does state have bed-hold policy in which Medicaid pays to reserve a nursing home resident's bed during an absence from the nursing home? (yes/no)	Shaping Long Term Care in America Project at Brown University funded in part by the National Institute on Aging (1P01AG027296)	All eligibility groups	Institutional long-term care	Program information	LTC bed hold policy
Effective date for concurrent 1915(a)/1915(c) waivers	Date the concurrent operating 1915(a)/1915(c) waiver was effective	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Effective date by waiver type
Effective date for concurrent 1915(b)/1915(c) waivers	Date the concurrent operating 1915(b)/1915(c) waiver was effective	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Effective date by waiver type
Effective date for PACE	Effective date of the approved program agreement between CMS, State, and the PACE organization. (This is not the date the program agreement	Medicaid Managed Care Summary Report	Aged	Not applicable	Program information	PACE effective date

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	was signed).					
Eligibles - % who are American Indian/Alaska Native	% Medicaid eligibles who are American Indian/Alaska Native	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % who are Asian	% Medicaid eligibles who are Asian	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % who are black/African American	% Medicaid eligibles who are Black/African American	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % who are Hisp/Latino & 1 or more race	% Medicaid eligibles who are Hispanic/Latino and one or more race	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % who are Hispanic or Latino	% Medicaid eligibles who are Hispanic or Latino	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % who are more than one race	% Medicaid eligibles who are more than one race	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % who are Native Hawaiian/Pacific Islander	% Medicaid eligibles who are Native Hawaiian/Pacific Islander	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % who are not dual eligible	% Medicaid eligibles who are not dual eligible	CMS MSIS Tables	Non-dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are other duals	% Medicaid eligibles who are Other duals	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are QDWI	% Medicaid eligibles who are qualified disabled and working individuals (QDWI)	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are QI	% Medicaid eligibles who are qualifying individuals (identified as QI-1 in 2005)	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Eligibles - % who are QI2	% Medicaid eligibles who are qualifying individuals (QI-2) - 2005 only	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are QMB only	% Medicaid eligibles who are qualified Medicare beneficiaries (QMB) without other Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are QMB plus	% Medicaid eligibles who are qualified Medicare beneficiaries (QMB) with Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are SLMB only	% Medicaid eligibles who are specified low-income Medicare beneficiaries (SLMB) without other Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are SLMB plus	% Medicaid eligibles who are specified low-income Medicare beneficiaries (SLMB) with Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % who are white	% Medicaid eligibles who are White	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - % with dual category unknown	% Medicaid eligibles with dual category unknown	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility
Eligibles - % with race/ethnicity not identified	% Medicaid eligibles with race/ethnicity not identified	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Percent by race/ethnicity
Eligibles - No. 65 and older	# Medicaid eligibles 65 and older	CMS MSIS Tables	Aged	Not applicable	Enrollment	Count by age
Eligibles - No. aged 21-64	# Medicaid eligibles aged 21-64	CMS MSIS Tables	Adult	Not applicable	Enrollment	Count by age
Eligibles - No. receiving cash assistance	# Medicaid eligibles receiving cash assistance	CMS MSIS Tables	Other specified groups	Not applicable	Enrollment	Count by eligibility
Eligibles - No. under 21 years of age	# Medicaid eligibles under 21 years of age	CMS MSIS Tables	Child	Not applicable	Enrollment	Count by age

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Eligibles - No. who are American Indian/Alaska Native	# Medicaid eligibles who are American Indian/Alaska Native	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. who are Asian	# Medicaid eligibles who are Asian	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. who are black/African American	# Medicaid eligibles who are Black/African American	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. who are Hispanic or Latino	# Medicaid eligibles who are Hispanic or Latino	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. who are Hispanic/Latino & another race	# Medicaid eligibles who are Hispanic/Latino and one or more race	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. who are more than one race	# Medicaid eligibles who are more than one race	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. who are Native Hawaiian/Pac Islander	# Medicaid eligibles who are Native Hawaiian/Pacific Islander	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. who are not dual eligible	# Medicaid eligibles who are not dual eligible	CMS MSIS Tables	Non-dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are other duals	# Medicaid eligibles who are Other duals	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are QDWI	# Medicaid eligibles who are qualified disabled and working individuals (QDWI)	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are QI	# Medicaid eligibles who are qualifying individuals (identified as QI-1 in 2005)	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are QI2	# Medicaid eligibles who are qualifying individuals (QI-2) - 2005 only	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Eligibles - No. who are QMB only	# Medicaid eligibles who are qualified Medicare beneficiaries (QMB) without other Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are QMB plus	# Medicaid eligibles who are qualified Medicare beneficiaries (QMB) with Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are SLMB only	# Medicaid eligibles who are specified low-income Medicare beneficiaries (SLMB) without other Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are SLMB plus	# Medicaid eligibles who are specified low-income Medicare beneficiaries (SLMB) with Medicaid	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. who are white	# Medicaid eligibles who are White	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. with BOE adult	# Medicaid eligibles with basis of eligibility (BOE) adult	CMS MSIS Tables	Adult	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with BOE aged	# Medicaid eligibles with basis of eligibility (BOE) aged	CMS MSIS Tables	Aged	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with BOE blind/disabled	# Medicaid eligibles with basis of eligibility (BOE) blind/disabled	CMS MSIS Tables	Disabled	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with BOE breast and cervical cancer	# Medicaid eligibles with basis of eligibility (BOE) breast and cervical cancer	CMS MSIS Tables	Other specified groups	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with BOE child	# Medicaid eligibles with basis of eligibility (BOE) child	CMS MSIS Tables	Child	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with BOE foster care child	# Medicaid eligibles with basis of eligibility (BOE) foster care child	CMS MSIS Tables	Foster child	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with BOE unknown	# Medicaid eligibles with basis of eligibility (BOE) unknown	CMS MSIS Tables	Unspecified	Not applicable	Enrollment	Count by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Eligibles - No. with dual category unknown	# Medicaid eligibles with dual category unknown	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with MAS unknown	# Medicaid eligibles with maintenance assistance status (MAS) unknown	CMS MSIS Tables	Other specified groups	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with medically needy MAS	# Medicaid eligibles with medically needy maintenance assistance status (MAS)	CMS MSIS Tables	Medically needy	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with other MAS	# Medicaid eligibles with other maintenance assistance status (MAS)	CMS MSIS Tables	Other specified groups	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with poverty related MAS	# Medicaid eligibles with poverty related maintenance assistance status (MAS)	CMS MSIS Tables	Other specified groups	Not applicable	Enrollment	Count by eligibility
Eligibles - No. with race/ethnicity not identified	# Medicaid eligibles with race/ethnicity not identified	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Count by race/ethnicity
Eligibles - No. with waiver MAS	# Medicaid eligibles with waiver maintenance assistance status (MAS)	CMS MSIS Tables	Other specified groups	Not applicable	Enrollment	Count by eligibility
Eligibles- No. Medicaid	# Medicaid eligibles	CMS MSIS Tables	All eligibility groups	Not applicable	Enrollment	Total count
Emotional/mental health support PIHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Emotional/mental health support PIHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	PCP types by program type
Emotional/mental health support PIHP - pop excluded	Medicaid managed care waiver population categories excluded in Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Emotional/mental health support PIHP - reimbursement	Medicaid managed care reimbursement arrangement for Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Reimbursement method by program type
Emotional/mental health support PIHP- guaranteed elig	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Guaranteed eligibility by program type
Emotional/mental health support PIHP- lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Lock-in provision by program type
Emotional/mental health support PIHP-dual eligibles exc	Medicare dual eligibles excluded in Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Emotional/mental health support PIHP-dual eligibles inc	Medicare dual eligibles included in Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Emotional/mental health support PIHP-included services	Medicaid managed care waiver included services in Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Covered services by program type
Emotional/mental health support PIHP-pop inc mandatory	Medicaid managed care waiver population categories included mandatorily in Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Mandatory groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Emotional/mental health support PIHP-pop inc voluntary	Medicaid managed care waiver population categories included voluntarily in Emotional and Mental Health Support PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Voluntary groups by program type
Enhanced PCCM - dual eligibles excluded	Medicare dual eligibles excluded in enhanced PCCM	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Enhanced PCCM - dual eligibles included	Medicare dual eligibles included in enhanced PCCM	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Enhanced PCCM - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in enhanced PCCM	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Enhanced PCCM - included services	Medicaid managed care waiver included services in enhanced PCCM	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Enhanced PCCM - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for enhanced PCCM	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Enhanced PCCM - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for enhanced PCCM	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Enhanced PCCM - PCP types	Medicaid managed care waiver primary care provider (PCP) types for enhanced PCCM	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enhanced PCCM - pop excluded	Medicaid managed care waiver population categories excluded in enhanced PCCM	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Enhanced PCCM - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in enhanced PCCM	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Enhanced PCCM - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in enhanced PCCM	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Enhanced PCCM - reimbursement	Medicaid managed care reimbursement arrangement for enhanced PCCM	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Enrollees - No. adult FFS	Enrollees - # Adult fee-for-service (FFS)	Mathematica MAX Validation Tables	Adult	Not applicable	Enrollment	FFS count by eligibility
Enrollees - No. childless adults in CHIP	Number of childless adult enrollees in CHIP, total S-CHIP (separate CHIP) & M-CHIP (Medicaid expansion CHIP)	MACStats	Childless adult	Not applicable	Enrollment	Count by eligibility
Enrollees - No. children in SCHIP	Number of children enrolled in SCHIP (separate CHIP) programs	MACStats	Child	Not applicable	Enrollment	Total count
Enrollees - No. children in SCHIP FFS	Number of children enrolled in SCHIP (separate CHIP) fee-for-service	MACStats	Child	Not applicable	Enrollment	Count by delivery system
Enrollees - No. children in SCHIP managed care	Number of children enrolled in SCHIP (separate CHIP) managed care	MACStats	Child	Not applicable	Enrollment	Count by delivery system
Enrollees - No. children in SCHIP PCCM	Number of children enrolled in SCHIP (separate CHIP) Primary Care Case Management (PCCM)	MACStats	Child	Not applicable	Enrollment	Count by delivery system
Enrollees - No. CHIP financed children >250% FPL	Number of CHIP-financed children ever enrolled during the fiscal year above 250% FPL, total S-CHIP (separate CHIP)	MACStats	Child	Not applicable	Enrollment	Count by income

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	and M-CHIP (Medicaid expansion CHIP)					
Enrollees - No. CHIP financed children 200-250% FPL	Number of CHIP-financed children ever enrolled during the fiscal year from 200% through 250% FPL, total S-CHIP (separate CHIP) and M-CHIP (Medicaid expansion CHIP)	MACStats	Child	Not applicable	Enrollment	Count by income
Enrollees - No. CHIP premium assistance program	Number of enrollees in the CHIP premium assistance program (sum of separate CHIP and Medicaid expansion CHIP)	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Enrollment count
Enrollees - No. parents in CHIP	Number of parent enrollees in CHIP, total S-CHIP (separate CHIP) and M-CHIP (Medicaid expansion CHIP)	MACStats	Parents	Not applicable	Enrollment	Count by eligibility
Enrollees - No. pregnant women in CHIP	Number of pregnant women enrollees in CHIP, total S-CHIP (separate CHIP) and M-CHIP (Medicaid expansion CHIP)	MACStats	Pregnant women	Not applicable	Enrollment	Count by eligibility
Enrollees- % Medicaid in MC at any time during the year	Percent of Medicaid enrollees in managed care at any time during the year	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Enrollment	Percent in managed care
Enrollees- % Medicaid w/ full scope benefits	Percent of enrollees with full scope benefits as of June (individual is eligible for Medicaid and is entitled to the full scope of Medicaid benefits)	Mathematica MAX Validation Tables	Full benefits	Not applicable	Enrollment	Percent by benefits

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % Medicaid w/ restrict. benefits-alien	Percent of enrollees with restricted benefits based on alien status as of June (individual is eligible for Medicaid but only entitled to restricted benefits based on alien status, including illegal entrants and legal entrants during the 5-year waiting per	Mathematica MAX Validation Tables	Restricted benefits	Not applicable	Enrollment	Percent by eligibility & benefits
Enrollees- % Medicaid w/ restrict. benefits-dual	Percent of enrollees with restricted benefits based on dual eligibility status as of June (individual is eligible for Medicaid but only entitled to restricted benefits based on Medicaid dual eligibility status [e.g., QMB only or SLMB only]).	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Enrollment	Percent by eligibility & benefits
Enrollees- % Medicaid w/ restrict. benefits-other	Percent of enrollees with restricted benefits for other reasons as of June (individual is eligible for Medicaid but only entitled to restricted benefits for reasons other than alien, dual eligibility, or pregnancy-related status [e.g., restricted benefits	Mathematica MAX Validation Tables	Restricted benefits	Not applicable	Enrollment	Percent by eligibility & benefits
Enrollees- % Medicaid w/ restrict. benefits-pregnant	Percent of enrollees with benefits only for pregnancy-related services as of June (individual is eligible for Medicaid but only entitled to restricted benefits for pregnancy-related services)	Mathematica MAX Validation Tables	Pregnant women	Pregnancy, labor & delivery	Enrollment	Percent by eligibility & benefits

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % Medicaid w/ restrict. benefits-Rx,non-dual	Percent of enrollees with restricted benefits for prescription drug benefits as of June (individual is eligible for Medicaid during the month but only entitled to receive prescription drug benefits)	Mathematica MAX Validation Tables	Non-dual eligible	Prescription drugs	Enrollment	Percent by eligibility & benefits
Enrollees- % Medicaid w/ restricted benefits-benchmark	Percent of enrollees entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage	Mathematica MAX Validation Tables	Restricted benefits	Not applicable	Enrollment	Percent by eligibility & benefits
Enrollees- % Medicaid w/ restricted benefits-FP	Percent of enrollees with restricted benefits for family planning as of June (individual is eligible for Medicaid, but only entitled to receive family planning services)	Mathematica MAX Validation Tables	Restricted benefits	Family Planning	Enrollment	Percent by eligibility & benefits
Enrollees- % Medicaid w/ restricted benefits-Rx, dual	Percent of enrollees with restricted benefits for prescription drugs and restricted benefits based on dual eligibility status (individual is eligible for both Medicaid and Medicare but only entitled to receive prescription drug benefits and restricted ben	Mathematica MAX Validation Tables	Dual eligible	Prescription drugs	Enrollment	Percent by eligibility & benefits
Enrollees- % non-dual FFS disabled enr w/ drug claims	Percent of non-dual fee-for-service (FFS) disabled enrollees with drug claims	Mathematica MAX Validation Tables	Disabled non-dual	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of adult enrollees in 1915 (c) waiver	Enrollees- % of adult enrollees in 1915 (c) waiver	Mathematica MAX Validation Tables	Adult	Not applicable	Enrollment	Percent by eligibility & waiver type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % of adult enrollees w/ any 1915 (b) waiver	Enrollees- % of adult enrollees w/ any 1915 (b) waiver	Mathematica MAX Validation Tables	Adult	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of adult enrollees w/ any 1915(b)(c)	Enrollees- % of adult enrollees w/ any 1915(b)(c)	Mathematica MAX Validation Tables	Adult	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of adult enrollees with any 1115 waiver	Enrollees- % of adult enrollees with any 1115 waiver	Mathematica MAX Validation Tables	Adult	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of aged enrollees in 1915 (c) waiver	Enrollees- % of aged enrollees in 1915 (c) waiver	Mathematica MAX Validation Tables	Aged	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of aged enrollees w/ any 1915 (b) waiver	Enrollees- % of aged enrollees w/ any 1915 (b) waiver	Mathematica MAX Validation Tables	Aged	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of aged enrollees w/ any 1915(b)(c)	Enrollees- % of aged enrollees w/ any 1915(b)(c)	Mathematica MAX Validation Tables	Aged	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of aged enrollees w/ pharm waiver	Enrollees- % of aged enrollees w/ pharm waiver	Mathematica MAX Validation Tables	Aged	Prescription drugs	Enrollment	Percent by eligibility & waiver type
Enrollees- % of aged enrollees with any 1115 waiver	Enrollees- % of aged enrollees with any 1115 waiver	Mathematica MAX Validation Tables	Aged	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of child enrollees in 1915 (c) waiver	Enrollees- % of child enrollees in 1915 (c) waiver	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of child enrollees w/ any 1915 (b) waiver	Enrollees- % of child enrollees w/ any 1915 (b) waiver	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of child enrollees w/ any 1915(b)(c)	Enrollees- % of child enrollees w/ any 1915(b)(c)	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Percent by eligibility & waiver type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % of child enrollees w/ pharm waiver	Enrollees- % of child enrollees w/ pharm waiver	Mathematica MAX Validation Tables	Child	Prescription drugs	Enrollment	Percent by eligibility & waiver type
Enrollees- % of child enrollees with any 1115 waiver	Enrollees- % of child enrollees with any 1115 waiver	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of disabled enrollees in 1915(c) waiver	Enrollees- % of disabled enrollees in 1915(c) waiver	Mathematica MAX Validation Tables	Disabled	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of disabled enrollees w/ any 1115 waiver	Enrollees- % of disabled enrollees w/ any 1115 waiver	Mathematica MAX Validation Tables	Disabled	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of disabled enrollees w/ any 1915 (b)	Enrollees- % of disabled enrollees w/ any 1915 (b)	Mathematica MAX Validation Tables	Disabled	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of disabled enrollees w/ any 1915(b)(c)	Enrollees- % of disabled enrollees w/ any 1915(b)(c)	Mathematica MAX Validation Tables	Disabled	Not applicable	Enrollment	Percent by eligibility & waiver type
Enrollees- % of disabled enrollees w/ pharm waiver	Enrollees- % of disabled enrollees w/ pharm waiver	Mathematica MAX Validation Tables	Disabled	Prescription drugs	Enrollment	Percent by eligibility & waiver type
Enrollees- % of dual FFS aged enrollees w/ drug claims	Percent of dual fee-for-service (FFS) aged enrollees with drug claims	Mathematica MAX Validation Tables	Aged dual	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of dual FFS disabled enr w/ drug claims	Percent of dual fee-for-service (FFS) disabled enrollees with drug claims	Mathematica MAX Validation Tables	Disabled dual	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of dual FFS enrollees with drug claims	Percent of dual fee-for-service (FFS) enrollees with drug claims	Mathematica MAX Validation Tables	Dual eligible	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % of EDB duals ever enrolled in HMO/HIOs	Enrollees- % of Enrollment Database (EDB) duals ever enrolled in health maintenance organizations/health insurance organizations	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Managed care	Enrollment - percent by eligibility & program type
Enrollees- % of EDB duals in PCCM only	Enrollees-% of Enrollment Database (EDB) duals in primary care case management (PCCM) only	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Managed care	Enrollment - percent by eligibility & program type
Enrollees- % of EDB duals in PHP only or PHP/PCCM only	Enrollees- % of Enrollment Database (EDB) duals in prepaid health plan (PHP) only or prepaid health plan/primary care case management (PHP/PCCM) only	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Managed care	Enrollment - percent by eligibility & program type
Enrollees- % of FFS adult enrollees with drug claims	Percent of fee-for-service (FFS) adult enrollees with drug claims	Mathematica MAX Validation Tables	Adult	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of FFS aged enrollees with drug claims	Percent of fee-for-service (FFS) aged enrollees with drug claims	Mathematica MAX Validation Tables	Aged	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of FFS child enrollees with drug claims	Percent of fee-for-service (FFS) child enrollees with drug claims	Mathematica MAX Validation Tables	Child	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of FFS disabled enrollees with drug claims	Percent of fee-for-service (FFS) disabled enrollees with drug claims	Mathematica MAX Validation Tables	Disabled	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of FFS dual enrollees with CLTC claims	Enrollees- % of fee-for-service (FFS) Dual Enrollees with community long-term care (CLTC) claims	Mathematica MAX Validation Tables	Dual eligible	Community-based long-term care	Utilization	Percent FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % of FFS enrollees with CLTC claims	Enrollees- % of fee-for-service (FFS) enrollees with community long-term care (CLTC) claims	Mathematica MAX Validation Tables	All eligibility groups	Community-based long-term care	Utilization	Percent FFS users by TOS
Enrollees- % of FFS enrollees with drug claims	Percent of fee-for-service (FFS) enrollees with drug claims	Mathematica MAX Validation Tables	All eligibility groups	Prescription drugs	Utilization	Percent FFS users by TOS
Enrollees- % of managed care enrollees in BHO	Enrollees- % of managed care enrollees in behavioral health organizations (BHO)	Mathematica MAX Validation Tables	Unspecified	Not applicable	Managed care	Enrollment - percent by program type
Enrollees- % of managed care enrollees in dental	Enrollees- % of managed care enrollees in a dental managed care plan	Mathematica MAX Validation Tables	Unspecified	Dental services & dentures	Managed care	Enrollment - percent by program type
Enrollees- % of managed care enrollees in HMO/HIO	Enrollees-% of managed care enrollees in health maintenance organizations (HMO)/health insurance organizations (HIO)	Mathematica MAX Validation Tables	Unspecified	Not applicable	Managed care	Enrollment - percent by program type
Enrollees- % of managed care enrollees in LTC	Enrollees-% of managed care enrollees in long-term care (LTC) managed care plan	Mathematica MAX Validation Tables	Unspecified	Long term care	Managed care	Enrollment - percent by program type
Enrollees- % of managed care enrollees in PACE	Enrollees- % of managed care enrollees in program of all-inclusive care for the elderly (PACE)	Mathematica MAX Validation Tables	Unspecified	Community-based long-term care	Managed care	Enrollment - percent by program type
Enrollees- % of managed care enrollees in prenatal	Enrollees- % of managed care enrollees in prenatal/delivery managed care plan	Mathematica MAX Validation Tables	Pregnant women	Pregnancy, labor & delivery	Managed care	Enrollment - percent by program type
Enrollees- % of MC enrollees in other MC	Enrollees- % of managed care enrollees in other managed care	Mathematica MAX Validation Tables	Unspecified	Not applicable	Managed care	Enrollment - percent by program type
Enrollees- % of MC enrollees in PCCM	Enrollees - % of managed care enrollees in primary care case management (PCCM)	Mathematica MAX Validation Tables	Unspecified	Not applicable	Managed care	Enrollment - percent by program type
Enrollees- % of Medicaid enrollees in any 1915(c)	Enrollees- % of Medicaid enrollees in any 1915(c)	Mathematica MAX Validation Tables	Unspecified	Not applicable	Enrollment	Percent by waiver type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % of non-dual FFS adult enr with drug claims	Percent of non-dual fee-for-service (FFS) adult enrollees with drug claims	Mathematica MAX Validation Tables	Adult non-dual	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of non-dual FFS aged enr w/ drug claims	Percent of non-dual fee-for-service (FFS) aged enrollees with drug claims	Mathematica MAX Validation Tables	Aged non-dual	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of non-dual FFS child enr w/ drug claims	Percent of non-dual fee-for-service (FFS) child enrollees with drug claims	Mathematica MAX Validation Tables	Child non-dual	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of non-dual FFS enrollees w/ CLTC claims	Enrollees- % of non-dual fee-for-service (FFS) enrollees with community long-term care (CLTC) claims	Mathematica MAX Validation Tables	Non-dual eligible	Community-based long-term care	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % of non-dual FFS enrollees with drug claims	Percent of non-dual fee-for-service (FFS) enrollees with drug claims	Mathematica MAX Validation Tables	Non-dual eligible	Prescription drugs	Utilization	Percent FFS users by eligibility & TOS
Enrollees- % w/ restrict. bene-Rx,dual,no costsharing	Percent of dual eligibles with restricted benefits for prescription drugs for whom Medicaid was not paying restricted benefits based on dual eligibility status (individual is eligible for both Medicaid and Medicare but only entitled to receive Medicaid pr	Mathematica MAX Validation Tables	Dual eligible	Prescription drugs	Enrollment	Percent by eligibility & benefits
Enrollees- % who are adults	% Medicaid enrollees who are adults (18-64 years old)	Kaiser Family Foundation	Adult	Not applicable	Enrollment	Percent by eligibility
Enrollees- % who are children	% Medicaid enrollees who are children (generally, 17 and younger; see variable notes for more details)	Kaiser Family Foundation	Child	Not applicable	Enrollment	Percent by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- % who are disabled	% Medicaid enrollees who are disabled	Kaiser Family Foundation	Disabled	Not applicable	Enrollment	Percent by eligibility
Enrollees- % who are elderly	% Medicaid enrollees who are elderly (65 and older)	Kaiser Family Foundation	Aged	Not applicable	Enrollment	Percent by eligibility
Enrollees- No. with 1115 disaster-related waiver	Enrollees - # with 1115 disaster-related waiver	Mathematica MAX Validation Tables	Unspecified	Not applicable	Waiver	Enrollment count by waiver type
Enrollees- No. with 1115 HIFA waiver	Enrollees- # with 1115 HIFA waiver	Mathematica MAX Validation Tables	Unspecified	Not applicable	Waiver	Enrollment count by waiver type
Enrollees- No. with any combined 1915(b)(c) waiver	Enrollees- # with any combined 1915(b)(c) waiver	Mathematica MAX Validation Tables	Unspecified	Not applicable	Waiver	Enrollment count by waiver type
Enrollees- No. Adult	Enrollees- # Adult	Mathematica MAX Validation Tables	Adult	Not applicable	Enrollment	Count by eligibility
Enrollees- No. Adult excluding selected restricted	Enrollees - # Adult excluding selected restricted	Mathematica MAX Validation Tables	Adult	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. Adult FFS non-dual	Enrollees - # Adult fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Adult non-dual	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. Aged	Enrollees- # Aged	Mathematica MAX Validation Tables	Aged	Not applicable	Enrollment	Count by eligibility
Enrollees- No. Aged dual excluding selected restricted	Enrollees - # Aged dual excluding selected restricted	Mathematica MAX Validation Tables	Aged dual	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. Aged excluding selected restricted	Enrollees - # Aged excluding selected restricted	Mathematica MAX Validation Tables	Aged	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. Aged FFS	Enrollees - # Aged fee-for-service (FFS)	Mathematica MAX Validation Tables	Aged	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. Aged FFS non-dual	Enrollees - # Aged fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Aged non-dual	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. Child	Enrollees - Child	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Count by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- No. Child excluding selected restricted	Enrollees - # Child excluding selected restricted	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. Child FFS	Enrollees - # Child fee-for-service (FFS)	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. Child FFS non-dual	Enrollees - # Child fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Child non-dual	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. CHIP	Annual CHIP Enrollment	Kaiser Family Foundation	Child	Not applicable	Enrollment	Total count
Enrollees- No. Disabled	Enrollees - Disabled	Mathematica MAX Validation Tables	Disabled	Not applicable	Enrollment	Count by eligibility
Enrollees- No. disabled dual excl. select restricted	Enrollees - # Disabled dual excluding selected restricted	Mathematica MAX Validation Tables	Disabled dual	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. Disabled excluding selected restricted	Enrollees - # Disabled excluding selected restricted	Mathematica MAX Validation Tables	Disabled	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. Disabled FFS	Enrollees - # Disabled fee-for-service (FFS)	Mathematica MAX Validation Tables	Disabled	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. Disabled FFS non-dual	Enrollees - # Disabled fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Disabled non-dual	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. EDB duals	Enrollees - Enrollment Database (EDB) duals	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility
Enrollees- No. EDB duals excluding selected restricted	Enrollees - # Enrollment Database (EDB) duals excluding selected restricted	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. excluding selected restricted	Enrollees - # excluding selected restricted	Mathematica MAX Validation Tables	Full benefits	Not applicable	Enrollment	Count by eligibility & benefits
Enrollees- No. FFS	Enrollees - # fee-for-service (FFS)	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Enrollment	Total count by delivery system
Enrollees- No. FFS non-dual	Enrollees - # fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Not applicable	Enrollment	FFS count by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- No. foster care child	Enrollees - Foster care child	Mathematica MAX Validation Tables	Foster child	Not applicable	Enrollment	Count by eligibility
Enrollees- No. foster care child FFS	Enrollees - # Foster care child fee-for-service (FFS)	Mathematica MAX Validation Tables	Foster child	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. foster care child FFS non-dual	Enrollees - # Foster care child fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Foster child non-dual	Not applicable	Enrollment	FFS count by eligibility
Enrollees- No. managed care	Enrollees - # managed care	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Enrollment	Total count by delivery system
Enrollees- No. managed care adult	Enrollees - # managed care enrollees who are adults	Mathematica MAX Validation Tables	Adult	Not applicable	Managed care	Enrollment count by eligibility
Enrollees- No. managed care aged	Enrollees - # managed care enrollees who are aged	Mathematica MAX Validation Tables	Aged	Not applicable	Managed care	Enrollment count by eligibility
Enrollees- No. managed care child	Enrollees - # managed care enrollees who are children	Mathematica MAX Validation Tables	Child	Not applicable	Managed care	Enrollment count by eligibility
Enrollees- No. managed care disabled	Enrollees - # managed care enrollees who are disabled	Mathematica MAX Validation Tables	Disabled	Not applicable	Managed care	Enrollment count by eligibility
Enrollees- No. Medicaid	Enrollees - # Medicaid	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Enrollment	Total count
Enrollees- No. w/ CLTC claims	Enrollees-w/ community long-term care (CLTC) claims	Mathematica MAX Validation Tables	All eligibility groups	Community-based long-term care	Utilization	Count of users by TOS
Enrollees- No. w/ ILTC claims	Enrollees-w/ institutional long-term care (ILTC) claims	Mathematica MAX Validation Tables	All eligibility groups	Institutional long-term care	Utilization	Count of users by TOS
Enrollees- No. with 1115	Enrollees- # with 1115	Mathematica MAX Validation Tables	Unspecified	Not applicable	Waiver	Enrollment count by waiver type
Enrollees- No. with 1115 family planning only waiver	Enrollees- # with 1115 Family Planning Only waiver	Mathematica MAX Validation Tables	Unspecified	Family Planning	Waiver	Enrollment count by waiver type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Enrollees- No. with 1115 pharmacy waiver	Enrollees- # with 1115 Pharmacy waiver	Mathematica MAX Validation Tables	Unspecified	Prescription drugs	Waiver	Enrollment count by waiver type
Enrollees- No. with 1915(b)	Enrollees- # with 1915(b)	Mathematica MAX Validation Tables	Unspecified	Not applicable	Waiver	Enrollment count by waiver type
Enrollees- No. with 1915(c)	Enrollees- # with 1915(c)	Mathematica MAX Validation Tables	Unspecified	Not applicable	Waiver	Enrollment count by waiver type
Enrollees-No. CHIP financed child.,<=200% FPL,MACStats	Number of CHIP-financed children ever enrolled during the fiscal year at or below 200% FPL, total S-CHIP (separate CHIP) and M-CHIP (Medicaid expansion CHIP)	MACStats	Child	Not applicable	Enrollment	Count by income
Enrollees-No. CHIP financed children w/ inc >200% FPL	Number of CHIP-financed children with income above 200% of the Federal Poverty Level (FPL) ever enrolled during the fiscal year, total SCHIP (separate CHIP) and MCHIP (Medicaid expansion CHIP)	Kaiser Family Foundation	Child	Not applicable	Enrollment	Count by income
Enrollees-No. CHIP financed children,<=200% FPL,KFF	Number of CHIP-financed children with income less than or equal to 200% of the Federal Poverty Level (FPL) ever enrolled during the fiscal year, total SCHIP (separate CHIP) and MCHIP (Medicaid expansion CHIP)	Kaiser Family Foundation	Child	Not applicable	Enrollment	Count by income
Enrollees-No. in D-SNPs	Number of enrollees in Dual Special Needs Plans (D-SNPs)	Kaiser Family Foundation	Dual eligible	Not applicable	Enrollment	Count by eligibility
Enrollees-No. unborn/prenatal in SCHIP	Number of unborn enrolled in SCHIP (separate CHIP)	National Academy for State Health Policy	Unborn children	Not applicable	Enrollment	Count by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expend - \$(mill) Federal SCHIP & adult waivers benefits	Federal spending on benefits for SCHIP (separate CHIP) and adult coverage waivers (covering pregnant women and parents), in millions	MACStats	Child	All covered services	Expenditures	Benefits by payment source
Expend - \$(mill) State SCHIP & adult waivers benefits	State spending on benefits for SCHIP (separate CHIP) and adult coverage waivers (covering pregnant women and parents), in millions	MACStats	Child	All covered services	Expenditures	Benefits by payment source
Expend - \$(mill) Total SCHIP & adult waivers benefits	Total spending (federal plus state) on benefits for SCHIP (separate CHIP) and adult coverage waivers (covering pregnant women and parents), in millions	MACStats	Child	All covered services	Expenditures	Benefits
Expend per enrollee - Rx drugs, non-dual, FFS adult	Average Medicaid amount paid for prescription drugs per non-dual fee-for-service (FFS) adult enrollee	Mathematica MAX Validation Tables	Adult non-dual	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS
Expend per enrollee - Rx drugs, non-dual, FFS child	Average Medicaid amount paid for prescription drugs per non-dual fee-for-service (FFS) child enrollee	Mathematica MAX Validation Tables	Child non-dual	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS
Expend per enrollee - Rx drugs, non-dual, FFS disabled	Average Medicaid amount paid for prescription drugs per non-dual fee-for-service (FFS) disabled enrollee	Mathematica MAX Validation Tables	Disabled non-dual	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS
Expenditures - \$ all drugs	Medicaid expenditures on all drugs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ anti-infective agents	Medicaid expenditures on anti-infective agents	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$ autonomic drugs	Medicaid expenditures on autonomic drugs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$ blood formation/coagulation drugs	Medicaid expenditures on blood formulation and coagulation drugs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$ cardiovascular drugs	Medicaid expenditures on cardiovascular drugs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$ central nervous system drugs	Medicaid expenditures on central nervous system drugs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ FFS 1915(c)	Expenditures - \$ FFS 1915(c)	Mathematica MAX Validation Tables	Unspecified	All covered services	Waiver	FFS \$ by waiver type
Expenditures - \$ FFS 1915(c) dual	Expenditures - \$ FFS 1915(c) dual	Mathematica MAX Validation Tables	Dual eligible	All covered services	Expenditures	FFS \$ by eligibility & waiver type
Expenditures - \$ FFS 1915(c) non-dual	Expenditures - \$ FFS 1915(c) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	All covered services	Expenditures	FFS \$ by eligibility & waiver type
Expenditures - \$ FFS adult day care	Expenditures - \$ fee-for-service (FFS) adult day care	Mathematica MAX Validation Tables	Adult	Adult day care	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS adult day care dual	Expenditures - \$ fee-for-service (FFS) adult day care dual	Mathematica MAX Validation Tables	Dual eligible	Adult day care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS adult day care non-dual	Expenditures - \$ fee-for-service (FFS) adult day care non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Adult day care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS clinic	Expenditures - \$ fee-for-service (FFS) clinic	Mathematica MAX Validation Tables	All eligibility groups	Clinic services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS clinic dual	Expenditures - \$ fee-for-service (FFS) clinic dual	Mathematica MAX Validation Tables	Dual eligible	Clinic services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS clinic non-dual	Expenditures - \$ fee-for-service (FFS) clinic non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Clinic services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS CLTC	Expenditures - \$ fee-for-service (FFS) community long-term care (CLTC)	Mathematica MAX Validation Tables	All eligibility groups	Community-based long-term care	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS CLTC dual	Expenditures - \$ fee-for-service (FFS) community long-term care (CLTC) dual	Mathematica MAX Validation Tables	Dual eligible	Community-based long-term care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS CLTC non-dual	Expenditures - \$ fee-for-service (FFS) community long-term care (CLTC) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Community-based long-term care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS dental	Expenditures - \$ fee-for-service (FFS) dental	Mathematica MAX Validation Tables	All eligibility groups	Dental services & dentures	Expenditures	FFS \$ by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ FFS dental dual	Expenditures - \$ fee-for-service (FFS) dental dual	Mathematica MAX Validation Tables	Dual eligible	Dental services & dentures	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS dental non-dual	Expenditures - \$ fee-for-service (FFS) dental non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Dental services & dentures	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS DME	Expenditures - \$ fee-for-service (FFS) durable medical equipment (DME)	Mathematica MAX Validation Tables	All eligibility groups	Medical equipment & supplies	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS DME dual	Expenditures - \$ fee-for-service (FFS) durable medical equipment (DME) dual	Mathematica MAX Validation Tables	Dual eligible	Medical equipment & supplies	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS DME non-dual	Expenditures - \$ fee-for-service (FFS) durable medical equipment (DME) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Medical equipment & supplies	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS drugs	Expenditures - \$ fee-for-service (FFS) drugs	Mathematica MAX Validation Tables	All eligibility groups	Prescription drugs	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS drugs dual	Expenditures - \$ fee-for-service (FFS) drugs dual	Mathematica MAX Validation Tables	Dual eligible	Prescription drugs	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS drugs non-dual	Expenditures - \$ fee-for-service (FFS) drugs non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Prescription drugs	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS dual	Expenditures - \$ fee-for-service (FFS) dual	Mathematica MAX Validation Tables	Dual eligible	All covered services	Expenditures	FFS \$ by eligibility
Expenditures - \$ FFS FP	Expenditures - \$ fee-for-service (FFS) family planning (FP)	Mathematica MAX Validation Tables	All eligibility groups	Family Planning	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS FP dual	Expenditures - \$ fee-for-service (FFS) family planning (FP) dual	Mathematica MAX Validation Tables	Dual eligible	Family Planning	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS FP non-dual	Expenditures - \$ fee-for-service (FFS) family planning (FP) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Family Planning	Expenditures	FFS \$ by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ FFS FQHC	Expenditures - \$ fee-for-service (FFS) federally qualified health center (FQHC)	Mathematica MAX Validation Tables	All eligibility groups	Clinic services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS FQHC dual	Expenditures - \$ fee-for-service (FFS) federally qualified health center (FQHC) dual	Mathematica MAX Validation Tables	Dual eligible	Clinic services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS FQHC non-dual	Expenditures - \$ fee-for-service (FFS) federally qualified health center (FQHC) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Clinic services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS HH	Expenditures - \$ fee-for-service (FFS) home health (HH)	Mathematica MAX Validation Tables	All eligibility groups	Home health services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS HH dual	Expenditures - \$ fee-for-service (FFS) home health (HH) dual	Mathematica MAX Validation Tables	Dual eligible	Home health services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS HH non-dual	Expenditures - \$ fee-for-service (FFS) home health (HH) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Home health services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS hospice	Expenditures - \$ fee-for-service (FFS) hospice	Mathematica MAX Validation Tables	All eligibility groups	Hospice care	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS hospice dual	Expenditures - \$ fee-for-service (FFS) hospice dual	Mathematica MAX Validation Tables	Dual eligible	Hospice care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS hospice non-dual	Expenditures - \$ fee-for-service (FFS) hospice non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Hospice care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS ICF/MR	Expenditures - \$ fee-for-service (FFS) intermediate care facilities for the mentally retarded (ICF/MR)	Mathematica MAX Validation Tables	All eligibility groups	Institutional long-term care	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS ICF/MR dual	Expenditures - \$ fee-for-service (FFS) intermediate care facilities for the mentally retarded (ICF/MR) dual	Mathematica MAX Validation Tables	Dual eligible	Institutional long-term care	Expenditures	FFS \$ by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ FFS ICF/MR non-dual	Expenditures - \$ fee-for-service (FFS) intermediate care facilities for the mentally retarded (ICF/MR) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Institutional long-term care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS IHS	Expenditures - \$ fee-for-service (FFS) Indian Health Service (IHS)	Mathematica MAX Validation Tables	All eligibility groups	Other services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS IHS dual	Expenditures - \$ fee-for-service (FFS) Indian Health Service (IHS) dual	Mathematica MAX Validation Tables	Dual eligible	Other services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS IHS non-dual	Expenditures - \$ fee-for-service (FFS) Indian Health Service (IHS) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Other services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS inpatient	Expenditures - \$ fee-for-service (FFS) inpatient	Mathematica MAX Validation Tables	All eligibility groups	Inpatient hospital	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS inpatient dual	Expenditures - \$ fee-for-service (FFS) inpatient dual	Mathematica MAX Validation Tables	Dual eligible	Inpatient hospital	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS inpatient non-dual	Expenditures - \$ fee-for-service (FFS) inpatient non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Inpatient hospital	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS inpatient psych <21	Expenditures - \$ fee-for-service (FFS) inpatient psych <21	Mathematica MAX Validation Tables	Child	Inpatient psychiatric services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS inpatient psych <21 dual	Expenditures - \$ fee-for-service (FFS) inpatient psych <21 dual	Mathematica MAX Validation Tables	Child dual	Inpatient psychiatric services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS inpatient psych <21 non-dual	Expenditures - \$ fee-for-service (FFS) inpatient psych <21 non-dual	Mathematica MAX Validation Tables	Child non-dual	Inpatient psychiatric services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS lab/X-ray	Expenditures - \$ fee-for-service (FFS) lab/Xray	Mathematica MAX Validation Tables	All eligibility groups	Laboratory & radiology	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS lab/X-ray dual	Expenditures - \$ fee-for-service (FFS) lab/Xray dual	Mathematica MAX Validation Tables	Dual eligible	Laboratory & radiology	Expenditures	FFS \$ by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ FFS lab/X-ray non-dual	Expenditures - \$ fee-for-service (FFS) lab/Xray non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Laboratory & radiology	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS NF	Expenditures - \$ fee-for-service (FFS) nursing facility (NF)	Mathematica MAX Validation Tables	All eligibility groups	Institutional long-term care	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS NF dual	Expenditures - \$ fee-for-service (FFS) nursing facility (NF) dual	Mathematica MAX Validation Tables	Dual eligible	Institutional long-term care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS NF non-dual	Expenditures - \$ fee-for-service (FFS) nursing facility (NF) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Institutional long-term care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS non-dual	Expenditures - \$ fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	All covered services	Expenditures	FFS \$ by eligibility
Expenditures - \$ FFS OPD	Expenditures - \$ fee-for-service (FFS) outpatient department (OPD)	Mathematica MAX Validation Tables	All eligibility groups	Outpatient hospital	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS OPD dual	Expenditures - \$ fee-for-service (FFS) outpatient department (OPD) dual	Mathematica MAX Validation Tables	Dual eligible	Outpatient hospital	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS OPD non-dual	Expenditures - \$ fee-for-service (FFS) outpatient department (OPD) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Outpatient hospital	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS other practitioner	Expenditures - \$ fee-for-service (FFS) other practitioner	Mathematica MAX Validation Tables	All eligibility groups	Other practitioner services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS other practitioner dual	Expenditures - \$ fee-for-service (FFS) other practitioner dual	Mathematica MAX Validation Tables	Dual eligible	Other practitioner services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS other practitioner non-dual	Expenditures - \$ fee-for-service (FFS) other practitioner non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Other practitioner services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS other services	Expenditures - \$ fee-for-service (FFS) other services	Mathematica MAX Validation Tables	All eligibility groups	Other services	Expenditures	FFS \$ by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ FFS other services dual	Expenditures - \$ fee-for-service (FFS) other services dual	Mathematica MAX Validation Tables	Dual eligible	Other services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS other services non-dual	Expenditures - \$ fee-for-service (FFS) other services non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Other services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS PCS	Expenditures - \$ fee-for-service (FFS) personal care services (PCS)	Mathematica MAX Validation Tables	All eligibility groups	Personal care services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS PCS dual	Expenditures - \$ fee-for-service (FFS) personal care services (PCS) dual	Mathematica MAX Validation Tables	Dual eligible	Personal care services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS PCS non-dual	Expenditures - \$ fee-for-service (FFS) personal care services (PCS) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Personal care services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS physician	Expenditures - \$ fee-for-service (FFS) physician	Mathematica MAX Validation Tables	All eligibility groups	Physician services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS physician dual	Expenditures - \$ fee-for-service (FFS) physician dual	Mathematica MAX Validation Tables	Dual eligible	Physician services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS physician non-dual	Expenditures - \$ fee-for-service (FFS) physician non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Physician services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS psych	Expenditures - \$ fee-for-service (FFS) psych	Mathematica MAX Validation Tables	All eligibility groups	Mental health services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS psych dual	Expenditures - \$ fee-for-service (FFS) psych dual	Mathematica MAX Validation Tables	Dual eligible	Mental health services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS psych non-dual	Expenditures - \$ fee-for-service (FFS) psych non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Mental health services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS PT/OT/speech/hearing	Expenditures - \$ fee-for-service (FFS) physical therapy (PT)/occupational therapy(OT)/speech/hearing	Mathematica MAX Validation Tables	All eligibility groups	Occupational, physical, speech therapy	Expenditures	FFS \$ by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ FFS PT/OT/speech/hearing dual	Expenditures - \$ fee-for-service (FFS) physical therapy (PT)/occupational therapy (OT)/speech/hearing dual	Mathematica MAX Validation Tables	Dual eligible	Occupational, physical, speech therapy	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS PT/OT/speech/hearing non-dual	Expenditures - fee-for-service (FFS) physical therapy (PT)/occupational therapy(OT)/speech/hearing non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Occupational, physical, speech therapy	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS rehab	Expenditures - \$ fee-for-service (FFS) rehab	Mathematica MAX Validation Tables	All eligibility groups	Rehabilitation	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS rehab dual	Expenditures - \$ fee-for-service (FFS) rehab dual	Mathematica MAX Validation Tables	Dual eligible	Rehabilitation	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS rehab non-dual	Expenditures - \$ fee-for-service (FFS) rehab non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Rehabilitation	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS residential care	Expenditures - \$ fee-for-service (FFS) residential care	Mathematica MAX Validation Tables	All eligibility groups	Residential care	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS residential care dual	Expenditures - \$ fee-for-service (FFS) residential care dual	Mathematica MAX Validation Tables	Dual eligible	Residential care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS residential care non-dual	Expenditures - \$ fee-for-service (FFS) residential care non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Residential care	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS RHC	Expenditures - \$ fee-for-service (FFS) rural health clinic (RHC)	Mathematica MAX Validation Tables	All eligibility groups	Clinic services	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS RHC dual	Expenditures - \$ fee-for-service (FFS) rural health clinic (RHC) dual	Mathematica MAX Validation Tables	Dual eligible	Clinic services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS RHC non-dual	Expenditures - \$ fee-for-service (FFS) rural health clinic (RHC) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Clinic services	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS targeted case management	Expenditures - \$ fee-for-service (FFS) targeted case	Mathematica MAX Validation Tables	All eligibility groups	Case management	Expenditures	FFS \$ by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	management					
Expenditures - \$ FFS targeted case mgmt dual	Expenditures - \$ fee-for-service (FFS) targeted case management dual	Mathematica MAX Validation Tables	Dual eligible	Case management	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS targeted case mgmt non-dual	Expenditures - \$ fee-for-service (FFS) targeted case management non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Case management	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS transportation	Expenditures - \$ fee-for-service (FFS) transportation	Mathematica MAX Validation Tables	All eligibility groups	Transportation	Expenditures	FFS \$ by type of service
Expenditures - \$ FFS transportation dual	Expenditures - \$ fee-for-service (FFS) transportation dual	Mathematica MAX Validation Tables	Dual eligible	Transportation	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ FFS transportation non-dual	Expenditures - \$ fee-for-service (FFS) transportation non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Transportation	Expenditures	FFS \$ by eligibility & TOS
Expenditures - \$ gastrointestinal drugs	Medicaid expenditures on gastrointestinal drugs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$ hormones & synthetic substitutes	Medicaid expenditures on hormones and synthetic substitutes	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$ Medicaid	Expenditures - Medicaid	Mathematica MAX Validation Tables	All eligibility groups	All covered services	Expenditures	Total payments

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$ other drugs	Medicaid expenditures on other drugs	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$ unclassified therapeutic agents	Medicaid expenditures on unclassified therapeutic agents	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Expenditures	Payments by medication type
Expenditures - \$(millions) Federal 2105(g)	2105(g) federal spending (in millions)	MACStats	Child	All covered services	Expenditures	Federal 2105(g) spending
Expenditures - \$(millions) Federal CHIP administration	Total federal CHIP (SCHIP [separate CHIP] plus MCHIP [Medicaid expansion CHIP]) spending on administration (in millions)	MACStats	Child	Not applicable	Expenditures	Administration by payment source
Expenditures - \$(millions) Federal MCHIP benefits	Total federal MCHIP (Medicaid expansion CHIP) spending on benefits, in millions	MACStats	Child	All covered services	Expenditures	Benefits by payment source
Expenditures - \$(millions) State CHIP administration	Total state CHIP (SCHIP [separate CHIP] plus MCHIP [Medicaid expansion CHIP]) spending on administration (in millions)	MACStats	Child	Not applicable	Expenditures	Administration by payment source
Expenditures - \$(millions) State MCHIP benefits	Total state MCHIP (Medicaid expansion CHIP) spending on benefits, in millions	MACStats	Child	All covered services	Expenditures	Benefits by payment source

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures - \$(millions) total CHIP administration	Total CHIP (SCHIP [separate CHIP] plus MCHIP [Medicaid expansion CHIP]) spending on administration (in millions)	MACStats	Child	Not applicable	Expenditures	Administration
Expenditures - \$(millions) total MCHIP benefits	Total spending (federal plus state) on MCHIP (Medicaid expansion CHIP) benefits, in millions	MACStats	Child	All covered services	Expenditures	Benefits
Expenditures- \$ CHIP Federal	Expenditures- \$ CHIP Federal	Kaiser Family Foundation	Child	All covered services	Expenditures	Total expenditures by payment source
Expenditures- \$ CHIP Federal plus State	CHIP expenditure, state plus federal	Kaiser Family Foundation	Child	All covered services	Expenditures	Total expenditures
Expenditures- \$ CHIP State	Expenditures- \$ CHIP State	Kaiser Family Foundation	Child	All covered services	Expenditures	Total expenditures by payment source
Expenditures -\$ FFS	Expenditures -\$ fee-for-service (FFS)	Mathematica MAX Validation Tables	All eligibility groups	All covered services	Expenditures	Total FFS payments
Expenditures- \$ FFS mental hosp for aged	Expenditures - \$ fee-for-service (FFS) mental hospital services for the aged	Mathematica MAX Validation Tables	Aged	Institutional long-term care	Expenditures	FFS \$ by type of service
Expenditures- \$ FFS mental hosp for aged dual	Expenditures - \$ fee-for-service (FFS) mental hospital services for the aged dual	Mathematica MAX Validation Tables	Aged dual	Institutional long-term care	Expenditures	FFS \$ by eligibility & TOS
Expenditures- \$ FFS mental hosp for aged non-dual	Expenditures - \$ fee-for-service (FFS) mental hospital services for the aged non-dual	Mathematica MAX Validation Tables	Aged non-dual	Institutional long-term care	Expenditures	FFS \$ by eligibility & TOS
Expenditures per enr.- \$ foster care child FFS (avg)	Expenditures per enrollee - \$ foster care child fee-for-service (FFS) (avg)	Mathematica MAX Validation Tables	Foster child	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enr.- \$ foster care child FFS non-dual	Expenditures per enrollee - \$ foster care child fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Foster child non-dual	All covered services	Expenditures	FFS \$ per enrollee by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures per enrollee - \$ adult FFS (avg)	Expenditures per enrollee - \$ adult fee-for-service (FFS) (avg)	Mathematica MAX Validation Tables	Adult	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ adult FFS non-dual	Expenditures per enrollee - \$ adult fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Adult non-dual	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ aged FFS (avg)	Expenditures per enrollee - \$ aged fee-for-service (FFS) (avg)	Mathematica MAX Validation Tables	Aged	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ aged FFS dual (avg)	Expenditures per enrollee - aged fee-for-service (FFS) dual (avg)	Mathematica MAX Validation Tables	Aged dual	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ aged FFS non-dual	Expenditures per enrollee - \$ aged fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Aged non-dual	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ child FFS (avg)	Expenditures per enrollee - \$ child fee-for-service (FFS) (avg)	Mathematica MAX Validation Tables	Child	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ child FFS non-dual	Expenditures per enrollee - \$ child fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Child non-dual	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ disabled FFS (avg)	Expenditures per enrollee - \$ disabled fee-for-service (FFS) (avg)	Mathematica MAX Validation Tables	Disabled	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ disabled FFS dual (avg)	Expenditures per enrollee - disabled fee-for-service (FFS) dual (avg)	Mathematica MAX Validation Tables	Disabled dual	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - \$ disabled FFS non-dual	Expenditures per enrollee - \$ disabled fee-for-service (FFS) non-dual	Mathematica MAX Validation Tables	Disabled non-dual	All covered services	Expenditures	FFS \$ per enrollee by eligibility
Expenditures per enrollee - Rx drugs, dual FFS	Average Medicaid amount paid for prescription drugs per dual fee-for-service (FFS) enrollee	Mathematica MAX Validation Tables	Dual eligible	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Expenditures per enrollee - Rx drugs, dual FFS aged	Average Medicaid amount paid for prescription drugs per dual fee-for-service (FFS) aged enrollee	Mathematica MAX Validation Tables	Aged dual	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS
Expenditures per enrollee - Rx drugs, dual FFS disabled	Average Medicaid amount paid for prescription drugs per dual fee-for-service (FFS) disabled enrollee	Mathematica MAX Validation Tables	Disabled dual	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS
Expenditures per enrollee - Rx drugs, FFS	Average Medicaid amount paid for prescription drugs per fee-for-service (FFS) enrollee	Mathematica MAX Validation Tables	All eligibility groups	Prescription drugs	Expenditures	Average FFS \$ by TOS
Expenditures per enrollee - Rx drugs, FFS adult	Average Medicaid amount paid for prescription drugs per fee-for-service (FFS) adult enrollee	Mathematica MAX Validation Tables	Adult	Prescription drugs	Expenditures	Average FFS \$ by TOS
Expenditures per enrollee - Rx drugs, FFS aged	Average Medicaid amount paid for prescription drugs per fee-for-service (FFS) aged enrollee	Mathematica MAX Validation Tables	Aged	Prescription drugs	Expenditures	Average FFS \$ by TOS
Expenditures per enrollee - Rx drugs, FFS child	Average Medicaid amount paid for prescription drugs per fee-for-service (FFS) child enrollee	Mathematica MAX Validation Tables	Child	Prescription drugs	Expenditures	Average FFS \$ by TOS
Expenditures per enrollee - Rx drugs, FFS disabled	Average Medicaid amount paid for prescription drugs per fee-for-service (FFS) disabled enrollee	Mathematica MAX Validation Tables	Disabled	Prescription drugs	Expenditures	Average FFS \$ by TOS
Expenditures per enrollee - Rx drugs, non-dual FFS	Average Medicaid amount paid for prescription drugs per non-dual fee-for-service (FFS) enrollee	Mathematica MAX Validation Tables	Non-dual eligible	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS
Expenditures per enrollee - Rx drugs, non-dual FFS aged	Average Medicaid amount paid for prescription drugs per non-dual fee-for-service (FFS) aged enrollee	Mathematica MAX Validation Tables	Aged non-dual	Prescription drugs	Expenditures	Average FFS \$ by eligibility & TOS
Family care PIHPs - dual eligibles excluded	Medicare dual eligibles excluded in Family Care PIHPs	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Family care PIHPs - dual eligibles included	Medicare dual eligibles included in Family Care PIHPs	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Family care PIHPs - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Family Care PIHPs	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Family care PIHPs - included services	Medicaid managed care waiver included services in Family Care PIHPs	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Family care PIHPs - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Family Care PIHPs	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Family care PIHPs - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Family Care PIHPs	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Family care PIHPs - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Family Care PIHPs	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Family care PIHPs - pop excluded	Medicaid managed care waiver population categories excluded in Family Care PIHPs	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Family care PIHPs - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Family Care PIHPs	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Family care PIHPs - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Family Care PIHPs	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Family care PIHPs - reimbursement	Medicaid managed care reimbursement arrangement for Family Care PIHPs	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Federal CHIP allotment (millions of dollars)	Federal Children's Health Insurance Program (CHIP) allotments in millions of dollars	Georgetown University Health Policy Institute, Center for Children and Families	Child	Not applicable	Expenditures	Federal allotment
Federal medical assistance percentage (FMAP)	Federal Medical Assistance Percentage (FMAP)	Kaiser Family Foundation	Not applicable	Not applicable	Expenditures	FMAP
Fee-for-service model - dual eligibles excluded	Medicare dual eligibles excluded in Fee for Service Model	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Fee-for-service model - dual eligibles included	Medicare dual eligibles included in Fee for Service Model	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Fee-for-service model - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Fee for Service Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Fee-for-service model - included services	Medicaid managed care waiver included services in Fee for Service Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Fee-for-service model - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	entitites) for Fee for Service Model					
Fee-for-service model - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Fee for Service Model	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Fee-for-service model - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Fee for Service Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Fee-for-service model - pop excluded	Medicaid managed care waiver population categories excluded in Fee for Service Model	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Fee-for-service model - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Fee for Service Model	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Fee-for-service model - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Fee for Service Model	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Fee-for-service model - reimbursement	Medicaid managed care reimbursement arrangement for Fee for Service Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
FFS transportation brokers - dual eligibles excluded	Medicare dual eligibles excluded in FFS Transportation Brokers	Medicaid Managed Care Summary Report	Dual eligible	Transportation	Managed care	Populations covered by eligibility & program type
FFS transportation brokers - dual eligibles included	Medicare dual eligibles included in FFS Transportation Brokers	Medicaid Managed Care Summary Report	Dual eligible	Transportation	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
FFS transportation brokers - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in FFS Transportation Brokers	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Guaranteed eligibility by program type
FFS transportation brokers - included services	Medicaid managed care waiver included services in FFS Transportation Brokers	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Covered services by program type
FFS transportation brokers - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for FFS Transportation Brokers	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Lock-in provision by program type
FFS transportation brokers - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for FFS Transportation Brokers	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
FFS transportation brokers - PCP types	Medicaid managed care waiver primary care provider (PCP) types for FFS Transportation Brokers	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	PCP types by program type
FFS transportation brokers - pop excluded	Medicaid managed care waiver population categories excluded in FFS Transportation Brokers	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Population exclusions by program type
FFS transportation brokers - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in FFS Transportation Brokers	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Mandatory groups by program type
FFS transportation brokers - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in FFS Transportation Brokers	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Voluntary groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
FFS transportation brokers - reimbursement	Medicaid managed care reimbursement arrangement for FFS Transportation Brokers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
FMAP percentage - CHIP	Federal Matching Rate percentage for CHIP	Kaiser Family Foundation	Not applicable	Not applicable	Expenditures	FMAP
Freq of renewal for 1931 parents in Medicaid (months)	Renewal frequency in months for parents covered through 1931 Medicaid coverage	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Renewal frequency
Frequency of child premium payment	Frequency of Child Premium Payment- Quarterly, Monthly, Annually, Yearly	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium payment frequency by eligibility
HIO - dual eligibles excluded	Medicare dual eligibles excluded in HIO	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
HIO - dual eligibles included	Medicare dual eligibles included in HIO	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
HIO - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in HIO	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
HIO - included services	Medicaid managed care waiver included services in HIO	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
HIO - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for HIO	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
HIO - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for HIO	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
HIO - PCP types	Medicaid managed care waiver primary care provider (PCP) types for HIO	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
HIO - pop excluded	Medicaid managed care waiver population categories excluded in HIO	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
HIO - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in HIO	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
HIO - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in HIO	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
HIO - reimbursement	Medicaid managed care reimbursement arrangement for HIO	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Inc at which state req prem/enroll fee, 1931 parents	Income (percent of FPL) at which state begins to require premium/enrollment fees for Medicaid 1931 parents	Kaiser Family Foundation	Parents	Not applicable	Premiums	Premium income limit by eligibility
Inc at which state requires copay, 1931 parents	Income (percent of FPL) at which state begins to require copays for Medicaid 1931 parents	Kaiser Family Foundation	Parents	Not applicable	Benefits	Copayment income limit by eligibility
Inc elig - jobless childless adults, Medicaid benefits	Income eligibility levels for Medicaid benefits for jobless childless adults as a percent of Federal Poverty Level (FPL)	Kaiser Family Foundation	Childless adult	Not applicable	Eligibility	Income limits by eligibility & benefits

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Inc elig - jobless parents, limited Medicaid benefits	Income eligibility levels for limited Medicaid benefits for jobless parents as a percent of FPL	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Income limits by eligibility & benefits
Inc elig - Mcaid, preg & deemed newborns (%FPL)	Income eligibility limits for Medicaid for pregnant women and deemed newborns as a percent of the Federal Poverty Level	MACStats	Pregnant women	Not applicable	Eligibility	Income limits by eligibility
Inc elig - working childless adults, Medicaid benefits	Income eligibility levels for Medicaid benefits for working childless adults as a percent of Federal Poverty Level (FPL)	Kaiser Family Foundation	Childless adult	Not applicable	Eligibility	Income limits by eligibility & benefits
Inc elig - working parents, limited Medicaid benefits	Income eligibility levels for limited Medicaid benefits for working parents as a percent of FPL	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Income limits by eligibility & benefits
Inc elig-jobless childless adults, limited Medicaid ben	Income eligibility levels for limited Medicaid benefits for jobless childless adults as a percent of FPL	Kaiser Family Foundation	Childless adult	Not applicable	Eligibility	Income limits by eligibility & benefits
Inc elig-max Medicaid/CHIP, preg & deemed NB(%FPL)	Maximum of the income eligibility limits for Medicaid and CHIP for pregnant women and deemed newborns as a percent of the Federal Poverty Level	MACStats	Pregnant women	Not applicable	Eligibility	Income limits by eligibility
Inc elig-working childless adults, limited Medicaid ben	Income eligibility levels for limited Medicaid benefits for working childless adults as a percent of FPL	Kaiser Family Foundation	Childless adult	Not applicable	Eligibility	Income limits by eligibility & benefits
Incentive fee for generic substitution	Incentive Fee for Generic Substitution (yes, no, fee amount)	Pharmaceutical Benefits under State Medical Assistance	Not applicable	Prescription drugs	Reimbursement	Incentive fees

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
		Programs, National Pharmaceutical Council, Inc.				
Income at which state begins to require copay for kids	Income (percent of Federal Poverty Level) at which copayments are required for children in Medicaid or CHIP	Kaiser Family Foundation	Child	Not applicable	Benefits	Copayment income limit
Income at which state begins to require prem for kids	Income Level (% federal poverty level) at which State Begins Requiring Premiums for children	Kaiser Family Foundation	Child	Not applicable	Premiums	Premium income limit by eligibility
Income disregard - QMB, SLMB, QI	Income disregard for Qualified Medicare Beneficiaries (QMB), Specified Low-Income Beneficiaries (SLMB), and qualified individuals (QI)	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Income disregards by eligibility
Income disregard-ABD	Medicaid income disregard for aged, blind, or disabled (ABD) individuals	Kaiser Family Foundation	Aged, blind, disabled	Not applicable	Eligibility	Income disregards by eligibility
Income disregards for 1931 families	Income disregards for Medicaid for Section 1931 families	Medicaid Model Data Lab	Other specified groups	Not applicable	Eligibility	Income disregards by eligibility
Income disregards in child Medicaid-child care expenses	Income disregards in children's Medicaid programs: Child Care Expenses (per month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by eligibility
Income disregards in child Medicaid-child support paid	Income disregards in children's Medicaid programs: Child Support Paid (per month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by eligibility
Income disregards in child Medicaid-child support recvd	Income disregards in children's Medicaid programs: Child Support Received (per month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by eligibility
Income disregards in child Medicaid-earnings	Income disregards in children's Medicaid programs: Earnings (Amount/worker/month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Income disregards in SCHIP-child care expenses	Income disregards in children's separate CHIP programs: Child Care Expenses (per month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by type of disregard
Income disregards in SCHIP-child support paid	Income disregards in children's separate CHIP programs: Child Support Paid (per month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by type of disregard
Income disregards in SCHIP-child support recvd	Income disregards in children's separate CHIP programs: Child Support Received (per month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by type of disregard
Income disregards in SCHIP-earnings	Income disregards in children's separate CHIP programs: Earnings (Amount/worker/month)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income disregards by type of disregard
Income elig - MCHIP, children 1-5 (%FPL), KFF	Income eligibility limits for MCHIP (children's CHIP-funded Medicaid expansions, Title XXI funding) for children ages 1-5 as a percent of the Federal Poverty Level, from Kaiser Family Foundation	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by age
Income elig - MCHIP, children 1-5 (%FPL), NASHP	Income eligibility limits for MCHIP (CHIP-funded Medicaid expansions, Title XXI funding) for children ages 1-5 as a percent of the Federal Poverty Level, from NASHP	National Academy for State Health Policy	Child	Not applicable	Eligibility	Income limits by age
Income elig - MCHIP, children 6-18 (%FPL), NASHP	Income eligibility limits for MCHIP (CHIP-funded Medicaid expansions, Title XXI funding) for children ages 6-18 as a percent of the Federal Poverty Level, from NASHP	National Academy for State Health Policy	Child	Not applicable	Eligibility	Income limits by age

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Income elig - MCHIP, children 6-19 (%FPL), KFF	Income eligibility limits for MCHIP (children's CHIP-funded Medicaid expansions, Title XXI funding) for children ages 6-19 as a percent of the Federal Poverty Level, from Kaiser Family Foundation	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by age
Income elig - MCHIP, infants under 1 (%FPL), KFF	Income eligibility limits for MCHIP (children's CHIP-funded Medicaid expansions, Title XXI funding) for infants under age 1 as a percent of the Federal Poverty Level, from Kaiser Family Foundation	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by age
Income elig - MCHIP, infants under 1 (%FPL), NASHP	Income eligibility limits for MCHIP (CHIP-funded Medicaid expansions, Title XXI funding) for infants under age 1 as a percent of the Federal Poverty Level, from NASHP	National Academy for State Health Policy	Child	Not applicable	Eligibility	Income limits by age
Income elig - QI, Medicare Savings Program, couple	Monthly income eligibility limit for qualified individuals (QI), couple	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Income limits by eligibility
Income elig - QI, Medicare Savings Program, single	Monthly income eligibility limit for qualified individuals (QI), single	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Income limits by eligibility
Income elig - QMB, Medicare Savings Program, couple	Monthly income eligibility limit for Qualified Medicare Beneficiaries (QMB), couple	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Income limits by eligibility
Income elig - QMB, Medicare Savings Program, single	Monthly income eligibility limit for Qualified Medicare Beneficiaries (QMB), single	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Income limits by eligibility
Income elig - SCHIP, children 1-5 (%FPL), NASHP	Income eligibility limits for SCHIP (separate CHIP, Title XXI) for children ages 1-5 as a percent of the Federal Poverty	National Academy for State Health Policy	Child	Not applicable	Eligibility	Income limits by age

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	Level, from NASHP					
Income elig - SCHIP, children 6-18 (%FPL), NASHP	Income eligibility limits for SCHIP (separate CHIP, Title XXI) for children ages 6-18 as a percent of the Federal Poverty Level, from NASHP	National Academy for State Health Policy	Child	Not applicable	Eligibility	Income limits by age
Income elig - SCHIP, infants under 1 (%FPL), NASHP	Income eligibility limits for SCHIP (separate CHIP, Title XXI) for infants under age 1 as a percent of the Federal Poverty Level, from NASHP	National Academy for State Health Policy	Child	Not applicable	Eligibility	Income limits by age
Income elig - SLMB, Medicare Savings Program, couple	Monthly income eligibility limit for Specified Low-Income Beneficiaries (SLMB), couple	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Income limits by eligibility
Income elig - SLMB, Medicare Savings Program, single	Monthly income eligibility limit for Specified Low-Income Beneficiaries (SLMB), single	Kaiser Family Foundation	Dual eligible	Not applicable	Eligibility	Income limits by eligibility
Income elig-CHIP, preg & deemed newborns (%FPL)	CHIP upper income eligibility level (% FPL), pregnant women and deemed newborns	MACStats	Pregnant women	Not applicable	Eligibility	Income limits by eligibility
Income eligibility - CHIP, unborn children (%FPL)	CHIP upper income eligibility level (% FPL), unborn children	MACStats	Child	Not applicable	Eligibility	Income limits by eligibility
Income eligibility - jobless parents, Medicaid benefits	Income eligibility levels for Medicaid benefits for jobless parents as a percent of Federal Poverty Level (FPL)	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Income limits by eligibility & benefits
Income eligibility - working parents, Medicaid benefits	Income eligibility levels for Medicaid benefits for working parents as a percent of Federal Poverty Level (FPL)	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Income limits by eligibility & benefits

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Income eligibility levels-CHIP (%FPL)	Income Eligibility Levels for Children's Separate CHIP Programs by Annual Incomes and as a Percent of Federal Poverty Level (FPL)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits
Income eligibility levels-couple, ABD (%FPL or SSI)	Medicaid income eligibility limit for aged, blind or disabled (ABD) couples as a percentage of the federal poverty level (FPL) or Supplemental Security Income (SSI)	Kaiser Family Foundation	Aged, blind, disabled	Not applicable	Eligibility	Income limits by eligibility
Income eligibility levels-Pregnant women (%FPL)	Income eligibility levels for pregnant women as a percent of federal poverty line	Kaiser Family Foundation	Pregnant women	Not applicable	Eligibility	Income limits by eligibility
Income eligibility levels-single, ABD (%FPL or SSI)	Medicaid income eligibility limit for single aged, blind or disabled (ABD) individuals as a percentage of the federal poverty level (FPL) or Supplemental Security Income (SSI)	Kaiser Family Foundation	Aged, blind, disabled	Not applicable	Eligibility	Income limits by eligibility
Income eligibility limit for 1931 families (%FPL)	Income eligibility limits for Medicaid for Section 1931 families as a percent of the Federal Poverty Level for a family of 3	Medicaid Model Data Lab	Other specified groups	Not applicable	Eligibility	Income limits by eligibility
Income eligibility-max Medicaid/M-CHIP, age 6-19 (%FPL)	Maximum of the income eligibility limits for children's regular Medicaid (Title XIX funding) and M-CHIP (children's CHIP-funded Medicaid expansions, Title XXI funding) for children ages 6-19 as a percent of the Federal Poverty Level	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Income eligibility-max Medicaid/M-CHIP, ages 1-5 (%FPL)	Maximum of the income eligibility limits for children's regular Medicaid (Title XIX funding) and M-CHIP (children's CHIP-funded Medicaid expansions, Title XXI funding) for children ages 1-5 as a percent of the Federal Poverty Level	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by eligibility
Income eligibility-medically needy, couple (\$)	Income eligibility limit for medically needy couples in dollars	Kaiser Family Foundation	Medically needy	Not applicable	Eligibility	Income limits by eligibility
Income eligibility-medically needy, single (\$)	Income eligibility limit for medically needy single individuals in dollars	Kaiser Family Foundation	Medically needy	Not applicable	Eligibility	Income limits by eligibility
Income elig-max Medicaid/MCHIP, infants under 1 (%FPL)	Maximum of the income eligibility limits for children's regular Medicaid (Title XIX funding) and M-CHIP (children's CHIP-funded Medicaid expansions, Title XXI funding) for infants under age 1 as a percent of the Federal Poverty Level.	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by eligibility
Income elig-Medicaid, ages 0-1 (%FPL), MACStats	Income eligibility limits for children's regular Medicaid (Title XIX funding) for infants ages 0-1 as a percent of the Federal Poverty Level, from MACStats	MACStats	Child	Not applicable	Eligibility	Income limits by eligibility & age
Income elig-Medicaid, ages 1-5 (%FPL), KFF	Income eligibility limits for children's regular Medicaid (Title XIX funding) for children ages 1-5 as a percent of the Federal Poverty Level, from Kaiser Family Foundation	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Income elig-Medicaid, ages 1-5 (%FPL), MACStats	Income eligibility limits for children's regular Medicaid (Title XIX funding) for children ages 1-5 as a percent of the Federal Poverty Level, from MACStats	MACStats	Child	Not applicable	Eligibility	Income limits by eligibility & age
Income elig-Medicaid, ages 6-18 (%FPL), MACStats	Income eligibility limits for children's regular Medicaid (Title XIX funding) for children ages 6-18 as a percent of the Federal Poverty Level, from MACStats	MACStats	Child	Not applicable	Eligibility	Income limits by eligibility & age
Income elig-Medicaid, ages 6-19 (%FPL), KFF	Income eligibility limits for children's regular Medicaid (Title XIX funding) for children ages 6-19 as a percent of the Federal Poverty Level, from Kaiser Family Foundation	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by eligibility
Income elig-Medicaid, infants under 1 (%FPL), KFF	Income eligibility limits for children's regular Medicaid (Title XIX funding) for infants under age 1 as a percent of the Federal Poverty Level, from Kaiser Family Foundation	Kaiser Family Foundation	Child	Not applicable	Eligibility	Income limits by eligibility
Income groups exempt from CHIP waiting period	Income groups exempt from CHIP waiting period (minimum amount of time a child is required to be uninsured prior to enrolling)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Waiting period exempt groups
Infant mortality rate	Number of infant deaths per thousand live births	VitalStats, National Vital Statistics System, National Center for Health Statistics	Child	Not applicable	Demographics	Mortality rate by age

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Ingredient reimbursement basis	Ingredient Reimbursement Basis	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Reimbursement	Method by type of service
Initial managed care waiver approval date	Date the federal waiver under which the program operates was initially approved. If the program converted to another operating authority, the initial waiver approval date reflects the new waiver authority.	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Waiver approval date
Interview not required for 1931 parents application	Indicates whether a face-to-face interview is NOT required for application for parents covered through 1931 Medicaid coverage (yes/no).	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Application procedures
Interview not required for 1931 parents renewal	Indicator for whether a face-to-face interview is NOT required for renewal for parents covered through 1931 Medicaid coverage (yes/no).	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Renewal procedures
Labor and delivery paid for through Medicaid	Labor and delivery paid by Medicaid for ineligible mothers of unborn children covered by SCHIP (separate CHIP)	National Academy for State Health Policy	Pregnant women	Pregnancy, labor & delivery	Benefits	Covered services by eligibility
Level of care for concurrent 1915(a)/1915(c) waivers	Level of care for concurrent 1915(a)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Benefits	Level of care by waiver type
Level of care for concurrent 1915(b)/1915(c) waivers	Level of care for concurrent 1915(b)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Benefits	Level of care by waiver type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Licensed pharmacies - chains	Number of licensed chain pharmacies (four or more)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Supply: facility	Count of pharmacies by location
Licensed pharmacies - hospital/institutional	Number of licensed hospital/institutional pharmacies	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Supply: facility	Count of pharmacies by location
Licensed pharmacies - independent community	Number of licensed independent community pharmacies	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Supply: facility	Count of pharmacies by location
Licensed pharmacies - Out-of-state or non-resident	Number of licensed out-of-state or non-resident pharmacies	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Supply: facility	Count of pharmacies by location
Licensed pharmacies - total	Total number of licensed pharmacies	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Supply: facility	Count of pharmacies

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Long-term care PIHP - dual eligibles excluded	Medicare dual eligibles excluded in Long Term Care PIHP	Medicaid Managed Care Summary Report	Dual eligible	Institutional long-term care	Managed care	Populations covered by eligibility & program type
Long-term care PIHP - dual eligibles included	Medicare dual eligibles included in Long Term Care PIHP	Medicaid Managed Care Summary Report	Dual eligible	Institutional long-term care	Managed care	Populations covered by eligibility & program type
Long-term care PIHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Long Term Care PIHP	Medicaid Managed Care Summary Report	See variable comments	Institutional long-term care	Managed care	Guaranteed eligibility by program type
Long-term care PIHP - included services	Medicaid managed care waiver included services in Long Term Care PIHP	Medicaid Managed Care Summary Report	See variable comments	Institutional long-term care	Managed care	Covered services by program type
Long-term care PIHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Long Term Care PIHP	Medicaid Managed Care Summary Report	See variable comments	Institutional long-term care	Managed care	Lock-in provision by program type
Long-term care PIHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Long Term Care PIHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Long-term care PIHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Long Term Care PIHP	Medicaid Managed Care Summary Report	See variable comments	Institutional long-term care	Managed care	PCP types by program type
Long-term care PIHP - pop excluded	Medicaid managed care waiver population categories excluded in Long Term Care PIHP	Medicaid Managed Care Summary Report	Not applicable	Institutional long-term care	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Long-term care PIHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Long Term Care PIHP	Medicaid Managed Care Summary Report	Not applicable	Institutional long-term care	Managed care	Mandatory groups by program type
Long-term care PIHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Long Term Care PIHP	Medicaid Managed Care Summary Report	Not applicable	Institutional long-term care	Managed care	Voluntary groups by program type
Long-term care PIHP - reimbursement	Medicaid managed care reimbursement arrangement for Long Term Care PIHP	Medicaid Managed Care Summary Report	See variable comments	Institutional long-term care	Managed care	Reimbursement method by program type
Managed care program covers people with special needs	Indicator for whether or not the managed care program covers people with special needs, defined by the State and/or BBA.	Medicaid Managed Care Summary Report	Other specified groups	Not applicable	Managed care	Populations covered
Managed care waiver expiration date	Date the current federal waiver authority (including temporary waiver extensions) under which the program operates expires.	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Waiver expiration date
Managed care waiver implementation date	Effective date of the first enrollment into the program. (Not the date a waiver was approved.)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Waiver implementation date
Managed care waiver number	Managed care waiver number to be used in linking to Medicaid Analytic Extract (MAX) data files	Mathematica Waiver Crosswalk	Unspecified	Not applicable	Managed care	Waiver number
Managed care waiver program operating authority	Authority under which the Medicaid managed care waiver program operates.	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Waiver operating authority
Managed care waiver program service area	Medicaid managed care waiver program service area	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Service area - waiver
Managed care waiver type	Managed Care Waiver Type	Mathematica Waiver Crosswalk	Unspecified	Not applicable	Managed care	Waiver type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MCHIP contracts w/ another type of contractor	MCHIP (Medicaid expansion CHIP) contracts with another type of contractor	National Academy for State Health Policy	Child	Not applicable	Program information	Contracts
MCHIP contracts w/ plans for comp benefits	MCHIP (Medicaid expansion CHIP) contracts with health plans to delivery comprehensive benefits	National Academy for State Health Policy	Child	Not applicable	Program information	Contracts by benefit level
MCHIP contracts w/ plans for limited benefits	MCHIP (Medicaid expansion CHIP) contracts with health plans to delivery a limited set of benefits	National Academy for State Health Policy	Child	Not applicable	Program information	Contracts by benefit level
MCHIP online app can be completed in multiple sessions	MCHIP (Medicaid expansion CHIP) online applications can be completed in multiple sessions	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
MCHIP online app information populates elig system	MCHIP (Medicaid expansion CHIP) online application information is used to populate eligibility system	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
MCHIP online app provides prelim elig determination	MCHIP (Medicaid expansion CHIP) online applications provide applicants a preliminary determination of eligibility	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
MCHIP online app requires no additional documentation	MCHIP (Medicaid expansion CHIP) online applications require no additional documentation	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
MCHIP online applications permit electronic signatures	MCHIP (Medicaid expansion CHIP) online applications permit electronic signatures	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
MCHIP prem assist voluntary vs. mandatory enrollment	MCHIP (Medicaid expansion CHIP) prem assistvoluntary vs. mandatory enrollment	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Premium assistance voluntary

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MCHIP premium assistance minimum employer contribution	Minimum employer contribution level (%) for MCHIP (Medicaid expansion CHIP) premium assistance program	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Employer minimum contribution
MCHIP premium assistance offers supplemental benefits	MCHIP (Medicaid expansion CHIP) premium assistance program offers supplemental (wrap-around) benefits to private plan (Yes/No)	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Wrap-around benefits
MCHIP premium assistance operating authority	Authority under which the MCHIP (Medicaid expansion CHIP) premium assistance program operates	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Operating authority
MCHIP premium assistance program name	Name of MCHIP (Medicaid expansion CHIP) premium assistance program	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Program name
MCHIP premium assistance subsidy recipient	Recipient of subsidy payment in MCHIP (Medicaid expansion CHIP) premium assistance program	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Subsidy recipient type
MCHIP premium assistance supplements cost-sharing	MCHIP (Medicaid expansion CHIP) premium assistance program supplements cost-sharing of private plan (Yes/No)	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Copayments
MCHIP premium assistance-population covered	Whether the MCHIP (Medicaid expansion CHIP) premium assistance program covers adults, children, or both	National Academy for State Health Policy	Not applicable	Not applicable	Premium assistance	Population covered
MCHIP uses FFS delivery system	MCHIP (Medicaid expansion CHIP) uses a fee-for-service delivery system	National Academy for State Health Policy	Child	Not applicable	Program information	Delivery system
MCHIP uses PCCM delivery system	MCHIP (Medicaid expansion CHIP) uses a primary care case management delivery system	National Academy for State Health Policy	Child	Not applicable	Program information	Delivery system

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MCO (comprehensive benefits) - dual eligibles excluded	Medicare dual eligibles excluded in MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
MCO (comprehensive benefits) - dual eligibles included	Medicare dual eligibles included in MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
MCO (comprehensive benefits) - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
MCO (comprehensive benefits) - included services	Medicaid managed care waiver included services in MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
MCO (comprehensive benefits) - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
MCO (comprehensive benefits) - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
MCO (comprehensive benefits) - PCP types	Medicaid managed care waiver primary care provider (PCP) types for MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MCO (comprehensive benefits) - pop excluded	Medicaid managed care waiver population categories excluded in MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
MCO (comprehensive benefits) - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
MCO (comprehensive benefits) - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
MCO (comprehensive benefits) - reimbursement	Medicaid managed care reimbursement arrangement for MCO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Medicaid brand Name	Medicaid Brand Name	Medicaid Model Data Lab	Not applicable	Not applicable	Program information	Program name
Medicaid DSH allotments	Federal Medicaid Disproportionate Share Hospital (DSH) Allotments	Kaiser Family Foundation	Not applicable	Not applicable	Expenditures	DSH allotments
Medicaid expenditures as % of total state expenditures	Medicaid expenditures as a % of total state expenditures	National Association of State Budget Officers State Expenditure Report	All eligibility groups	All covered services	Expenditures	Percent of state expenditures
Medicaid has medically needy or comparable group	Indicator for whether Medicaid has a medically needy or comparable eligibility group	Kaiser Family Foundation	Medically needy	Not applicable	Eligibility	Eligibility category
Medicaid inc elig - childless adults	Medicaid income eligibility limits for low-income childless adults (%FPL)	Kaiser Family Foundation	Childless adult	Not applicable	Eligibility	Income limits by eligibility
Medicaid inc elig - parents	Medicaid income eligibility limits for low-income parents (%FPL)	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Income limits by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Medicaid MCO accreditation required for participation	Organization(s) whose accreditation the state requires for the MCOs participating in the managed care program	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Program accreditation required
Medicaid payments for prescribed drug services	Medicaid payments for prescribed drug services	CMS MSIS Tables	All eligibility groups	Prescription drugs	Expenditures	Payments by TOS
Medicaid physician fee index - all services	Medicaid physician fee index - all services	Kaiser Family Foundation	Not applicable	All covered services	Reimbursement	Physician fee index
Medicaid physician fee index - obstetric care	Medicaid physician fee index - obstetric care	Kaiser Family Foundation	Not applicable	Pregnancy, labor & delivery	Reimbursement	Physician fee index by TOS
Medicaid physician fee index - other services	Medicaid physician fee index - other services	Kaiser Family Foundation	Not applicable	Other services	Reimbursement	Physician fee index by TOS
Medicaid physician fee index - primary care	Medicaid physician fee index - primary care	Kaiser Family Foundation	Not applicable	Primary care services	Reimbursement	Physician fee index by TOS
Medicaid-to-Medicare fee index - all services	Medicaid-to-Medicare fee index - all services	Kaiser Family Foundation	Not applicable	All covered services	Reimbursement	Medicaid-to-Medicare fee index
Medicaid-to-Medicare fee index - obstetric care	Medicaid-to-Medicare fee index - obstetric care	Kaiser Family Foundation	Not applicable	Pregnancy, labor & delivery	Reimbursement	Medicaid-to-Medicare fee index by TOS
Medicaid-to-Medicare fee index - other services	Medicaid-to-Medicare fee index - other services	Kaiser Family Foundation	Not applicable	Other services	Reimbursement	Medicaid-to-Medicare fee index by TOS
Medicaid-to-Medicare fee index - primary care	Medicaid-to-Medicare fee index - primary care	Kaiser Family Foundation	Not applicable	Primary care services	Reimbursement	Medicaid-to-Medicare fee index by TOS
Medical-only PAHP - dual eligibles excluded	Medicare dual eligibles excluded in Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Medical-only PAHP - dual eligibles included	Medicare dual eligibles included in Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Medical-only PAHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Medical-only PAHP - included services	Medicaid managed care waiver included services in Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Medical-only PAHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Medical-only PAHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Medical-only PAHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Medical-only PAHP - pop excluded	Medicaid managed care waiver population categories excluded in Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Medical-only PAHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Medical-only PAHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Medical-only PAHP - reimbursement	Medicaid managed care reimbursement arrangement for Medical-only PAHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Medical-only PIHP - dual eligibles excluded	Medicare dual eligibles excluded in Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Medical-only PIHP - dual eligibles included	Medicare dual eligibles included in Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Medical-only PIHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Medical-only PIHP - included services	Medicaid managed care waiver included services in Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Medical-only PIHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Medical-only PIHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Medical-only PIHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Medical-only PIHP - pop excluded	Medicaid managed care waiver population categories excluded in Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Medical-only PIHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Medical-only PIHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Medical-only PIHP - reimbursement	Medicaid managed care reimbursement arrangement for Medical-only PIHP (risk or non-risk, non-comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Mental health (MH) PAHP - dual eligibles excluded	Medicare dual eligibles excluded in Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Mental health (MH) PAHP - dual eligibles included	Medicare dual eligibles included in Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Mental health (MH) PAHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Guaranteed eligibility by program type
Mental health (MH) PAHP - included services	Medicaid managed care waiver included services in Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Covered services by program type
Mental health (MH) PAHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Lock-in provision by program type
Mental health (MH) PAHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Mental health (MH) PAHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	PCP types by program type
Mental health (MH) PAHP - pop excluded	Medicaid managed care waiver population categories excluded in Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Mental health (MH) PAHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Mandatory groups by program type
Mental health (MH) PAHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Voluntary groups by program type
Mental health (MH) PAHP - reimbursement	Medicaid managed care reimbursement arrangement for Mental Health (MH) PAHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Reimbursement method by program type
Mental health (MH) PIHP - dual eligibles excluded	Medicare dual eligibles excluded in Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Mental health (MH) PIHP - dual eligibles included	Medicare dual eligibles included in Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Mental health (MH) PIHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Guaranteed eligibility by program type
Mental health (MH) PIHP - included services	Medicaid managed care waiver included services in Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Covered services by program type
Mental health (MH) PIHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Mental health (MH) PIHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Mental health (MH) PIHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	PCP types by program type
Mental health (MH) PIHP - pop excluded	Medicaid managed care waiver population categories excluded in Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Population exclusions by program type
Mental health (MH) PIHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Mandatory groups by program type
Mental health (MH) PIHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Voluntary groups by program type
Mental health (MH) PIHP - reimbursement	Medicaid managed care reimbursement arrangement for Mental Health (MH) PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Reimbursement method by program type
Mental health ASO - dual eligibles excluded	Medicare dual eligibles excluded in Mental Health ASO	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Mental health ASO - dual eligibles included	Medicare dual eligibles included in Mental Health ASO	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Mental health ASO - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Mental Health ASO	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Guaranteed eligibility by program type
Mental health ASO - included services	Medicaid managed care waiver included services in Mental Health ASO	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Covered services by program type
Mental health ASO - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Mental Health ASO	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Lock-in provision by program type
Mental health ASO - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Mental Health ASO	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Mental health ASO - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Mental Health ASO	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	PCP types by program type
Mental health ASO - pop excluded	Medicaid managed care waiver population categories excluded in Mental Health ASO	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Population exclusions by program type
Mental health ASO - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Mental Health ASO	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Mandatory groups by program type
Mental health ASO - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Mental Health ASO	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Voluntary groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Mental health ASO - reimbursement	Medicaid managed care reimbursement arrangement for Mental Health ASO	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Reimbursement method by program type
Mental health plans - dual eligibles excluded	Medicare dual eligibles excluded in Mental Health Plans	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Mental health plans - dual eligibles included	Medicare dual eligibles included in Mental Health Plans	Medicaid Managed Care Summary Report	Dual eligible	Mental health services	Managed care	Populations covered by eligibility & program type
Mental health plans - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Mental Health Plans	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Guaranteed eligibility by program type
Mental health plans - included services	Medicaid managed care waiver included services in Mental Health Plans	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Covered services by program type
Mental health plans - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Mental Health Plans	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Lock-in provision by program type
Mental health plans - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Mental Health Plans	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Mental health plans - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Mental Health Plans	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	PCP types by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Mental health plans - pop excluded	Medicaid managed care waiver population categories excluded in Mental Health Plans	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Population exclusions by program type
Mental health plans - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Mental Health Plans	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Mandatory groups by program type
Mental health plans - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Mental Health Plans	Medicaid Managed Care Summary Report	Not applicable	Mental health services	Managed care	Voluntary groups by program type
Mental health plans - reimbursement	Medicaid managed care reimbursement arrangement for Mental Health Plans	Medicaid Managed Care Summary Report	See variable comments	Mental health services	Managed care	Reimbursement method by program type
MH/SUD PIHP - dual eligibles excluded	Medicare dual eligibles excluded in MH/SUD PIHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health & substance abuse	Managed care	Populations covered by eligibility & program type
MH/SUD PIHP - dual eligibles included	Medicare dual eligibles included in MH/SUD PIHP	Medicaid Managed Care Summary Report	Dual eligible	Mental health & substance abuse	Managed care	Populations covered by eligibility & program type
MH/SUD PIHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in MH/SUD PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health & substance abuse	Managed care	Guaranteed eligibility by program type
MH/SUD PIHP - included services	Medicaid managed care waiver included services in MH/SUD PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health & substance abuse	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MH/SUD PIHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for MH/SUD PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health & substance abuse	Managed care	Lock-in provision by program type
MH/SUD PIHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for MH/SUD PIHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
MH/SUD PIHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for MH/SUD PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health & substance abuse	Managed care	PCP types by program type
MH/SUD PIHP - pop excluded	Medicaid managed care waiver population categories excluded in MH/SUD PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health & substance abuse	Managed care	Population exclusions by program type
MH/SUD PIHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in MH/SUD PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health & substance abuse	Managed care	Mandatory groups by program type
MH/SUD PIHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in MH/SUD PIHP	Medicaid Managed Care Summary Report	Not applicable	Mental health & substance abuse	Managed care	Voluntary groups by program type
MH/SUD PIHP - reimbursement	Medicaid managed care reimbursement arrangement for MH/SUD PIHP	Medicaid Managed Care Summary Report	See variable comments	Mental health & substance abuse	Managed care	Reimbursement method by program type
MMC adult day health care facility - area served	Areas served by Medicaid managed care adult day health care facilities	CMS Medicaid Managed Care Enrollment Report	See variable comments	Adult day care	Managed care	Service area by program type
MMC adult day health Care Facility - total enrollment	Total enrollment in Medicaid managed care adult day health care facilities	CMS Medicaid Managed Care Enrollment Report	See variable comments	Adult day care	Managed care	Enrollment count by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC all inclusive encounter-based plan - area served	Areas served by Medicaid managed care all inclusive encounter-based plan (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC all inclusive encounter-based plan - total enrol	Total enrollment in Medicaid managed care all inclusive encounter-based plan	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC chronic care management - area served	Areas served by Medicaid managed care chronic care management programs (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC chronic care management - total enrollment	Total enrollment in Medicaid managed care chronic care management programs	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC comm care for the elderly agencies - total enr	Total enrollment in Community Care for the Elderly Agencies	CMS Medicaid Managed Care Enrollment Report	See variable comments	Adult day care	Managed care	Enrollment count by program type
MMC commercial MCO - area served	Areas served by Medicaid managed care commercial managed care organizations (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC commercial MCO - total enrollment	Total enrollment in Medicaid managed care commercial managed care organizations	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC community care for elderly agencies-area served	Areas served by Community Care for the Elderly Agencies	CMS Medicaid Managed Care Enrollment Report	See variable comments	Adult day care	Managed care	Service area by program type
MMC dental ASO - area served	Areas served by Medicaid managed care dental ASO (administrative services only) arrangements (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Service area by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC dental ASO - total enrollment	Total enrollment in Medicaid managed care dental ASO (administrative services only) arrangements	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Enrollment count by program type
MMC dental benefit manager - area served	Areas served by Medicaid managed care Dental Benefit Managers	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Service area by program type
MMC dental benefit manager - total enrollment	Total enrollment in Medicaid managed care Dental Benefit Managers	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Enrollment count by program type
MMC dental benefit manager PAHP - area served	Areas served by Medicaid managed care dental benefit manager prepaid ambulatory health plans (PAHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Service area by program type
MMC dental benefit manager PAHP - total enrollment	Total enrollment in Medicaid managed care dental benefit manager prepaid ambulatory health plans (PAHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Enrollment count by program type
MMC dental PAHP - area served	Areas served by Medicaid managed care dental prepaid ambulatory health plans (PAHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Service area by program type
MMC dental PAHP - total enrollment	Total enrollment in Medicaid managed care dental prepaid ambulatory health plans (PAHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Dental services & dentures	Managed care	Enrollment count by program type
MMC disease management PAHP - area served	Areas served by Medicaid managed care disease management prepaid ambulatory health plans (PAHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Disease management	Managed care	Service area by program type
MMC disease management PAHP - total enrollment	Total enrollment in Medicaid managed care disease management prepaid	CMS Medicaid Managed Care Enrollment Report	See variable comments	Disease management	Managed care	Enrollment count by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	ambulatory health plans (PAHP)					
MMC disease management program PCCM - area served	Areas served by Medicaid managed care Disease Management Program PCCMs (primary care case management)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Disease management	Managed care	Service area by program type
MMC disease management program PCCM - total enrollment	Total enrollment in Medicaid managed care Disease Management Program PCCMs (primary care case management)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Disease management	Managed care	Enrollment count by program type
MMC emotional & MH support PIHP - total enroll	Total enrollment in Medicaid managed care emotional and mental health support prepaid inpatient health plans (PIHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Enrollment count by program type
MMC emotional and MH support PIHP - area served	Areas served by Medicaid managed care prepaid inpatient health plans (PIHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Service area by program type
MMC enhanced fee-for-service model - area served	Areas served by Medicaid managed care Enhanced Fee for Service Model	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC enhanced fee-for-service model - total enrollment	Total enrollment in Medicaid managed care Enhanced Fee for Service Model	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC enhanced PCCM - area served	Areas served by Medicaid managed care enhanced primary care case management (PCCM) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC enhanced PCCM - total enrollment	Total enrollment in Medicaid managed care enhanced primary care case management	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	(PCCM)					
MMC fee-for-service model - area served	Areas served by Medicaid managed care Fee for Service Model	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC fee-for-service model - total enrollment	Total enrollment in Medicaid managed care Fee for Service Model	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC FFS transportation broker - area served	Areas served by Medicaid managed care fee-for-service (FFS) transportation brokers (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Transportation	Managed care	Service area by program type
MMC FFS transportation broker - total enrollment	Total enrollment in Medicaid managed care fee-for-service (FFS) transportation brokers	CMS Medicaid Managed Care Enrollment Report	See variable comments	Transportation	Managed care	Enrollment count by program type
MMC high risk plan - area served	Areas served by Medicaid managed care High Risk Plans	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC high risk plan - total enrollment	Total enrollment in Medicaid managed care High Risk Plans	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC HIO - area served	Areas served by Medicaid managed care health insuring organizations (HIO) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC HIO - total enrollment	Total enrollment in Medicaid managed care health insuring organizations (HIO)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC hospital based network PIHP - area served	Areas served by Medicaid managed care Hospital Based Network PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC hospital based network PIHP - total enrollment	Total enrollment in Medicaid managed care Hospital Based Network PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Inpatient hospital	Managed care	Enrollment count by program type
MMC long-term care PIHP - area served	Areas served by Medicaid managed care Long Term Care PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Institutional long-term care	Managed care	Service area by program type
MMC long-term care PIHP - total enrollment	Total enrollment in Medicaid managed care Long Term Care PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Institutional long-term care	Managed care	Enrollment count by program type
MMC MCO/COHS - area served	Areas served by Medicaid managed care county-organized health systems (COHS) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC MCO/COHS - total enrollment	Total enrollment in Medicaid managed care county-organized health systems (COHS)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC Medicaid MCO - area served	Areas served by Medicaid managed care Medicaid managed care organizations (MCO) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC Medicaid MCO - total enrollment	Total enrollment in Medicaid managed care Medicaid managed care organizations (MCO)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC medical-only PAHP - area served	Areas served by Medicaid managed care medical-only prepaid ambulatory health plans (PAHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC medical-only PAHP - total enrollment	Total enrollment in Medicaid managed care medical-only prepaid ambulatory health plans (PAHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC medical-only PIHP - area served	Areas served by Medicaid managed care medical-only prepaid inpatient health plans (PIHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC medical-only PIHP - total enrollment	Total enrollment in Medicaid managed care medical-only prepaid inpatient health plans (PIHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC mental health ASO - area served	Areas served by Medicaid managed care mental health ASO (administrative services only) arrangements (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Service area by program type
MMC mental health ASO - total enrollment	Total enrollment in Medicaid managed care mental health ASO (administrative services only) arrangements	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Enrollment count by program type
MMC mental health PAHP - area served	Areas served by Medicaid managed care Mental Health PAHP (prepaid ambulatory health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Service area by program type
MMC mental health PAHP - total enrollment	Total enrollment in Medicaid managed care Mental Health PAHP (prepaid ambulatory health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Enrollment count by program type
MMC mental health PIHP - area served	Areas served by Medicaid managed care Mental Health PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Service area by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC mental health PIHP - total enrollment	Total enrollment in Medicaid managed care Mental Health PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health services	Managed care	Enrollment count by program type
MMC MH/SUD PIHP - area served	Areas served by Medicaid managed care mental health/substance use disorder prepaid inpatient health plans (PIHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health & substance abuse	Managed care	Service area by program type
MMC MH/SUD PIHP - total enrollment	Total enrollment in Medicaid managed care mental health/substance use disorder prepaid inpatient health plans (MH/SUD PIHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Mental health & substance abuse	Managed care	Enrollment count by program type
MMC nurse advice help line - area served	Areas served by Medicaid managed care nurse advice help lines (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC nurse advice help line - total enrollment	Total enrollment in Medicaid managed care nurse advice help lines	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC PACE - area served	Areas served by Medicaid managed care programs of all-inclusive care for the elderly (PACE) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Community-based long-term care	Managed care	Service area by program type
MMC PACE - total enrollment	Total enrollment in Medicaid managed care programs of all-inclusive care for the elderly (PACE)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Community-based long-term care	Managed care	Enrollment count by program type
MMC PCCM - area served	Areas served by Medicaid managed care primary care case management (PCCM) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC PCCM - total enrollment	Total enrollment in Medicaid managed care primary care case management (PCCM)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC pharmacy benefit manager - area served	Areas served by Medicaid managed care Pharmacy Benefit Manager	CMS Medicaid Managed Care Enrollment Report	See variable comments	Prescription drugs	Managed care	Service area by program type
MMC pharmacy benefit manager - total enrollment	Total enrollment in Medicaid managed care Pharmacy Benefit Manager	CMS Medicaid Managed Care Enrollment Report	See variable comments	Prescription drugs	Managed care	Enrollment count by program type
MMC pharmacy benefit manager PAHP - area served	Areas served by Medicaid managed care Pharmacy Benefits Manager prepaid ambulatory health plans (PAHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Prescription drugs	Managed care	Service area by program type
MMC pharmacy benefit manager PAHP - total enrollment	Total enrollment in Medicaid managed care Pharmacy Benefits Manager prepaid ambulatory health plans (PAHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Prescription drugs	Managed care	Enrollment count by program type
MMC PIHP - total Enrollment	Total enrollment in Medicaid managed care prepaid inpatient health plans (PIHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC PIHP covering both med & MH - area served	Areas served by Medicaid managed care prepaid inpatient health plans (PIHP) covering medical and mental health (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC PIHP covering both med & MH - total enroll	Total enrollment in Medicaid managed care prepaid inpatient health plans (PIHP) covering medical and mental health	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC PIHP partial risk, partial capitation - area served	Areas served by Medicaid managed care prepaid inpatient health plans (PIHP) partial risk, partial capitation (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Inpatient hospital	Managed care	Service area by program type
MMC PIHP partial risk, partial capitation - total enrol	Total enrollment in Medicaid managed care prepaid inpatient health plans (PIHP) partial risk, partial capitation	CMS Medicaid Managed Care Enrollment Report	See variable comments	Inpatient hospital	Managed care	Enrollment count by program type
MMC PIHP, partial risk, partial cap - area served	Areas served by Medicaid managed care Prepaid Inpatient Health Plan (PIHP), partial risk, partial capitation	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC PIHP, partial risk, partial capitation - total enr	Total enrollment in Medicaid managed care Prepaid Inpatient Health Plan (PIHP), partial risk, partial capitation	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC PPO - area served	Areas served by Medicaid managed care PPO (preferred provider organization)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC PPO - total enrollment	Total enrollment in Medicaid managed care PPO (preferred provider organization)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC selective contract - area served	Areas served by Medicaid managed care selective contracting arrangements (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC selective contract - total enrollment	Total enrollment in Medicaid managed care selective contracting arrangements	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC shared savings model - area served	Areas served by Medicaid managed care Shared Savings Model	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC shared savings model - total enrollment	Total enrollment in Medicaid managed care Shared Savings Model	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC social HMO - area served	Areas served by Medicaid managed care social health maintenance organizations (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Service area by program type
MMC social HMO - total enrollment	Total enrollment in Medicaid managed care social health maintenance organizations	CMS Medicaid Managed Care Enrollment Report	See variable comments	Not applicable	Managed care	Enrollment count by program type
MMC specialty physician case management - area served	Areas served by Medicaid managed care Specialty Physician Case Management (SPCM) Program	CMS Medicaid Managed Care Enrollment Report	See variable comments	Case management	Managed care	Service area by program type
MMC specialty physician case management - total enr	Total enrollment in Medicaid managed care Specialty Physician Case Management (SPCM) Program	CMS Medicaid Managed Care Enrollment Report	See variable comments	Case management	Managed care	Enrollment count by program type
MMC substance use disorders PAHP - area served	Areas served by Medicaid managed care Substance Use Disorders PAHP (prepaid ambulatory health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Substance abuse treatment	Managed care	Service area by program type
MMC substance use disorders PAHP - total enrollment	Total enrollment in Medicaid managed care Substance Use Disorders PAHP (prepaid ambulatory health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Substance abuse treatment	Managed care	Enrollment count by program type
MMC substance use disorders PIHP - area served	Areas served by Medicaid managed care Substance Use Disorders PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Substance abuse treatment	Managed care	Service area by program type
MMC substance use disorders PIHP - total enrollment	Total enrollment in Medicaid managed care Substance Use Disorders PIHP (prepaid inpatient health plans)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Substance abuse treatment	Managed care	Enrollment count by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
MMC target case management for MH - area served	Areas served by Medicaid managed care Target Case Management for Mental Health Services	CMS Medicaid Managed Care Enrollment Report	See variable comments	Case management	Managed care	Service area by program type
MMC target case mgmt for MH - total enrollment	Total enrollment in Medicaid managed care Target Case Management for Mental Health Services	CMS Medicaid Managed Care Enrollment Report	See variable comments	Case management	Managed care	Enrollment count by program type
MMC transp PAHP - area served	Areas served by Medicaid managed care transportation prepaid ambulatory health plans (PAHP) (selected areas of state vs. statewide)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Transportation	Managed care	Service area by program type
MMC transp PAHP - total enrollment	Total enrollment in Medicaid managed care transportation prepaid ambulatory health plans (PAHP)	CMS Medicaid Managed Care Enrollment Report	See variable comments	Transportation	Managed care	Enrollment count by program type
No asset test required for children's Medicaid and CHIP	No asset test required for children's Medicaid and CHIP. Variable indicates which program(s) DO NOT have an asset test. If there is an asset test, the variable indicates the asset limit.	Kaiser Family Foundation	Child	Not applicable	Eligibility	Asset limits by eligibility
No asset test required-pregnant women	No Asset Tests Required for Pregnant Women. (Variable is equal to "Yes" if there is no asset test.)	Kaiser Family Foundation	Pregnant women	Not applicable	Eligibility	Asset limits by eligibility
No. beneficiaries receiving prescribed drug services	# Medicaid beneficiaries receiving prescribed drug services	CMS MSIS Tables	All eligibility groups	Prescription drugs	Utilization	Count of users
No. eligibles who are dual eligible	# Medicaid eligibles who are dual eligible	CMS MSIS Tables	Dual eligible	Not applicable	Enrollment	Count by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
No. in pov univ w/ inc-to-pov ratio of 125 to <150%	Total # of persons in poverty universe (which includes everyone except unrelated individuals under 15) with income-to-poverty ratio of 125% to below 150%. Numbers in thousands.	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Socioeconomic	Count of persons in poverty by FPL
No. in pov univ w/ inc-to-pov ratio of 150 to <200%	Total # of persons in poverty universe (which includes everyone except unrelated individuals under 15) with income-to-poverty ratio of 150% to below 200%. Numbers in thousands.	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Socioeconomic	Count of persons in poverty by FPL
No. in pov universe w/ inc-to-pov ratio of >=200%	Total # of persons in poverty universe (which includes everyone except unrelated individuals under 15) with income-to-poverty ratio of 200% and above. Numbers in thousands.	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Socioeconomic	Count of persons in poverty by FPL
No. in pov universe with inc-to-pov ratio 100 to <125%	Total # of persons in poverty universe (which includes everyone except unrelated individuals under 15) with income-to-poverty ratio of 100% to below 125%. Numbers in thousands.	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Socioeconomic	Count of persons in poverty by FPL
No. in poverty universe w/ inc-to-poverty ratio < 100%	Total # of persons in poverty universe (which includes everyone except unrelated individuals under 15) with income-to-poverty ratio below 100%. Numbers in thousands.	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Socioeconomic	Count of persons in poverty by FPL

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
No. of certified nursing facility beds	Total Number of Certified nursing facility (NF) Beds	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Count of certified nursing facility beds
No. of Medicaid/Medicare certified HHAs	# of Medicaid/Medicare certified home health (HH) Agencies (HHA)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Home health services	Supply: facility	Count of certified facilities by type
No. of Medicaid/Medicare certified hospitals	# of Medicaid/Medicare certified Hospitals	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Inpatient hospital	Supply: facility	Count of certified facilities by type
No. of Medicaid/Medicare certified ICF-MR facilities	# of Medicaid/Medicare certified ICF-MR Facilities	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Institutional long-term care	Supply: facility	Count of certified facilities by type
No. of Medicaid/Medicare certified RHCs	# of Medicaid/Medicare certified Rural Health Clinics (RHC)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Clinic services	Supply: facility	Count of certified facilities by type
No. of Medicaid/Medicare certified SNFs	# of Medicaid/Medicare certified Skilled Nursing Facilities (SNF)	Pharmaceutical Benefits under State Medical Assistance	Not applicable	Institutional long-term care	Supply: facility	Count of certified facilities by type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
		Programs, National Pharmaceutical Council, Inc.				
No. of pharmacists licensed by State	Number of pharmacists licensed by state	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Supply: personnel	Count of pharmacists
No. of pharmacists per 1,000 population	Number of pharmacists per 1,000 population	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Prescription drugs	Supply: personnel	Count of pharmacists/1000 people
No. of prescriptions processed	# of prescriptions processed	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	All eligibility groups	Prescription drugs	Utilization	Count of services by TOS
No. of preterm births	# of live births with gestation less than 37 weeks	VitalStats, National Vital Statistics System, National Center for Health Statistics	Child	Not applicable	Demographics	Count of births by gestational age
No. office-based physicians - non-fed, patient care	Number of office-based physicians who are non-federal, patient care	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical	Not applicable	Physician services	Supply: personnel	Count of physicians by type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
		Council, Inc.				
No. physicians - non-federal, patient care	Number of non-federal, patient care physicians	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Physician services	Supply: personnel	Count of physicians by type
No. physicians per 1,000 population	Number of non-federal, patient care physicians per 1,000 population	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	All ages	Physician services	Supply: personnel	Count of physicians/1000 people
No. prim. care phys - non-fed, pt care, office-based	Number of primary care, non-federal, patient care, office based	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Not applicable	Primary care services	Supply: personnel	Count of physicians by type
Non-emergency medical transport - dual eligibles excl	Medicare dual eligibles excluded in NEMT	Medicaid Managed Care Summary Report	Dual eligible	Transportation	Managed care	Populations covered by eligibility & program type
Non-emergency medical transport - dual eligibles incl	Medicare dual eligibles included in NEMT	Medicaid Managed Care Summary Report	Dual eligible	Transportation	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Non-emergency medical transport - guaranteed elig	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in NEMT	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Guaranteed eligibility by program type
Non-emergency medical transport - included services	Medicaid managed care waiver included services in NEMT	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Covered services by program type
Non-emergency medical transport - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for NEMT	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Lock-in provision by program type
Non-emergency medical transport - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for NEMT	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Non-emergency medical transport - PCP types	Medicaid managed care waiver primary care provider (PCP) types for NEMT	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	PCP types by program type
Non-emergency medical transport - reimbursement	Medicaid managed care reimbursement arrangement for NEMT	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Reimbursement method by program type
Non-emergency medical transportation - pop excluded	Medicaid managed care waiver population categories excluded in NEMT	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Population exclusions by program type
Non-emergency medical transportation - pop incl mand	Medicaid managed care waiver population categories included mandatorily in NEMT	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Mandatory groups by program type
Non-emergency medical transportation - pop incl vol	Medicaid managed care waiver population categories included voluntarily in NEMT	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Voluntary groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Non-risk PIHP covering medical/MH - dual eligibles exc	Medicare dual eligibles excluded in non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Non-risk PIHP covering medical/MH - dual eligibles inc	Medicare dual eligibles included in non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Non-risk PIHP covering medical/MH - guaranteed elig	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Non-risk PIHP covering medical/MH - included services	Medicaid managed care waiver included services in non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Non-risk PIHP covering medical/MH - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Non-risk PIHP covering medical/MH - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Non-risk PIHP covering medical/MH - PCP types	Medicaid managed care waiver primary care provider (PCP) types for non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Non-risk PIHP covering medical/MH - pop excluded	Medicaid managed care waiver population categories excluded in non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Non-risk PIHP covering medical/MH - pop inc mandatory	Medicaid managed care waiver population categories included mandatorily in non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Non-risk PIHP covering medical/MH - pop inc voluntary	Medicaid managed care waiver population categories included voluntarily in non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Non-risk PIHP covering medical/MH - reimbursement	Medicaid managed care reimbursement arrangement for non-risk PIHP that covers medical and mental health services	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Number of certified nursing facilities	Total Number of Certified Nursing Facilities	Kaiser Family Foundation	Not applicable	Institutional long-term care	Supply: facility	Count of certified facilities by type
Nurse first-selective contracting - dual eligibles exc	Medicare dual eligibles excluded in nurse first-selective contracting	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Nurse first-selective contracting - dual eligibles inc	Medicare dual eligibles included in nurse first- selective contracting	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Nurse first-selective contracting - guaranteed elig	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in nurse first- selective contracting	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Nurse first-selective contracting - included services	Medicaid managed care waiver included services in nurse first- selective contracting	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Nurse first-selective contracting - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entitites) for nurse first- selective contracting	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Nurse first-selective contracting - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for nurse first- selective contracting	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Nurse first-selective contracting - PCP types	Medicaid managed care waiver primary care provider (PCP) types for nurse first- selective contracting	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Nurse first-selective contracting - pop excluded	Medicaid managed care waiver population categories excluded in nurse first- selective contracting	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Nurse first-selective contracting - pop inc mandatory	Medicaid managed care waiver population categories included mandatorily in nurse first-selective contracting	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Nurse first-selective contracting - pop inc voluntary	Medicaid managed care waiver population categories included voluntarily in nurse first-selective contracting	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Nurse first-selective contracting - reimbursement	Medicaid managed care reimbursement arrangement for nurse first-selective contracting	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Other - dual eligibles excluded	Medicare dual eligibles excluded in other	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Other - dual eligibles included	Medicare dual eligibles included in other	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Other - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in other	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Other - included services	Medicaid managed care waiver included services in other	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Other - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for other	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Other - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for other	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Other - PCP types	Medicaid managed care waiver primary care provider (PCP) types for other	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Other - pop excluded	Medicaid managed care waiver population categories excluded in other	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Other - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in other	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Other - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in other	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Other - reimbursement	Medicaid managed care reimbursement arrangement for other	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
PCCM provider - dual eligibles excluded	Medicare dual eligibles excluded in primary care case management (PCCM) Provider	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
PCCM provider - dual eligibles included	Medicare dual eligibles included in primary care case management (PCCM) Provider	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
PCCM provider - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in primary care case management (PCCM) Provider	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
PCCM provider - included services	Medicaid managed care waiver included services in PCCM Provider	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
PCCM provider - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entitles) for primary care case management (PCCM) Provider	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
PCCM provider - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for PCCM Provider	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
PCCM provider - PCP types	Medicaid managed care waiver primary care provider (PCP) types for PCCM Provider	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
PCCM provider - pop excluded	Medicaid managed care waiver population categories excluded in PCCM Provider	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
PCCM provider - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in PCCM Provider	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
PCCM provider - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in PCCM Provider	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
PCCM provider - reimbursement	Medicaid managed care reimbursement arrangement for primary care case management (PCCM) Provider	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
PCCM provider (risk-based) - dual eligibles excluded	Medicare dual eligibles excluded in primary care case management (PCCM) Provider (Risk-based)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
PCCM provider (risk-based) - dual eligibles included	Medicare dual eligibles included in primary care case management (PCCM) Provider (Risk-based)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
PCCM provider (risk-based) - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in primary care case management (PCCM) Provider (Risk-based)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
PCCM provider (risk-based) - included services	Medicaid managed care waiver included services in PCCM Provider (Risk-based)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
PCCM provider (risk-based) - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for primary care case management (PCCM) Provider (Risk-based)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
PCCM provider (risk-based) - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for PCCM Provider (Risk-based)	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
PCCM provider (risk-based) - PCP types	Medicaid managed care waiver primary care provider (PCP) types for PCCM Provider (Risk-based)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
PCCM provider (risk-based) - pop excluded	Medicaid managed care waiver population categories excluded in PCCM Provider (Risk-based)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
PCCM provider (risk-based) - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in PCCM Provider (Risk-based)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
PCCM provider (risk-based) - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in PCCM Provider (Risk-based)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
PCCM provider (risk-based) - reimbursement	Medicaid managed care reimbursement arrangement for primary care case management (PCCM) Provider (Risk-based)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Person-years of enrollment	Person-years of enrollment	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Enrollment	Person years
Person-years of enrollment, ever enrolled in HMO/HIO	Person-years of enrollment (PYE) among individuals ever enrolled in HMO/HIO during the year	Mathematica MAX Validation Tables	Full benefits	Not applicable	Managed care	Enrollment - person years by delivery system
Person-years of enrollment, non-dual FFS	Person-years of enrollment (PYE) among non-dual fee-for-service (FFS) enrollees	Mathematica MAX Validation Tables	Non-dual eligible	Not applicable	Enrollment	Person years by eligibility & delivery system
Person-years of enrollment-aliens with restr benefits	Number of person-years of enrollment (PYE) among aliens with any restricted benefits	Mathematica MAX Validation Tables	Restricted benefits	Not applicable	Enrollment	Person years by benefits
Person-years of enrollment-all dual eligibles	Number of person-years of enrollment (PYE) among all enrollment database (EDB) dual eligibles	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Enrollment	Person years by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Person-years of enrollment-any M-CHIP	Person years of enrollment for individuals with any M-CHIP benefits. These data pertain to all Medicaid enrollees (excluding people with missing Medicaid eligibility information or S-SCHIP only.	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Person years
Person-years of enrollment-any restricted Rx benefits	Number of person-years of enrollment (PYE) among eligibles with any restricted prescription drug benefits	Mathematica MAX Validation Tables	Restricted benefits	Not applicable	Enrollment	Person years by benefits
Person-years of enrollment-any S-CHIP	Person years of enrollment for individuals with any S-CHIP benefits. These data pertain to all records.	Mathematica MAX Validation Tables	Child	Not applicable	Enrollment	Person years
Person-years of enrollment-duals w/ any restr benefits	Number of person-years of enrollment (PYE) among EDB dual eligibles with any restricted benefits	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Enrollment	Person years by eligibility & benefits
Person-years of enrollment-excluding select restricted	Person-years of enrollment - # excluding selected restricted	Mathematica MAX Validation Tables	Full benefits	Not applicable	Enrollment	Person years
Person-years of enrollment-family planning only	Number of person-years of enrollment (PYE) among all individuals with family planning benefits only	Mathematica MAX Validation Tables	Restricted benefits	Family Planning	Enrollment	Person years by benefits
Person-years of enrollment-FFS dual	Total EDB dual fee-for-service (FFS) person-years of enrollment (PYE)	Mathematica MAX Validation Tables	Dual eligible	Not applicable	Enrollment	FFS person years by eligibility
Person-years of enrollment-total FFS	Total fee-for-service (FFS) person-years of enrollment (PYE)	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Enrollment	FFS person years
Person-years of enrollment-total Medicaid	Total Medicaid person-years of enrollment (PYE)	Mathematica MAX Validation Tables	All eligibility groups	Not applicable	Enrollment	Person years

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Pharmacy benefit manager - dual eligibles excluded	Medicare dual eligibles excluded in Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	Dual eligible	Prescription drugs	Managed care	Populations covered by eligibility & program type
Pharmacy benefit manager - dual eligibles included	Medicare dual eligibles included in Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	Dual eligible	Prescription drugs	Managed care	Populations covered by eligibility & program type
Pharmacy benefit manager - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Guaranteed eligibility by program type
Pharmacy benefit manager - included services	Medicaid managed care waiver included services in Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Pharmacy benefit manager - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Lock-in provision by program type
Pharmacy benefit manager - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Pharmacy benefit manager - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	PCP types by program type
Pharmacy benefit manager - pop excluded	Medicaid managed care waiver population categories excluded in Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	Not applicable	Prescription drugs	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Pharmacy benefit manager - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	Not applicable	Prescription drugs	Managed care	Mandatory groups by program type
Pharmacy benefit manager - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	Not applicable	Prescription drugs	Managed care	Voluntary groups by program type
Pharmacy benefit manager - reimbursement	Medicaid managed care reimbursement arrangement for Pharmacy Benefit Manager	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Reimbursement method by program type
Pharmacy benefit manager PAHP - dual eligibles excluded	Medicare dual eligibles excluded in pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	Dual eligible	Prescription drugs	Managed care	Populations covered by eligibility & program type
Pharmacy benefit manager PAHP - dual eligibles included	Medicare dual eligibles included in pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	Dual eligible	Prescription drugs	Managed care	Populations covered by eligibility & program type
Pharmacy benefit manager PAHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Guaranteed eligibility by program type
Pharmacy benefit manager PAHP - included services	Medicaid managed care waiver included services in pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Pharmacy benefit manager PAHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entitles) for pharmacy benefit	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	manager PAHP					
Pharmacy benefit manager PAHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Pharmacy benefit manager PAHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	PCP types by program type
Pharmacy benefit manager PAHP - pop excluded	Medicaid managed care waiver population categories excluded in pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	Not applicable	Prescription drugs	Managed care	Population exclusions by program type
Pharmacy benefit manager PAHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	Not applicable	Prescription drugs	Managed care	Mandatory groups by program type
Pharmacy benefit manager PAHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	Not applicable	Prescription drugs	Managed care	Voluntary groups by program type
Pharmacy benefit manager PAHP - reimbursement	Medicaid managed care reimbursement arrangement for pharmacy benefit manager PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Reimbursement method by program type
Pharmacy dispensing fee	Pharmacy dispensing fee	Pharmaceutical Benefits under State Medical Assistance Programs, National	Not applicable	Prescription drugs	Reimbursement	Fees by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
		Pharmaceutical Council, Inc.				
Populations covered-all-inclusive elderly care (PACE)	Populations covered for program of all-inclusive care for the elderly (PACE) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Community-based long-term care	Benefits	Populations covered by TOS
Populations covered-ambulance services	Populations covered for ambulance services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Populations covered by TOS
Populations covered-chiropractor services	Populations covered for chiropractor services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Populations covered by TOS
Populations covered-CRNA services	Populations covered for Certified Registered Nurse Anesthetist (CRNA) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Populations covered by TOS
Populations covered-dental services	Populations covered for dental services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Populations covered by TOS
Populations covered-dentist med/surgical service	Populations covered for medical/surgical services of a dentist - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Populations covered by TOS
Populations covered-dentures	Populations covered for dentures - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Populations covered by TOS
Populations covered-diagnostic, screening & preventive	Populations covered for diagnostic, screening and preventive (DSP) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Diagnostic, screening & preventive	Benefits	Populations covered by TOS
Populations covered-eyeglasses	Populations covered for eyeglasses - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Populations covered by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Populations covered-FQHC services	Populations covered for Federally Qualified Health Center (FQHC) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Populations covered by TOS
Populations covered-freestanding ambulatory surgery	Populations covered for clinic services, by an organized facility or clinic not part of a hospital: freestanding ambulatory surgery center (FASC) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Ambulatory surgery center services	Benefits	Populations covered by TOS
Populations covered-HCB services waiver	Populations covered for home and community based (HCB) services waiver - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Community-based long-term care	Benefits	Populations covered by TOS
Populations covered-hearing aids	Populations covered for hearing aids - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hearing aids	Benefits	Populations covered by TOS
Populations covered-home health services	Populations covered for home health services, includes nursing services, home health aides, and medical supplies/equipment - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Home health services	Benefits	Populations covered by TOS
Populations covered-hospice care	Populations covered for hospice care - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hospice care	Benefits	Populations covered by TOS
Populations covered-ICF for mentally retarded	Populations covered for Intermediate Care Facility (ICF) services for the mentally retarded - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Populations covered by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Populations covered-IMD inp.hosp/nursing/ICF >=65	Populations covered for inpatient hospital, nursing facility and intermediate care facility services In institutions for mental diseases (IMD), age 65 and older - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Institutional long-term care	Benefits	Populations covered by TOS
Populations covered-inpat. psych. services <21	Populations covered for inpatient psychiatric services, under age 21 - adult, fee-for-service Medicaid	Kaiser Family Foundation	Child	Inpatient psychiatric services	Benefits	Populations covered by TOS
Populations covered-inpatient hosp.(other than IMD)	Populations covered for inpatient hospital services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Inpatient hospital	Benefits	Populations covered by TOS
Populations covered-lab/x-ray services, outside hosp.	Populations covered for laboratory and x-ray services, outside hospital or clinic - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Laboratory & radiology	Benefits	Populations covered by TOS
Populations covered-medical equip. and supplies	Populations covered for medical equipment and supplies - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Medical equipment & supplies	Benefits	Populations covered by TOS
Populations covered-mental health/sub. abuse rehab	Populations covered for rehabilitation services: mental health and substance abuse - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health & substance abuse	Benefits	Populations covered by TOS
Populations covered-non-emergency medical transportation services - adult, fee-for-service Medicaid	Populations covered for non-emergency medical transportation services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Populations covered by TOS
Populations covered-nurse midwife services	Populations covered for nurse midwife services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Other practitioner services	Benefits	Populations covered by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Populations covered-nurse practitioner services	Populations covered for nurse practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Populations covered by TOS
Populations covered-nursing facility, other than IMD	Populations covered for nursing facility services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Populations covered by TOS
Populations covered-occupational therapy service	Populations covered for occupational therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Populations covered by TOS
Populations covered-optometrist services	Populations covered for optometrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Populations covered by TOS
Populations covered-outpatient hospital services	Populations covered for outpatient hospital services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Outpatient hospital	Benefits	Populations covered by TOS
Populations covered-personal care services	Populations covered for personal care services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Personal care services	Benefits	Populations covered by TOS
Populations covered-physical therapy services	Populations covered for physical therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Populations covered by TOS
Populations covered-physician services	Populations covered for physician services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Physician services	Benefits	Populations covered by TOS
Populations covered-podiatrist services	Populations covered for podiatrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Populations covered by TOS
Populations covered-prescription drugs	Populations covered for prescription drugs - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prescription drugs	Benefits	Populations covered by TOS
Populations covered-private duty nursing service	Populations covered for private duty nursing services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Private duty nursing services	Benefits	Populations covered by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Populations covered-prosthetic/orthotic devices	Populations covered for prosthetic and orthotic devices - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prosthetic & orthotic devices	Benefits	Populations covered by TOS
Populations covered-psychologist services	Populations covered for psychologist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health services	Benefits	Populations covered by TOS
Populations covered-public/mental health clinic	Populations covered for clinic services, by an organized facility or clinic not part of a hospital: public health and mental health clinics - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Populations covered by TOS
Populations covered-religious health care/practitioner	Populations covered for religious non-medical health care institution and practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Populations covered by TOS
Populations covered-RHC services	Populations covered for Rural Health Clinic (RHC) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Populations covered by TOS
Populations covered-speech/hearing/language disorders	Populations covered for services for speech, hearing and language disorders - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Populations covered by TOS
Populations covered-targeted case management	Populations covered for targeted case management - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Case management	Benefits	Populations covered by TOS
Postpartum services provided under SCHIP unborn option	Postpartum services provided under SCHIP (separate CHIP)	National Academy for State Health Policy	Pregnant women	Pregnancy, labor & delivery	Benefits	Covered services by eligibility
PPO (comprehensive benefits) - dual eligibles excluded	Medicare dual eligibles excluded in preferred provider organization (PPO) (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
PPO (comprehensive benefits) - dual eligibles included	Medicare dual eligibles included in preferred provider organization (PPO) (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
PPO (comprehensive benefits) - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in preferred provider organization (PPO) (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
PPO (comprehensive benefits) - included services	Medicaid managed care waiver included services in PPO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
PPO (comprehensive benefits) - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for preferred provider organization (PPO) (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
PPO (comprehensive benefits) - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for PPO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
PPO (comprehensive benefits) - PCP types	Medicaid managed care waiver primary care provider (PCP) types for PPO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
PPO (comprehensive benefits) - pop excluded	Medicaid managed care waiver population categories excluded in PPO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
PPO (comprehensive benefits) - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in PPO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
PPO (comprehensive benefits) - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in PPO (Comprehensive Benefits)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
PPO (comprehensive benefits) - reimbursement	Medicaid managed care reimbursement arrangement for preferred provider organization (PPO) (Comprehensive Benefits)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Prem assistance work inc elig - childless adults	Income eligibility limits for premium assistance with work-related eligibility requirements for low-income childless adults (%FPL)	Kaiser Family Foundation	Childless adult	Not applicable	Premium assistance	Income limits by eligibility
Premium amount for 1931 parents (\$ per month)	Premium amount expressed in dollars per month for parents covered through 1931 Medicaid coverage	Kaiser Family Foundation	Parents	Not applicable	Premiums	Premium amount by eligibility
Premium assistance work inc elig - parents	Income eligibility limits for premium assistance with work-related eligibility requirements for low-income parents (%FPL)	Kaiser Family Foundation	Parents	Not applicable	Premium assistance	Income limits by eligibility
Premium/enrollment fees for 1931 parents	Indicator for whether the state has premiums or enrollment fees for parents covered through 1931 Medicaid coverage (yes/no).	Kaiser Family Foundation	Parents	Not applicable	Premiums	Premiums required by eligibility
Premiums required for children in CHIP	Indicator for whether premiums are required for children in CHIP	Kaiser Family Foundation	Child	Not applicable	Premiums	Premiums required by eligibility

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Premiums required for children in Medicaid	Indicator for whether premiums are required for children in Medicaid	Kaiser Family Foundation	Child	Not applicable	Premiums	Premiums required by eligibility
Prepaid inpatient health plan - dual eligibles excluded	Medicare dual eligibles excluded in Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Prepaid inpatient health plan - dual eligibles included	Medicare dual eligibles included in Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Prepaid inpatient health plan - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Prepaid inpatient health plan - included services	Medicaid managed care waiver included services in Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Prepaid inpatient health plan - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Prepaid inpatient health plan - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Prepaid inpatient health plan - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Prepaid inpatient health plan - pop excluded	Medicaid managed care waiver population categories excluded in Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Prepaid inpatient health plan - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Prepaid inpatient health plan - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Prepaid inpatient health plan - reimbursement	Medicaid managed care reimbursement arrangement for Prepaid Inpatient Health Plan (partial risk, comprehensive)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Presumptive elig for children in Medicaid and CHIP	Indicates whether states have presumptive eligibility for children in Medicaid and CHIP.	Kaiser Family Foundation	Child	Not applicable	Eligibility	Presumptive eligibility
Presumptive eligibility for pregnant women	Yes/No Has Presumptive eligibility for pregnant women	Kaiser Family Foundation	Pregnant women	Not applicable	Eligibility	Presumptive eligibility
Prior approval reqmt.-all-inclusive elder care (PACE)	Prior approval requirement for program of all-inclusive care for the elderly (PACE) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Community-based long-term care	Benefits	Prior approval by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Prior approval reqmt.- diagnostic, screening & prev.	Prior approval requirement for diagnostic, screening and preventive services (DSP) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Diagnostic, screening & preventive	Benefits	Prior approval by TOS
Prior approval reqmt.-IMD inp.hosp/nursing/ICF >=65	Prior approval requirement for inpatient hospital, nursing facility and intermediate care facility (ICF) services in institutions for mental diseases, age 65 and older - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Institutional long-term care	Benefits	Prior approval by TOS
Prior approval reqmt.- inpatient hosp.(other than IMD)	Prior approval requirement for inpatient hospital services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Inpatient hospital	Benefits	Prior approval by TOS
Prior approval reqmt.-lab/x-ray services, outside hosp.	Prior approval requirement for laboratory and x-ray services, outside hospital or clinic - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Laboratory & radiology	Benefits	Prior approval by TOS
Prior approval reqmt.- mental health/sub. abuse rehab	Prior approval requirement for rehabilitation services: mental health and substance abuse - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health & substance abuse	Benefits	Prior approval by TOS
Prior approval reqmt.- nursing facility, other than IMD	Prior approval requirement for nursing facility services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Prior approval by TOS
Prior approval reqmt.- speech/hearing/language disorders	Prior approval requirement for services for speech, hearing and language disorders - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Prior approval by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Prior approval reqmt-religious institution/practitioner	Prior approval requirement for religious non-medical health care institution and practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Prior approval by TOS
Prior approval requirement-ambulance services	Prior approval requirement for ambulance services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Prior approval by TOS
Prior approval requirement-chiropractor services	Prior approval requirement for chiropractor services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Prior approval by TOS
Prior approval requirement-CRNA services	Prior approval requirement for Certified Registered Nurse Anesthetist Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Prior approval by TOS
Prior approval requirement-dental services	Prior approval requirement for dental services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Prior approval by TOS
Prior approval requirement-dentist med/surgical service	Prior approval requirement for medical/surgical services of a dentist - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Prior approval by TOS
Prior approval requirement-dentures	Prior approval requirement for dentures - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Benefits	Prior approval by TOS
Prior approval requirement-eyeglasses	Prior approval requirement for eyeglasses - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Prior approval by TOS
Prior approval requirement-FQHC services	Prior approval requirement for Federally Qualified Health Center (FQHC) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Prior approval by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Prior approval requirement-freestanding ambulatory surg	Prior approval requirement for clinic services, by an organized facility or clinic not part of a hospital: freestanding ambulatory surgery center (FASC) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Ambulatory surgery center services	Benefits	Prior approval by TOS
Prior approval requirement-HCB services waiver	Prior approval requirement for home and community based (HCB) services waiver - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Community-based long-term care	Benefits	Prior approval by TOS
Prior approval requirement-hearing aids	Prior approval requirement for hearing aids - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hearing aids	Benefits	Prior approval by TOS
Prior approval requirement-home health services	Prior approval requirement for home health services, includes nursing services, home health aides, and medical supplies/equipment - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Home health services	Benefits	Prior approval by TOS
Prior approval requirement-hospice care	Prior approval requirement for hospice care - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hospice care	Benefits	Prior approval by TOS
Prior approval requirement-ICF for mentally retarded	Prior approval requirement for intermediate care facility (ICF) services for the mentally retarded - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Benefits	Prior approval by TOS
Prior approval requirement-inpat. psych. services <21	Prior approval requirement for inpatient psychiatric services, under age 21 - adult, fee-for-service Medicaid	Kaiser Family Foundation	Child	Inpatient psychiatric services	Benefits	Prior approval by TOS
Prior approval requirement-medical equip. and supplies	Prior approval requirement for medical equipment and supplies - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Medical equipment & supplies	Benefits	Prior approval by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Prior approval requirement-non-emergency transport	Prior approval requirement for non-emergency medical transportation services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Benefits	Prior approval by TOS
Prior approval requirement-nurse midwife services	Prior approval requirement for nurse midwife services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Other practitioner services	Benefits	Prior approval by TOS
Prior approval requirement-nurse practitioner services	Prior approval requirement for nurse practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Prior approval by TOS
Prior approval requirement-occupational therapy service	Prior approval requirement for occupational therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Prior approval by TOS
Prior approval requirement-optometrist services	Prior approval requirement for optometrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Benefits	Prior approval by TOS
Prior approval requirement-outpatient hospital services	Prior approval requirement for outpatient hospital services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Outpatient hospital	Benefits	Prior approval by TOS
Prior approval requirement-personal care services	Prior approval requirement for personal care services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Personal care services	Benefits	Prior approval by TOS
Prior approval requirement-physical therapy services	Prior approval requirement for physical therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Benefits	Prior approval by TOS
Prior approval requirement-physician services	Prior approval requirement for physician services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Physician services	Benefits	Prior approval by TOS
Prior approval requirement-podiatrist services	Prior approval requirement for podiatrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Benefits	Prior approval by TOS
Prior approval requirement-prescription drugs	Prior approval requirement for prescription drugs - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prescription drugs	Benefits	Prior approval by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Prior approval requirement-private duty nursing service	Prior approval requirement for private duty nursing services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Private duty nursing services	Benefits	Prior approval by TOS
Prior approval requirement-prosthetic/orthotic devices	Prior approval requirement for prosthetic and orthotic devices - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prosthetic & orthotic devices	Benefits	Prior approval by TOS
Prior approval requirement-psychologist services	Prior approval requirement for psychologist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health services	Benefits	Prior approval by TOS
Prior approval requirement-public/mental health clinic	Prior approval requirement for clinic services, by an organized facility or clinic not part of a hospital: public health and mental health clinics - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Prior approval by TOS
Prior approval requirement-RHC services	Prior approval requirement for Rural Health Clinic (RHC) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Benefits	Prior approval by TOS
Prior approval requirement-targeted case management	Prior approval requirement for targeted case management - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Case management	Benefits	Prior approval by TOS
Reimbursement method.- IMD inpatient hospital/nursing/ICF >=65	Reimbursement methodology for inpatient hospital, nursing facility and intermediate care facility (ICF) services in institutions for mental diseases, age 65 and older - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Reimbursement	Method by type of service
Reimbursement method.- inpatient hospital (other than IMD)	Reimbursement methodology for inpatient hospital services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Inpatient hospital	Reimbursement	Method by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Reimbursement method.-lab/x-ray services, outside hosp.	Reimbursement methodology for laboratory and x-ray services, outside hospital or clinic - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Laboratory & radiology	Reimbursement	Method by type of service
Reimbursement method.-mental health/sub. abuse rehab	Reimbursement methodology for rehabilitation services: mental health and substance abuse - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health & substance abuse	Reimbursement	Method by type of service
Reimbursement method.-nursing facility, other than IMD	Reimbursement methodology for nursing facility services, other than in an institution for mental diseases (IMD) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Reimbursement	Method by type of service
Reimbursement method.-speech/hearing/language disorders	Reimbursement methodology for services for speech, hearing and language disorders - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Reimbursement	Method by type of service
Reimbursement methodology-all-inclusive elder care PACE	Reimbursement methodology for program of all-inclusive care for the elderly (PACE) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Aged	Community-based long-term care	Reimbursement	Method by type of service
Reimbursement methodology-ambulance services	Reimbursement methodology for ambulance services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Reimbursement	Method by type of service
Reimbursement methodology-chiropractor services	Reimbursement methodology for chiropractor services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Reimbursement	Method by type of service
Reimbursement methodology-CRNA services	Reimbursement methodology for Certified Registered Nurse Anesthetist (CRNA) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Reimbursement	Method by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Reimbursement methodology-dental services	Reimbursement methodology for dental services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Reimbursement	Method by type of service
Reimbursement methodology-dentist med/surgical service	Reimbursement methodology for medical/surgical services of a dentist - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Reimbursement	Method by type of service
Reimbursement methodology-dentures	Reimbursement methodology for dentures - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Dental services & dentures	Reimbursement	Method by type of service
Reimbursement methodology-diagnostic, screening & prev	Reimbursement methodology for diagnostic, screening and preventive services (DSP) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Diagnostic, screening & preventive	Reimbursement	Method by type of service
Reimbursement methodology-eyeglasses	Reimbursement methodology for eyeglasses - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Reimbursement	Method by type of service
Reimbursement methodology-FQHC services	Reimbursement methodology for Federally Qualified Health Center (FQHC) Services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Reimbursement	Method by type of service
Reimbursement methodology-freestanding ambulatory surg	Reimbursement methodology for clinic services, by an organized facility or clinic not part of a hospital: freestanding ambulatory surgery center (FASC) - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Ambulatory surgery center services	Reimbursement	Method by type of service
Reimbursement methodology-HCB services waiver	Reimbursement methodology for home and community based (HCB) services waiver - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Community-based long-term care	Reimbursement	Method by type of service
Reimbursement methodology-hearing aids	Reimbursement methodology for hearing aids - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hearing aids	Reimbursement	Method by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Reimbursement methodology-home health services	Reimbursement methodology for home health services, includes nursing services, home health aides, and medical supplies/equipment - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Home health services	Reimbursement	Method by type of service
Reimbursement methodology-hospice care	Reimbursement methodology for hospice care - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Hospice care	Reimbursement	Method by type of service
Reimbursement methodology-ICF for mentally retarded	Reimbursement methodology for intermediate care facility (ICF) services for the mentally retarded - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Reimbursement	Method by type of service
Reimbursement methodology-inpat. psych. services <21	Reimbursement methodology for inpatient psychiatric services, under age 21 - adult, fee-for-service Medicaid	Kaiser Family Foundation	Child	Inpatient psychiatric services	Reimbursement	Method by type of service
Reimbursement methodology-medical equip. and supplies	Reimbursement methodology for medical equipment and supplies - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Medical equipment & supplies	Reimbursement	Method by type of service
Reimbursement methodology-non-emergency transport	Reimbursement methodology for non-emergency medical transportation services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Transportation	Reimbursement	Method by type of service
Reimbursement methodology-nurse midwife services	Reimbursement methodology for nurse midwife services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Pregnant women	Other practitioner services	Reimbursement	Method by type of service
Reimbursement methodology-nurse practitioner services	Reimbursement methodology for nurse practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Reimbursement	Method by type of service
Reimbursement methodology-occupational therapy service	Reimbursement methodology for occupational therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Reimbursement	Method by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Reimbursement methodology-optometrist services	Reimbursement methodology for optometrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Optometrist & eyeglasses	Reimbursement	Method by type of service
Reimbursement methodology-outpatient hospital services	Reimbursement methodology for outpatient hospital services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Outpatient hospital	Reimbursement	Method by type of service
Reimbursement methodology-personal care services	Reimbursement methodology for personal care services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Personal care services	Reimbursement	Method by type of service
Reimbursement methodology-physical therapy services	Reimbursement methodology for physical therapy services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Occupational, physical, speech therapy	Reimbursement	Method by type of service
Reimbursement methodology-physician services	Reimbursement methodology for physician services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Physician services	Reimbursement	Method by type of service
Reimbursement methodology-podiatrist services	Reimbursement methodology for podiatrist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Other practitioner services	Reimbursement	Method by type of service
Reimbursement methodology-prescription drugs	Reimbursement methodology for prescription drugs - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prescription drugs	Reimbursement	Method by type of service
Reimbursement methodology-private duty nursing service	Reimbursement methodology for private duty nursing services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Private duty nursing services	Reimbursement	Method by type of service
Reimbursement methodology-prosthetic/orthotic devices	Reimbursement methodology for prosthetic and orthotic devices - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Prosthetic & orthotic devices	Reimbursement	Method by type of service
Reimbursement methodology-psychologist services	Reimbursement methodology for psychologist services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Mental health services	Reimbursement	Method by type of service

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Reimbursement methodology-public/mental health clinic	Reimbursement methodology for clinic services, by an organized facility or clinic not part of a hospital: public health and mental health clinics - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Reimbursement	Method by type of service
Reimbursement methodology-RHC services	Reimbursement methodology for Rural Health Clinic (RHC) services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Clinic services	Reimbursement	Method by type of service
Reimbursement methodology-targeted case management	Reimbursement methodology for targeted case management - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Case management	Reimbursement	Method by type of service
Reimbursement method-religious health care/practitioner	Reimbursement methodology for religious non-medical health care institution and practitioner services - adult, fee-for-service Medicaid	Kaiser Family Foundation	Adult	Institutional long-term care	Reimbursement	Method by type of service
Renewal simplification consistent for parents/children	Indicator for whether state has adopted all simplification measures listed in Medicaid for children and parents. (yes/no)	Kaiser Family Foundation	Nonaged	Not applicable	Eligibility	Renewal procedures
SCHIP contracts w/ another type of contractor	SCHIP (separate CHIP) contracts with another type of contractor	National Academy for State Health Policy	Child	Not applicable	Program information	Contracts
SCHIP contracts w/ plans for comp benefits	SCHIP (separate CHIP) contracts with health plans to delivery comprehensive benefits	National Academy for State Health Policy	Child	Not applicable	Program information	Contracts by benefit level
SCHIP contracts w/ plans for limited benefits	SCHIP (separate CHIP) contracts with health plans to delivery a limited set of benefits	National Academy for State Health Policy	Child	Not applicable	Program information	Contracts by benefit level
SCHIP online app can be completed in multiple sessions	SCHIP (separate CHIP) online applications can be completed in multiple sessions	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
SCHIP online app information populates elig system	SCHIP (separate CHIP) online application information is used to populate eligibility system	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
SCHIP online app provides prelim elig determination	SCHIP (separate CHIP) online applications provide applicants a preliminary determination of eligibility	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
SCHIP online app requires no additional documentation	SCHIP (separate CHIP) online applications require no additional documentation	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
SCHIP online applications permit electronic signatures	SCHIP (separate CHIP) online applications permit electronic signatures	National Academy for State Health Policy	Child	Not applicable	Eligibility	Application process
SCHIP prem assist voluntary vs. mandatory enrollment	SCHIP (separate CHIP) prem assistvoluntary vs. mandatory enrollment	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Program is voluntary
SCHIP premium assistance minimum employer contribution	Minimum employer contribution level (%) for SCHIP (separate CHIP) premium assistance program	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Employer minimum contribution
SCHIP premium assistance offers supplemental benefits	SCHIP (separate CHIP) premium assistance program offers supplemental (wrap-around) benefits to private plan (Yes/No)	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Wrap-around benefits
SCHIP premium assistance operating authority	Authority under which the SCHIP (separate CHIP) premium assistance program operates	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Operating authority
SCHIP premium assistance program name	Name of SCHIP (separate CHIP) premium assistance program	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Program name
SCHIP premium assistance subsidy recipient	Recipient of subsidy payment in SCHIP (separate CHIP) premium assistance program	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Subsidy recipient type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
SCHIP premium assistance supplements cost-sharing	SCHIP (separate CHIP) premium assistance program supplements cost-sharing of private plan (Yes/No)	National Academy for State Health Policy	Child	Not applicable	Premium assistance	Copayments
SCHIP premium assistance-population covered	Whether the SCHIP (separate CHIP) premium assistance program covers adults, children, or both	National Academy for State Health Policy	Not applicable	Not applicable	Premium assistance	Population covered
SCHIP uses FFS delivery system	SCHIP (separate CHIP) uses a fee-for-service delivery system	National Academy for State Health Policy	Child	Not applicable	Program information	Delivery system
SCHIP uses PCCM delivery system	SCHIP (separate CHIP) uses a primary care case management delivery system	National Academy for State Health Policy	Child	Not applicable	Program information	Delivery system
Selective contract - dual eligibles excluded	Medicare dual eligibles excluded in selective contract	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Selective contract - dual eligibles included	Medicare dual eligibles included in selective contract	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Selective contract - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in selective contract	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Selective contract - included services	Medicaid managed care waiver included services in selective contract	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Selective contract - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care)	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	entitites) for selective contract					
Selective contract - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for selective contract	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Selective contract - PCP types	Medicaid managed care waiver primary care provider (PCP) types for selective contract	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Selective contract - pop excluded	Medicaid managed care waiver population categories excluded in selective contract	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Selective contract - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in selective contract	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Selective contract - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in selective contract	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
Selective contract - reimbursement	Medicaid managed care reimbursement arrangement for selective contract	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
Shared savings model - dual eligibles excluded	Medicare dual eligibles excluded in Shared Savings Model	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type
Shared savings model - dual eligibles included	Medicare dual eligibles included in Shared Savings Model	Medicaid Managed Care Summary Report	Dual eligible	Not applicable	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Shared savings model - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Shared Savings Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Guaranteed eligibility by program type
Shared savings model - included services	Medicaid managed care waiver included services in Shared Savings Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Covered services by program type
Shared savings model - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Shared Savings Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Lock-in provision by program type
Shared savings model - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Shared Savings Model	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Shared savings model - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Shared Savings Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	PCP types by program type
Shared savings model - pop excluded	Medicaid managed care waiver population categories excluded in Shared Savings Model	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Population exclusions by program type
Shared savings model - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Shared Savings Model	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Mandatory groups by program type
Shared savings model - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Shared Savings Model	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Shared savings model - reimbursement	Medicaid managed care reimbursement arrangement for Shared Savings Model	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Managed care	Reimbursement method by program type
SPCM program - dual eligibles excluded	Medicare dual eligibles excluded in Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	Dual eligible	Case management	Managed care	Populations covered by eligibility & program type
SPCM program - dual eligibles included	Medicare dual eligibles included in Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	Dual eligible	Case management	Managed care	Populations covered by eligibility & program type
SPCM program - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	See variable comments	Case management	Managed care	Guaranteed eligibility by program type
SPCM program - included services	Medicaid managed care waiver included services in Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	See variable comments	Case management	Managed care	Covered services by program type
SPCM program - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	See variable comments	Case management	Managed care	Lock-in provision by program type
SPCM program - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
SPCM program - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	See variable comments	Case management	Managed care	PCP types by program type
SPCM program - pop excluded	Medicaid managed care waiver population categories excluded in Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	Not applicable	Case management	Managed care	Population exclusions by program type
SPCM program - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	Not applicable	Case management	Managed care	Mandatory groups by program type
SPCM program - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	Not applicable	Not applicable	Managed care	Voluntary groups by program type
SPCM program - reimbursement	Medicaid managed care reimbursement arrangement for Specialty Physician Case Management (SPCM) Program	Medicaid Managed Care Summary Report	See variable comments	Case management	Managed care	Reimbursement method by program type
Special requirements for pharm benefits in MC?	Special requirements for pharmacy benefits in managed care? (contractual, statutes, regulations, etc.)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Managed care	Coverage limits by TOS
Specific 1915(b) authority used	Specific 1915(b) authority under which the managed care waiver program operates. Not applicable if operating authority is not 1915(b).	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Operating authority by waiver type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
State eliminated interv. for child Medicaid/CHIP renew	State has eliminated face-to-face interviews for children's Medicaid and CHIP renewal	Kaiser Family Foundation	Child	Not applicable	Eligibility	Renewal procedures
State has 12-mo continuous eligibility in Medicaid/CHIP	State has 12-month continuous eligibility in Medicaid and/or CHIP (yes/no)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Continuous eligibility
State has 12-month continuous eligibility in CHIP	State has 12-month continuous eligibility in CHIP (yes/no)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Continuous eligibility
State has 12-month continuous eligibility in Medicaid	State has 12-month continuous eligibility in Medicaid (yes/no)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Continuous eligibility
State has a money follows the person program (Y/N)	Indicator for whether or not the state has a Money Follows the Person.	Medicaid Model Data Lab	Unspecified	Community-based long-term care	Program information	Money Follows the Person Program
State has a premium assistance program under MCHIP	State has a premium assistance program under MCHIP (Medicaid expansion CHIP) (yes/no)	National Academy for State Health Policy	Child	Not applicable	Premium assistance	State has program
State has a premium assistance program under SCHIP	State has a premium assistance program under SCHIP (separate CHIP) (yes/no)	National Academy for State Health Policy	Child	Not applicable	Premium assistance	State has program
State has combination CHIP program	State has Combination CHIP program (yes/no)	Kaiser Family Foundation	Child	Not applicable	Program information	Program type
State has express lane eligibility for children	Indicator for whether the state has express lane eligibility for children's Medicaid and CHIP renewal. Variable indicates which program(s) uses express lane eligibility.	Kaiser Family Foundation	Child	Not applicable	Eligibility	Express lane eligibility
State has joint app for Medicaid for children and SCHIP	State has joint application under Medicaid for children and separate CHIP (yes/no)	Kaiser Family Foundation	Child	Not applicable	Eligibility	Application procedures
State has Medicaid expansion CHIP program	State has Medicaid Expansion CHIP program (yes/no)	Kaiser Family Foundation	Child	Not applicable	Program information	Program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
State has separate CHIP program	State has separate CHIP program (yes/no)	Kaiser Family Foundation	Child	Not applicable	Program information	Program type
State has simplified application for 1931 parents	Indicates whether a state has a simplified application for parents covered through 1931 Medicaid coverage (yes/no)	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Application procedures
State has waiting period for CHIP	State has a waiting period (minimum amount of time a child is required to be uninsured prior to enrolling) for CHIP	Kaiser Family Foundation	Child	Not applicable	Eligibility	Waiting period required
State is a 1634 state (Y/N)	Indicator for whether or not the state is a 1634 state.	Medicaid Model Data Lab	Aged, blind, disabled	Not applicable	Eligibility	Eligibility category
State is a 209(b) state (Y/N)	Indicator for whether or not the state is a 209(b) state.	Medicaid Model Data Lab	Aged, blind, disabled	Not applicable	Eligibility	Eligibility category
State is a LTC insurance partnership state (Y/N)	Indicator for whether or not the state is a long-term care insurance partnership state.	Medicaid Model Data Lab	Not applicable	Long term care	Program information	LTC insurance partnership
State is an SSI criteria state (Y/N)	Indicator for whether or not the state is an SSI (Supplemental Security Income) state.	Medicaid Model Data Lab	Aged, blind, disabled	Not applicable	Eligibility	Eligibility category
State paid for undoc preg women prior to SCHIP unborn	State paid for undocumented pregnant women before SCHIP (separate CHIP) unborn children provision was adopted	National Academy for State Health Policy	Unborn children	Pregnancy, labor & delivery	Program information	Undocumented pregnant women coverage
State uses enrollee surveys in MCHIP	Does the state use enrollee surveys in its MCHIP (Medicaid expansion CHIP) program (Y/N)?	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey
State uses enrollee surveys in SCHIP	Does the state use enrollee surveys in its SCHIP (separate CHIP) program (Y/N)?	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
State uses performance measures in MCHIP (Y/N)	Does the State use performance measures in MCHIP (Medicaid expansion CHIP)? (yes/no)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures
State uses performance measures in SCHIP (Y/N)	Does the State use performance measures in SCHIP (separate CHIP)? (yes/no)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures
Substance use disorders (SUD) PIHP - dual eligibles exc	Medicare dual eligibles excluded in Substance Use Disorders (SUD) prepaid inpatient health plan (PIHP)	Medicaid Managed Care Summary Report	Dual eligible	Substance abuse treatment	Managed care	Populations covered by eligibility & program type
Substance use disorders (SUD) PIHP - dual eligibles inc	Medicare dual eligibles included in Substance Use Disorders (SUD) prepaid inpatient health plan (PIHP)	Medicaid Managed Care Summary Report	Dual eligible	Substance abuse treatment	Managed care	Populations covered by eligibility & program type
Substance use disorders (SUD) PIHP - included services	Medicaid managed care waiver included services in Substance Use Disorders (SUD) PIHP	Medicaid Managed Care Summary Report	See variable comments	Substance abuse treatment	Managed care	Covered services by program type
Substance use disorders (SUD) PIHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Substance Use Disorders (SUD) prepaid inpatient health plan (PIHP)	Medicaid Managed Care Summary Report	See variable comments	Substance abuse treatment	Managed care	Lock-in provision by program type
Substance use disorders (SUD) PIHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Substance Use Disorders (SUD) PIHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Substance use disorders (SUD) PIHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Substance Use Disorders (SUD) PIHP	Medicaid Managed Care Summary Report	See variable comments	Substance abuse treatment	Managed care	PCP types by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Substance use disorders (SUD) PIHP - pop excluded	Medicaid managed care waiver population categories excluded in Substance Use Disorders (SUD) PIHP	Medicaid Managed Care Summary Report	Not applicable	Substance abuse treatment	Managed care	Population exclusions by program type
Substance use disorders (SUD) PIHP - pop inc mandatory	Medicaid managed care waiver population categories included mandatorily in Substance Use Disorders (SUD) PIHP	Medicaid Managed Care Summary Report	Not applicable	Substance abuse treatment	Managed care	Mandatory groups by program type
Substance use disorders (SUD) PIHP - pop inc voluntary	Medicaid managed care waiver population categories included voluntarily in Substance Use Disorders (SUD) PIHP	Medicaid Managed Care Summary Report	Not applicable	Substance abuse treatment	Managed care	Voluntary groups by program type
Substance use disorders (SUD) PIHP - reimbursement	Medicaid managed care reimbursement arrangement for Substance Use Disorders (SUD) prepaid inpatient health plan (PIHP)	Medicaid Managed Care Summary Report	See variable comments	Substance abuse treatment	Managed care	Reimbursement method by program type
Substance use disorders (SUD) PIHP- guaranteed elig	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Substance Use Disorders (SUD) prepaid inpatient health plan (PIHP)	Medicaid Managed Care Summary Report	See variable comments	Substance abuse treatment	Managed care	Guaranteed eligibility by program type
Target group for concurrent 1915(a)/1915(c) waivers	Target group for concurrent 1915(a)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Populations covered by waiver type
Target group for concurrent 1915(b)/1915(c) waivers	Target group for concurrent 1915(b)/1915(c) waivers	Medicaid Managed Care Summary Report	See variable comments	Not applicable	Waiver	Populations covered by waiver type
Total births	Total number of live births in state	VitalStats, National Vital Statistics System, National Center for Health Statistics	Child	Not applicable	Demographics	Total count of births

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Total capitation payments, enrollees in HMO/HIO	Total capitation payments for enrollees in HMO/HIO	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Total capitation \$ by delivery system
Total capitation payments, enrollees in PCCM	Total capitation payments for enrollees in PCCM	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Total capitation \$ by delivery system
Total capitation payments, enrollees in PHP	Total capitation payments for enrollees in PHP	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Total capitation \$ by delivery system
Total capitation pmts, enrollees in any capitated plans	Total capitation payments for enrollees in any capitated plans - HMO, HIO, and PHP	Mathematica MAX Validation Tables	Full benefits	All covered services	Managed care	Total capitation payments
Total Medicaid enrollment	Total Medicaid Enrollment	Kaiser Family Foundation	All eligibility groups	Not applicable	Enrollment	Total count
Total Medicaid program drug payments	Total Medicaid program drug payments	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	All eligibility groups	Prescription drugs	Expenditures	Payments by TOS
Total No. of persons in poverty universe	Total # of persons in poverty universe, which includes everyone except unrelated individuals under 15. Numbers in thousands.	Current Population Survey, Annual Social and Economic Supplement	All ages	Not applicable	Socioeconomic	Count of persons in poverty
Transportation PAHP - dual eligibles excluded	Medicare dual eligibles excluded in Transportation prepaid ambulatory health plan (PAHP)	Medicaid Managed Care Summary Report	Dual eligible	Transportation	Managed care	Populations covered by eligibility & program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Transportation PAHP - dual eligibles included	Medicare dual eligibles included in Transportation prepaid ambulatory health plan (PAHP)	Medicaid Managed Care Summary Report	Dual eligible	Transportation	Managed care	Populations covered by eligibility & program type
Transportation PAHP - guaranteed eligibility	Medicaid managed care waiver guaranteed eligibility (length of time during which managed care enrollees will not lose Medicaid eligibility) in Transportation prepaid ambulatory health plan (PAHP)	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Guaranteed eligibility by program type
Transportation PAHP - included services	Medicaid managed care waiver included services in Transportation PAHP	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Covered services by program type
Transportation PAHP - lock-in provision	Medicaid managed care waiver lock-in provision (length of time during which beneficiaries enrolled in the program may not change managed care entities) for Transportation prepaid ambulatory health plan (PAHP)	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Lock-in provision by program type
Transportation PAHP - Part D drugs	Types of drugs excluded from Medicare Part D that are covered at the state's option for Transportation PAHP	Medicaid Managed Care Summary Report	See variable comments	Prescription drugs	Managed care	Covered services by program type
Transportation PAHP - PCP types	Medicaid managed care waiver primary care provider (PCP) types for Transportation PAHP	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	PCP types by program type
Transportation PAHP - pop excluded	Medicaid managed care waiver population categories excluded in Transportation PAHP	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Population exclusions by program type
Transportation PAHP - pop included mandatory	Medicaid managed care waiver population categories included mandatorily in Transportation	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Mandatory groups by program type

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
	PAHP					
Transportation PAHP - pop included voluntary	Medicaid managed care waiver population categories included voluntarily in Transportation PAHP	Medicaid Managed Care Summary Report	Not applicable	Transportation	Managed care	Voluntary groups by program type
Transportation PAHP - reimbursement	Medicaid managed care reimbursement arrangement for Transportation prepaid ambulatory health plan (PAHP)	Medicaid Managed Care Summary Report	See variable comments	Transportation	Managed care	Reimbursement method by program type
Type of enrollee survey used for MCHIP CHPs	Type of enrollee survey used for comprehensive health plans (CHPs) in the MCHIP (Medicaid expansion CHIP) program (CAHPS, other, CAHPS & Other, None)	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey by delivery system
Type of enrollee survey used for MCHIP FFS	Type of enrollee survey used for fee-for-service (FFS) in the MCHIP (Medicaid expansion CHIP) program (CAHPS, other, CAHPS & Other, None)	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey by delivery system
Type of enrollee survey used for MCHIP PCCM	Type of enrollee survey used for primary care case management (PCCM) in the MCHIP (Medicaid expansion CHIP) program (CAHPS, other, CAHPS & Other, None)	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey by delivery system
Type of enrollee survey used for SCHIP CHPs	Type of enrollee survey used for comprehensive health plans (CHPs) in the SCHIP (separate CHIP) program (CAHPS, other, CAHPS & Other, None)	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey by delivery system

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Type of enrollee survey used for SCHIP FFS	Type of enrollee survey used for fee-for-service (FFS) in the SCHIP (separate CHIP) program (CAHPS, other, CAHPS & Other, None)	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey by delivery system
Type of enrollee survey used for SCHIP PCCM	Type of enrollee survey used for primary care case management (PCCM) in the SCHIP (separate CHIP) program (CAHPS, other, CAHPS & Other, None)	National Academy for State Health Policy	Child	Not applicable	Performance	Enrollee survey by delivery system
Type of MCHIP benefits provided through contractor	Type(s) of limited MCHIP (Medicaid expansion CHIP) benefit(s) provided through contracts (B=behavioral health, D=dental, V=vision)	National Academy for State Health Policy	Child	Not applicable	Benefits	Services provided through contractors
Type of performance measures used for MCHIP CHPs	Type of performance measures used for MCHIP (Medicaid expansion CHIP) comprehensive health plans (CHPs) (State developed, HEDIS, or both)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures by delivery system
Type of performance measures used for MCHIP FFS	Type of HEDIS performance measures used for MCHIP (Medicaid expansion CHIP) fee-for-service (FFS) plans (State developed, HEDIS, or both)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures by delivery system
Type of performance measures used for MCHIP PCCM	Type of performance measures used for MCHIP (Medicaid expansion CHIP) primary care case management (PCCM) plans (State developed, HEDIS, or both)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures by delivery system

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Type of performance measures used for SCHIP CHPs	Type of performance measures used for SCHIP (separate CHIP) comprehensive health plans (CHPs) (State developed, HEDIS, or both)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures by delivery system
Type of performance measures used for SCHIP FFS	Type of HEDIS performance measures used for SCHIP (separate CHIP) fee-for-service (FFS) plans (State developed, HEDIS, or both)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures by delivery system
Type of performance measures used for SCHIP PCCM	Type of performance measures used for SCHIP (separate CHIP) primary care case management (PCCM) plans (State developed, HEDIS, or both)	National Academy for State Health Policy	Child	Not applicable	Performance	Performance measures by delivery system
Type of SCHIP benefits provided through contractor	Type(s) of limited SCHIP (separate CHIP) benefit(s) provided through contracts (B=behavioral health, D=dental, V=vision)	National Academy for State Health Policy	Child	Not applicable	Benefits	Services provided through contractors
Use of e-applications in MCHIP	State is (using, considering, neither using nor considering) e-applications in its MCHIP (Medicaid expansion CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	e-application
Use of e-applications in SCHIP	State is (using, considering, neither using nor considering) e-applications in its SCHIP (separate CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	e-application
Use of electronic HIE in MCHIP	State is (using, considering, neither using nor considering) electronic HIE (health information exchange) in its MCHIP (Medicaid expansion CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	Health information exchange

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Use of electronic HIE in SCHIP	State is (using, considering, neither using nor considering) electronic HIE (health information exchange) in its SCHIP (separate CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	Health information exchange
Use of EMRs/EHRs in MCHIP	State is (using, considering, neither using nor considering) EMR/EHR in its MCHIP (Medicaid expansion CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	EMRs/EHRs
Use of EMRs/EHRs in SCHIP	State is (using, considering, neither using nor considering) EMR/EHR in its SCHIP (separate CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	EMRs/EHRs
Use of e-prescribing in MCHIP	State is (using, considering, neither using nor considering) e-prescribing in its MCHIP (Medicaid expansion CHIP) program	National Academy for State Health Policy	Child	Prescription drugs	Health IT	e-prescribing
Use of e-prescribing in SCHIP	State is (using, considering, neither using nor considering) e-prescribing in its SCHIP (separate CHIP) program	National Academy for State Health Policy	Child	Prescription drugs	Health IT	e-prescribing
Use of registries in MCHIP	State is (using, considering, neither using nor considering) registries (including immunization, newborn screening, and other public health [e.g., disease surveillance] registries) in its MCHIP (Medicaid expansion CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	Registries

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Use of registries in SCHIP	State is (using, considering, neither using nor considering) registries (including immunization, newborn screening, and other public health [e.g., disease surveillance] registries) in its SCHIP (separate CHIP) program.	National Academy for State Health Policy	Child	Not applicable	Health IT	Registries
Use of telehealth in MCHIP	State is (using, considering, neither using nor considering) telehealth in its MCHIP (Medicaid expansion CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	Telehealth
Use of telehealth in SCHIP	State is (using, considering, neither using nor considering) telehealth in its SCHIP (separate CHIP) program	National Academy for State Health Policy	Child	Not applicable	Health IT	Telehealth
Users - FFS inpatient non-dual	Users - fee-for-service (FFS) inpatient non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Inpatient hospital	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS CLTC	Users - # fee-for-service (FFS) community long-term care (CLTC)	Mathematica MAX Validation Tables	All eligibility groups	Community-based long-term care	Utilization	Count of FFS users by TOS
Users - No. FFS 1915(c)	Users - # fee-for-service (FFS) 1915(c)	Mathematica MAX Validation Tables	Unspecified	All covered services	Utilization	Count of FFS users by TOS
Users - No. FFS 1915(c) dual	Users - # fee-for-service (FFS) 1915(c)	Mathematica MAX Validation Tables	Dual eligible	All covered services	Utilization	Count of FFS users by eligibility & waiver type
Users - No. FFS 1915(c) non-dual	Users - # fee-for-service (FFS) 1915(c)	Mathematica MAX Validation Tables	Non-dual eligible	All covered services	Utilization	Count of FFS users by eligibility & waiver type
Users - No. FFS adult day care	Users - # fee-for-service (FFS) adult day care	Mathematica MAX Validation Tables	Adult	Adult day care	Utilization	Count of FFS users by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS adult day care dual	Users - # fee-for-service (FFS) adult day care dual	Mathematica MAX Validation Tables	Dual eligible	Adult day care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS adult day care non-dual	Users - # fee-for-service (FFS) adult day care non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Adult day care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS clinic	Users - # fee-for-service (FFS) clinic	Mathematica MAX Validation Tables	All eligibility groups	Clinic services	Utilization	Count of FFS users by TOS
Users - No. FFS clinic dual	Users - # fee-for-service (FFS) clinic dual	Mathematica MAX Validation Tables	Dual eligible	Clinic services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS clinic non-dual	Users - # fee-for-service (FFS) clinic non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Clinic services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS CLTC dual	Users - # fee-for-service (FFS) community long-term care (CLTC) dual	Mathematica MAX Validation Tables	Dual eligible	Community-based long-term care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS CLTC non-dual	Users - # fee-for-service (FFS) community long-term care (CLTC) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Community-based long-term care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS dental	Users - # fee-for-service (FFS) dental	Mathematica MAX Validation Tables	All eligibility groups	Dental services & dentures	Utilization	Count of FFS users by TOS
Users - No. FFS dental dual	Users - # fee-for-service (FFS) dental dual	Mathematica MAX Validation Tables	Dual eligible	Dental services & dentures	Utilization	Count of FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS dental non-dual	Users - # fee-for-service (FFS) dental non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Dental services & dentures	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS DME	Users - # fee-for-service (FFS) durable medical equipment (DME)	Mathematica MAX Validation Tables	All eligibility groups	Medical equipment & supplies	Utilization	Count of FFS users by TOS
Users - No. FFS DME dual	Users - # fee-for-service (FFS) durable medical equipment (DME) dual	Mathematica MAX Validation Tables	Dual eligible	Medical equipment & supplies	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS DME non-dual	Users - # fee-for-service (FFS) durable medical equipment (DME) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Medical equipment & supplies	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS drugs	Users - # fee-for-service (FFS) drugs	Mathematica MAX Validation Tables	All eligibility groups	Prescription drugs	Utilization	Count of FFS users by TOS
Users - No. FFS drugs dual	Users - # fee-for-service (FFS) drugs dual	Mathematica MAX Validation Tables	Dual eligible	Prescription drugs	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS drugs non-dual	Users - # fee-for-service (FFS) drugs non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Prescription drugs	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS FP	Users - # fee-for-service (FFS) family planning (FP)	Mathematica MAX Validation Tables	All eligibility groups	Family Planning	Utilization	Count of FFS users by TOS
Users - No. FFS FP dual	Users - # fee-for-service (FFS) family planning (FP) dual	Mathematica MAX Validation Tables	Dual eligible	Family Planning	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS FP non-dual	Users - # fee-for-service (FFS) family planning (FP) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Family Planning	Utilization	Count of FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS FQHC	Users - # fee-for-service (FFS) federally qualified health center (FQHC)	Mathematica MAX Validation Tables	All eligibility groups	Clinic services	Utilization	Count of FFS users by TOS
Users - No. FFS FQHC dual	Users - # fee-for-service (FFS) federally qualified health center (FQHC) dual	Mathematica MAX Validation Tables	Dual eligible	Clinic services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS FQHC non-dual	Users - # fee-for-service (FFS) federally qualified health center (FQHC) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Clinic services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS HH	Users - # fee-for-service (FFS) home health (HH)	Mathematica MAX Validation Tables	All eligibility groups	Home health services	Utilization	Count of FFS users by TOS
Users - No. FFS HH dual	Users - # fee-for-service (FFS) home health (HH) dual	Mathematica MAX Validation Tables	Dual eligible	Home health services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS HH non-dual	Users - # fee-for-service (FFS) home health (HH) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Home health services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS hospice	Users - # fee-for-service (FFS) hospice	Mathematica MAX Validation Tables	All eligibility groups	Hospice care	Utilization	Count of FFS users by TOS
Users - No. FFS hospice dual	Users - # fee-for-service (FFS) hospice dual	Mathematica MAX Validation Tables	Dual eligible	Hospice care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS hospice non-dual	Users - # fee-for-service (FFS) hospice non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Hospice care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS ICF/MR	Users - # fee-for-service (FFS) intermediate care facilities for the mentally retarded (ICF/MR)	Mathematica MAX Validation Tables	All eligibility groups	Institutional long-term care	Utilization	Count of FFS users by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS ICF/MR dual	Users - # fee-for-service (FFS) intermediate care facilities for the mentally retarded (ICF/MR) dual	Mathematica MAX Validation Tables	Dual eligible	Institutional long-term care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS ICF/MR non-dual	Users - # fee-for-service (FFS) intermediate care facilities for the mentally retarded (ICF/MR) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Institutional long-term care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS IHS	Users - # fee-for-service (FFS) Indian Health Service (IHS)	Mathematica MAX Validation Tables	All eligibility groups	Other services	Utilization	Count of FFS users by TOS
Users - No. FFS IHS dual	Users - # fee-for-service (FFS) Indian Health Service (IHS) dual	Mathematica MAX Validation Tables	Dual eligible	Other services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS IHS non-dual	Users - # fee-for-service (FFS) Indian Health Service (IHS) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Other services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS inpatient	Users - # fee-for-service (FFS) inpatient	Mathematica MAX Validation Tables	All eligibility groups	Inpatient hospital	Utilization	Count of FFS users by TOS
Users - No. FFS inpatient dual	Users - # fee-for-service (FFS) inpatient dual	Mathematica MAX Validation Tables	Dual eligible	Inpatient hospital	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS inpatient psych <21	Users - # fee-for-service (FFS) inpatient psych <21	Mathematica MAX Validation Tables	Child	Inpatient psychiatric services	Utilization	Count of FFS users by TOS
Users - No. FFS inpatient psych <21 dual	Users - # fee-for-service (FFS) inpatient psych <21 dual	Mathematica MAX Validation Tables	Child dual	Inpatient psychiatric services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS inpatient psych <21 non-dual	Users - # fee-for-service (FFS) inpatient psych <21 non-dual	Mathematica MAX Validation Tables	Child non-dual	Inpatient psychiatric services	Utilization	Count of FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS lab/X-ray	Users - # fee-for-service (FFS) lab/Xray	Mathematica MAX Validation Tables	All eligibility groups	Laboratory & radiology	Utilization	Count of FFS users by TOS
Users - No. FFS lab/X-ray dual	Users - # fee-for-service (FFS) lab/Xray dual	Mathematica MAX Validation Tables	Dual eligible	Laboratory & radiology	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS lab/X-ray non-dual	Users - # fee-for-service (FFS) lab/Xray non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Laboratory & radiology	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS mental hosp aged	Users - # fee-for-service mental hospital aged total	Mathematica MAX Validation Tables	Aged	Inpatient psychiatric services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS mental hosp aged dual	Users - # fee-for-service mental hospital aged dual total	Mathematica MAX Validation Tables	Aged dual	Inpatient psychiatric services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS mental hosp aged non-dual	Users - # fee-for-service mental hospital aged non-dual total	Mathematica MAX Validation Tables	Aged non-dual	Institutional long-term care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS NF	Users - # fee-for-service (FFS) nursing facility (NF)	Mathematica MAX Validation Tables	All eligibility groups	Institutional long-term care	Utilization	Count of FFS users by TOS
Users - No. FFS NF dual	Users - # fee-for-service (FFS) nursing facility (NF) dual	Mathematica MAX Validation Tables	Dual eligible	Institutional long-term care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS NF non-dual	Users - # fee-for-service (FFS) nursing facility (NF) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Institutional long-term care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS OPD	Users - # fee-for-service (FFS) outpatient department (OPD)	Mathematica MAX Validation Tables	All eligibility groups	Outpatient hospital	Utilization	Count of FFS users by TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS OPD dual	Users - # fee-for-service (FFS) outpatient department (OPD) dual	Mathematica MAX Validation Tables	Dual eligible	Outpatient hospital	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS OPD non-dual	Users - # fee-for-service (FFS) outpatient department (OPD) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Outpatient hospital	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS other practitioner	Users - # fee-for-service (FFS) other practitioner	Mathematica MAX Validation Tables	All eligibility groups	Other practitioner services	Utilization	Count of FFS users by TOS
Users - No. FFS other practitioner dual	Users - # fee-for-service (FFS) other practitioner dual	Mathematica MAX Validation Tables	Dual eligible	Other practitioner services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS other practitioner non-dual	Users - # fee-for-service (FFS) other practitioner non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Other practitioner services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS other services	Users - # fee-for-service (FFS) other services	Mathematica MAX Validation Tables	All eligibility groups	Other services	Utilization	Count of FFS users by TOS
Users - No. FFS other services dual	Users - # fee-for-service (FFS) other services dual	Mathematica MAX Validation Tables	Dual eligible	Other services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS other services non-dual	Users - # fee-for-service (FFS) other services non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Other services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS PCS	Users - # fee-for-service (FFS) personal care services (PCS)	Mathematica MAX Validation Tables	All eligibility groups	Personal care services	Utilization	Count of FFS users by TOS
Users - No. FFS PCS dual	Users - # fee-for-service (FFS) personal care services (PCS) dual	Mathematica MAX Validation Tables	Dual eligible	Personal care services	Utilization	Count of FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS PCS non-dual	Users - # fee-for-service (FFS) personal care services (PCS) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Personal care services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS physician	Users - # fee-for-service (FFS) physician	Mathematica MAX Validation Tables	All eligibility groups	Physician services	Utilization	Count of FFS users by TOS
Users - No. FFS physician dual	Users - # fee-for-service (FFS) physician dual	Mathematica MAX Validation Tables	Dual eligible	Physician services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS physician non-dual	Users - # fee-for-service (FFS) physician non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Physician services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS psych	Users - # fee-for-service (FFS) psych	Mathematica MAX Validation Tables	All eligibility groups	Mental health services	Utilization	Count of FFS users by TOS
Users - No. FFS psych dual	Users - # fee-for-service (FFS) psych dual	Mathematica MAX Validation Tables	Dual eligible	Mental health services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS psych non-dual	Users - # fee-for-service (FFS) psych non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Mental health services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS PT/OT/speech/hearing	Users - # fee-for-service (FFS) physical therapy (PT)/occupational therapy(OT)/speech/hearing	Mathematica MAX Validation Tables	All eligibility groups	Occupational, physical, speech therapy	Utilization	Count of FFS users by TOS
Users - No. FFS PT/OT/speech/hearing dual	Users - # fee-for-service (FFS) physical therapy (PT)/occupational therapy(OT)/speech/hearing dual	Mathematica MAX Validation Tables	Dual eligible	Occupational, physical, speech therapy	Utilization	Count of FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS PT/OT/speech/hearing non-dual	Users - # fee-for-service (FFS) physical therapy (PT)/occupational therapy(OT)/speech/hearing non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Occupational, physical, speech therapy	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS rehab	Users - # fee-for-service (FFS) rehab	Mathematica MAX Validation Tables	All eligibility groups	Rehabilitation	Utilization	Count of FFS users by TOS
Users - No. FFS rehab dual	Users - # fee-for-service (FFS) rehab dual	Mathematica MAX Validation Tables	Dual eligible	Rehabilitation	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS rehab non-dual	Users - # fee-for-service (FFS) rehab non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Rehabilitation	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS residential care	Users - # fee-for-service (FFS) residential care	Mathematica MAX Validation Tables	All eligibility groups	Residential care	Utilization	Count of FFS users by TOS
Users - No. FFS residential care dual	Users - # fee-for-service (FFS) residential care dual	Mathematica MAX Validation Tables	Dual eligible	Residential care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS residential care non-dual	Users - # fee-for-service (FFS) residential care non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Residential care	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS RHC	Users - # fee-for-service (FFS) rural health clinic (RHC)	Mathematica MAX Validation Tables	All eligibility groups	Clinic services	Utilization	Count of FFS users by TOS
Users - No. FFS RHC dual	Users - # fee-for-service (FFS) rural health clinic (RHC) dual	Mathematica MAX Validation Tables	Dual eligible	Clinic services	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS RHC non-dual	Users - # fee-for-service (FFS) rural health clinic (RHC) non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Clinic services	Utilization	Count of FFS users by eligibility & TOS

Variable Name	Variable Description	Source	Population	Service	Topic	Subtopic
Users - No. FFS targeted case management	Users - # fee-for-service (FFS) targeted case management	Mathematica MAX Validation Tables	All eligibility groups	Case management	Utilization	Count of FFS users by TOS
Users - No. FFS targeted case management dual	Users - # fee-for-service (FFS) targeted case management dual	Mathematica MAX Validation Tables	Dual eligible	Case management	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS targeted case management non-dual	Users - # fee-for-service (FFS) targeted case management non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Case management	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS transportation	Users - # fee-for-service (FFS) transportation	Mathematica MAX Validation Tables	All eligibility groups	Transportation	Utilization	Count of FFS users by TOS
Users - No. FFS transportation dual	Users - # fee-for-service (FFS) transportation dual	Mathematica MAX Validation Tables	Dual eligible	Transportation	Utilization	Count of FFS users by eligibility & TOS
Users - No. FFS transportation non-dual	Users - # fee-for-service (FFS) transportation non-dual	Mathematica MAX Validation Tables	Non-dual eligible	Transportation	Utilization	Count of FFS users by eligibility & TOS
Uses SSA data to verify citizenship for 1931 parents	Indicator for whether the state uses Social Security Administration data match to verify citizenship for application for parents covered through 1931 Medicaid coverage (yes/no).	Kaiser Family Foundation	Parents	Not applicable	Eligibility	Application procedures
Where do MC recipients receive pharm benefits?	Where do managed care recipients receive pharmacy benefits? (state, managed care plan, both)	Pharmaceutical Benefits under State Medical Assistance Programs, National Pharmaceutical Council, Inc.	Unspecified	Prescription drugs	Managed care	Covered services