

Production of the TAF Research Identifiable Files (RIF)

June 2021

Brief #9010
TAF Methodology Brief

Summary

- This brief describes the key transformations to the state-submitted T-MSIS data that occur in the creation of the T-MSIS Analytic Files (TAF), the research optimized version of T-MSIS data.
- The TAF is also processed for public release as the TAF Research Identifiable Files (RIF). During this process, CMS removes personally identifiable information, such as beneficiary name, and assigns a unique beneficiary identification number that can be used to follow a Medicaid beneficiary across years and states, link to other Medicaid data sets, and link to Medicare data sets.

Background

More than 75 million people in the U.S. are covered by Medicaid or the Children's Health Insurance Program (CHIP) (Centers for Medicare & Medicaid Services 2020). States administer the Medicaid program and share the responsibility for funding and program administration with the federal government. Each state compiles standardized data on Medicaid and CHIP enrollment, service utilization, payments, providers, managed care plans, and other information from their own eligibility and claims data systems into the federal Transformed Medicaid Statistical Information System (T-MSIS). The Centers for Medicare & Medicaid Services (CMS) collects and stores the T-MSIS data in a relational database format that is updated by states on a monthly basis. T-MSIS was designed to facilitate data collection from states, and the submitted data are complex and challenging to use for analytic purposes for several reasons. The files are extremely large and organized in a complex relational structure, which require specialized programming skills to use. When states update information in T-MSIS, both the old and new records are retained, requiring users to develop logic to identify and use only the "active" (most recently-submitted) information. Finally, the T-MSIS data are organized and stored based on the date that the states submitted data (the reporting period), and not based on when beneficiaries were enrolled or when services were delivered.

To make these data more accessible for program operation, decision making, and research, CMS created the T-MSIS Analytic Files (TAF). Major enhancements in the TAF include creating smaller monthly files with a straightforward structure; reconciling different versions of the data into a single record that represents the latest-available information; and organizing data by enrollment date or date of service rather than submission date. The monthly eligibility,

provider, and managed care plan files for a given calendar year are then summarized to one annual file per year for ease of use.

This brief describes the major data-cleaning and transformation steps that occur as CMS converts the T-MSIS data into the TAF, and the TAF data into the TAF RIF. The end users of these files should be aware of the changes that occur between the version of the data that states submit to T-MSIS and the version that is used for analysis. The first section of this brief covers the structure of the T-MSIS source data and how these data are converted to the research-ready TAF. The second section of this brief covers the changes that occur as the TAF is processed into the public release version, known as the TAF RIF. The third section provides a crosswalk of TAF variable names to TAF RIF variable names.

Creation of the TAF from T-MSIS Data

Table 1 provides an overview of the major enhancements CMS makes to each file when transforming the T-MSIS data to the TAF. The sections below provide more detail on these changes.

Table 1. From T-MSIS to TAF: summary of major enhancements

Annual Demographic & Eligibility (DE) files Annual Managed Care Plan (APL) files Annual Provider (APR) files	Claims files
<ul style="list-style-type: none"> Organizing records into monthly files based on the enrollment date (for the DE files), the managed care plan's main effective and end date (for the APL files), and the provider's main effective and end date (for the APR files) Reconciling any conflicting information across multiple T-MSIS segments Recoding invalid or out-of-range values as null Summarizing monthly submissions into a single annual record Constructing variables to make the data easier to use for analytics 	<ul style="list-style-type: none"> Organizing records into monthly files based on date of service Organizing the original and adjustment claims into claim families Selecting and including only a single record per claim family, using the final action algorithm Excluding fully denied and voided claims Excluding line records that cannot be matched to header records Recoding invalid and out-of-range values to null Constructing variables that make source data easier to use for analytics

Note: This table is not a complete listing of all changes that occur as T-MSIS files are transformed into TAF. It includes only selected key changes.

Eligibility data files

The eligibility information that states submit into T-MSIS is organized as “record segments.” Each monthly submission includes 20 eligibility record segments and one third-party liability record segment for each beneficiary, and each segment includes different information as well as the date span to which the information applies. For example, eligibility segment 5 includes information on a beneficiary's eligibility group (for instance, pregnant women or infants and children under age 19), and eligibility segment 21 includes information on a beneficiary's enrollment type (Medicaid or CHIP). Because of the way in which the data are submitted, it is possible that the information can be inconsistent for the same person across record segments that cover the same time period. This inconsistency can occur, for instance, when a state

updates the information in one segment but not in another or when the enrollment start or end dates do not match across segments.

When CMS produces the TAF, one key transformation that occurs in the data is the reconciliation of conflicting information across different record segments. To do this, the T-MSIS data are first converted into monthly Beneficiary Summary Files (BSF) by submitting state code¹, which include one record per Medicaid or CHIP beneficiary who was actively enrolled at any point in the given month. When multiple overlapping record segments are active during the same month for the same unique beneficiary identifier (MSIS ID), the segments are reconciled by combining them into one record with a variety of variables that preserve the detail in the original source data.

Next, data cleaning rules are applied to the BSF eligibility records to enhance their usability. Non-standard or incomplete data in T-MSIS may be present in many forms, including entirely missing segments, as well as individual variables on existing segments that are coded as null, space-filled, 8-filled, 9-filled, or with other invalid values by the state. To standardize the presentation of missing or invalid data, these non-valid values are consistently recoded as null values for many data elements.² In addition, TAF does not allow dates of death that occur in the future, or enrollment after a person's date of death.

To further enhance usability, the monthly BSF that correspond to a given calendar year are summarized in the annual Demographic and Eligibility (DE) base and supplemental files. The DE files include one record per beneficiary who is actively enrolled in Medicaid or CHIP at any point in the calendar year, as well as a "dummy" record for each beneficiary who had at least one record in one or more claim files during the year but no corresponding eligibility information.³

In addition to the monthly eligibility indicators available in the BSF, the DE files also include additional constructed variables:

- **Monthly variables** identify a beneficiary's program information on a monthly basis. These variables provide a picture of a beneficiary's eligibility status throughout the calendar year. For example, the monthly variables can be used to identify Medicaid and CHIP beneficiaries who move between the two programs during the year. The monthly variables end in a suffix of _01 through _12 to indicate the month to which the variable corresponds in the year.

¹ The submitting state code distinguishes between the Medicaid and non-Medicaid entities. There have been four non-Medicaid entities: separate CHIP programs in Iowa, Pennsylvania, and Wyoming and the third-party administrator (TPA) in Montana. Users will need to *concatenate* the records from both the Medicaid and non-Medicaid entities before summarizing the results by state. Over time, Medicaid agencies in Iowa, Wyoming, and Montana have been phasing out or completely replacing the data submitted by the non-Medicaid entities.

² This rule only applies to short valid value lists, and not those that are maintained by external entities (e.g. county or zip codes in the eligibility files, and diagnosis codes, procedure codes, or National Drug Codes in the claims files).

³ Lump sum payments that are paid in bulk—the identification number is either missing or begins with an &—are not considered when identifying unique beneficiaries with claims information but are missing an enrollment record.

- **Last/best variables** represent the most recent month of the calendar year in which a valid value was present. For example, the latest eligibility group code is the most recent non-missing eligibility group in the calendar year. If there are no monthly values in the entire year for the variable, the latest variable value is typically set to a null value. However, for some demographic variables such as sex and date of birth, the latest value from the previous year or two can be used.
- **Ever-in-the-year variables** indicate whether the beneficiary met the criteria for a given condition at any point in the calendar year. For example, the disability indicator for being blind indicates whether the beneficiary was ever blind or ever had serious difficulty seeing even when wearing glasses in the calendar year.

As a result of the TAF production process, the information in the BSF and DE files may differ in important ways from what states submitted into T-MSIS. This is particularly true for states that submit multiple conflicting records across different eligibility segments, making it difficult to discern eligibility information.

Managed care plan and provider data files

Information about Medicaid and CHIP managed care plans and providers are submitted to T-MSIS in the same manner as the eligibility information. The T-MSIS data are organized into “record segments.” The TAF reconciles the information across the different record segments and generates a monthly file. A few data cleaning rules are applied, and a few constructed variables are created. Because there is little variability from month to month and because one file is easier to use than 12 monthly files, the TAF also creates annual files and adds constructed monthly variables or constructed annual variables using either the last-best or ever-in-the-year method.

The annual managed care plan (APL) file includes information about the characteristics, locations, enrolled populations, and service areas of every health plan and managed care entity that a state reports as having been active for at least one day during the calendar year. Each plan is uniquely identified by a plan identification number assigned by the state.

The annual provider (APR) file contains information regarding the characteristics, locations, licenses, identification numbers, taxonomies, enrollment in Medicaid and/or CHIP, affiliated groups, affiliated programs, and facility bed types for all providers that a state reports as having been active for at least one day during the calendar year. Each provider is uniquely identified by a submitting state provider identification number. This file includes providers who were enrolled in Medicaid or CHIP as well as providers who were denied, terminated, or pending enrollment during the year.

Claims data files

After states process claims and other financial transactions, they submit the records into T-MSIS on a rolling basis. The inpatient (IP) file includes institutional inpatient services and payments; the long-term care (LT) file includes institutional long-term care services and payments; the pharmacy (RX) file includes pharmacy supplies, services and payments; and

the other services (OT) file includes all other medical services and payments. Service use records include fee-for-service (FFS) claims and managed care encounters, and payment records include capitation payments made to managed care plans and supplemental or service tracking payments made to providers. The service use and payment data include both “pass through” data elements, which represent information that providers submitted on medical claims, as well as additional variables, through which the states provide further information about the characteristics of the service use or payment record.⁴

Several key transformations of the T-MSIS claims data occur in the creation of the TAF that allow users to more easily study service use and expenditures: (1) the reorganization of the files by date of service; (2) the selection of only active, non-denied, non-duplicate, final action claims; (3) the selection of only claim line records that link to claim header records; (4) the application of data cleaning rules to enhance file usability; and (5) the construction of new analytic variables.

Organizing files by date of service. CMS constructs the monthly TAF claims files by including only the T-MSIS service use and payment records that have a discharge date, prescription fill date, or service end date that falls within the calendar month of the file. If the primary data element used to assign a record to a month is missing information, then a hierarchy of other date fields is used to assign the record to a month of service. For example, if the inpatient discharge date is missing, the service end date is used. If the record has no usable information among the service dates, it is excluded from TAF entirely because it cannot be accurately assigned to a service month.

Determining final action claims. States submit their claims each month to CMS. When a data quality issue is detected, a state can fix and resubmit the monthly file. The replacement file inactivates the claims contained in the previously submitted file for the same reporting period and classifies the claims in the replacement file as the most recent “active” claim for that reporting period. In addition, the state can adjust a previously submitted claim. Consequently, an individual service may be represented by multiple active records—including original claims, voids, and replacement claims—that could be reported across different submissions. One key transformation that occurs when CMS converts the T-MSIS data into TAF data is selecting a single record that represents the most recent version of the claim. To do this, CMS applies a final action claim algorithm to the T-MSIS data that groups original claims and their corresponding adjustments (void and replacement records) into a claim family, and then selects the most recently submitted record as the final action claim. Because voided and fully denied claims are excluded from the TAF, the entire claim family will be missing from the TAF if the final action claim is a void or a denied record. However, if individual lines within a paid claim are denied, those denied lines are retained in TAF.

⁴ For example, states classify every record in the claims files by using “claim type code,” which allows users to distinguish between FFS claims paid directly by the state to a provider, managed care encounter records, capitation payments to managed care plans, and financial transactions such as supplemental payments and service tracking claims.

If a state has data quality problems that prevent the algorithm either from correctly grouping records into claim families or from selecting the final action claim, then no records from the claim family will be present in TAF.

Because of limitations in its claims processing system, Illinois captures adjustments to original claims as incremental credits or debits rather than voiding the original claim and submitting a replacement record with the new payment amount. As a result, the version of a record with the latest adjudication date may not represent the final action claim as it does in all other states. To ensure the TAF correctly captures all expenditures reported by Illinois into T-MSIS, all service use records are classified as final action claims and included in the IP, LT, OT, and RX files. This means that in some cases, the TAF will include multiple versions of a single claim for Illinois, so including all records in an analysis may overcount service utilization. For more information, see “How to Use Illinois Claims Data” in the Resource section of the *DQ Atlas* at <https://www.medicaid.gov/dq-atlas/>. *DQ Atlas* is an interactive, web-based tool that helps policymakers, analysts, researchers, and other stakeholders explore the quality and usability of the TAF to determine whether the data can meet their analytic needs.

Ensuring line records correctly link to headers. Each claim is made up of two components—a header and one or more lines. A header record summarizes the services that are captured in more detail on the claim lines. If any of the variables that are used to link a claim line to a claim header are different, the claim line cannot be correctly linked to the header and will become an “orphan” claim line. TAF excludes these “orphan” claim lines, although headers with no associated lines are retained.

States sometimes submit more than one header record with the same information in the key data elements that uniquely identify a claim. When this happens, it is not always clear which claim lines belong to which claim headers. The TAF excludes all headers with duplicate information in these key data elements as well as their associated lines to ensure that records can always be uniquely identified.

Applying data cleaning rules. Some variables undergo data cleaning and standardization to make them easier to use. For example, quantity or payment amounts that are 8-filled or 9-filled and out of the expected range—which suggests the state was trying to indicate the information was not applicable or unknown⁵—are recoded as null values in TAF. Values are standardized across states by adding leading zeroes as appropriate to all categorical variables comprised only of digits, and non-numeric and non-date fields are changed to uppercase letters. For certain data elements, if the field contains only spaces or “#”, the value is recoded to null.

Constructing new variables. The TAF include binary indicators on all header records in the IP, LT, and OT files that identify claims with a diagnosis code or provider taxonomy code that indicate if the service was for a mental health condition or substance use disorder.

⁵ T-MSIS instructions require a specific number of 8's or 9's to be classified as completely 8-filled or 9-filled. Some states submit a string of 8 or 9 values that have fewer digits than required. These values are recoded only if the value was clearly an outlier.

TAF production

Because states submit eligibility, managed care plan, provider, and claims data on a rolling basis, records that relate to earlier time periods continue to be submitted for many months.⁶ The TAF production schedule was designed to strike a balance between timeliness and completeness.

After the T-MSIS data are ingested each month, the TAF are produced. In a regular TAF production cycle, the software generates 14 monthly TAF (e.g., January 2020 to February 2021) and the corresponding annual files on a rolling basis using the latest T-MSIS files submitted by the states. This means that TAF get replaced every month to incorporate the latest T-MSIS data submitted by the states. Users of these files must be comfortable working in an environment in which the underlying data get updated often. For example, the initial version of the January 2021 TAF is produced in February 2021 using all the enrollment records with January 2021 eligibility dates, all claims with January 2021 service dates, and all provider and managed care plan records active for the month. The January 2021 TAF is produced again in March 2021, and this new version of the January 2021 TAF includes additional beneficiary eligibility, provider, and managed care plan records that the state submitted for the month as well as one month for retroactive and correction records for beneficiaries, providers and managed care plans, one month of additional original claims, and one month of claim adjustments. The version produced in April 2021 would have two months for retroactive and correction records, two months of additional original claims, two months of claim adjustments, and so on. The period of adjustments is commonly referred to as runout. The TAF for a given month are regenerated monthly until there is at least 12 months of runout, as illustrated in Table 2.

Table 2. Regular TAF production schedule

Months of TAF	Production month	# months of runout Jan 2021 TAF
Dec 2019 – Jan 2021	Feb 2021	Initial file
Jan 2020 – Feb 2021	Mar 2021	1 month
Feb 2020 – Mar 2021	Apr 2021	2 months
Mar 2020 – Apr 2021	May 2021	3 months
Apr 2020 – May 2021	Jun 2021	4 months
May 2020 – Jun 2021	Jul 2021	5 months
Jun 2020 – Jul 2021	Aug 2021	6 months
Jul 2020 – Aug 2021	Sep 2021	7 months
Aug 2020 – Sep 2021	Oct 2021	8 months
Sep 2020 – Oct 2021	Nov 2021	9 months

⁶ There is always a lag between when a Medicaid- or CHIP-funded service is provided and when the claim is processed and submitted into T-MSIS. For example, a hospital stay that occurred in December may be billed by the hospital in January, paid by the Medicaid agency in March, and the claim record submitted by the Medicaid agency to T-MSIS in April.

Months of TAF	Production month	# months of runout Jan 2021 TAF
Oct 2020 – Nov 2021	Dec 2021	10 months
Nov 2020 – Dec 2021	Jan 2022	11 months
Dec 2020 – Jan 2022	Feb 2022	12 months

Note: We strive to begin TAF production at the end of a calendar month after all T-MSIS files have been submitted by the states and ingested into the T-MSIS database. To allow states more time to successfully submit their data, however, we typically start during the first week of the next month (for example, the March production may start on April 5).

The years of TAF data available for each state are based on when the state began reporting in T-MSIS. States that began reporting by January 2014 will have TAF records from 2014 onward, whereas states that began reporting by January 2015 will have TAF records from 2015 onward. All states and territories (except the Virgin Islands) had begun reporting in T-MSIS by October 2015. Studies that require 2014 and 2015 data may need to use a mix of TAF research files and Medicaid Analytic eXtract (MAX) files, which is the precursor to TAF. Appendix Table 1 provides a summary of which years of TAF data are available for each state.

Creation of the TAF RIF

The TAF RIF for a single year are produced twice and only when a full year of data is available, so there is a time lag between when TAF are available and when the TAF RIF are available. As shown in Table 3, the preliminary TAF RIF are generated when there is at least 6 months of runout for each month of the calendar year, and the final TAF RIF are generated when there is at least 12 months of runout for each month. In addition, it takes a few months to produce the TAF RIF from the TAF. Consequently, the preliminary TAF RIF are available in October of the following year, and the final TAF RIF are available 6 months later. In other words, the initial version of the TAF for January 2021 are available in February 2021, whereas the preliminary and final TAF RIF for the same time period are available in October 2022 and April 2023, respectively, which is about one and two years later, respectively.

Table 3. Regular TAF RIF production schedule

# months of runout for 2021 TAF RIF	TAF RIF production for 2021	TAF RIF 2021 availability
At least 6 months for Jan–Dec 2021	Preliminary 2021	Oct 2022
At least 12 months for Jan–Dec 2021	Final 2021	Apr 2023

The TAF RIF include the three annual files (DE, APL, and APR) as well as the four monthly claims files (IP, LT, OT, RX) for each calendar year. They are very similar to the TAF with some key exceptions, which are summarized in Table 4.

Table 4. From TAF to TAF RIF: summary of major changes

Difference between TAF and TAF RIF
<ul style="list-style-type: none"> TAF RIF excludes certain records from Release 1 and 2 of the 2014–2016 TAF RIF and Release 1 of the 2017–2018 TAF RIF TAF RIF removes personally identifiable information (PII) and other proprietary information

- TAF RIF encrypts Medicaid identification numbers and case numbers
- TAF RIF includes the Chronic Condition Warehouse (CCW) beneficiary identification number
- TAF RIF renames data elements to be consistent with other data sets in the CCW

There are two versions of the TAF RIF. The unredacted version is intended for internal governmental purposes; its content is very similar to the TAF and includes proprietary managed care payment data (the amount the plan paid to the provider). Users of the proprietary managed care payment data via either the TAF or the unredacted TAF RIF are subject to greater restrictions regarding the publication of aggregate results. The redacted version of the TAF RIF, also known as the public-release version, is intended for a wider set of users and excludes proprietary managed care payment data.

Records excluded from the TAF RIF

During the production of the initial releases of the TAF RIF (Release 1 and 2 of the 2014–2016 TAF RIF and Release 1 of the 2017–2018), CMS removed the following records from the claims files (IP, LT, OT, and RX):⁷

- **Service tracking claims.** These are bulk payments that cannot be assigned to a specific beneficiary.
- **Missing claim type code.** These records are missing information about whether they represent FFS claims, managed care encounters, capitation payments, supplemental payments, or service tracking claims.
- **Missing state-assigned beneficiary identifier.** Records that are missing the state-assigned unique beneficiary identifier (MSIS ID) on the claim header and on the corresponding claim lines cannot be assigned to a specific beneficiary.
- **Unusable state-assigned beneficiary identifier.** In some cases, records that are not classified as service tracking claims have a state-assigned unique identifier that begins with an “&”, which typically indicates a bulk payment that cannot be assigned to a specific beneficiary.

Beginning with Release 2 of the 2017–2018 TAF RIF, records are no longer excluded.

TAF data elements not available in the TAF RIF

To make the TAF RIF accessible to a wider set of users, PII is removed from the records, such as beneficiary name, street address, and phone number; beneficiary and provider Social Security numbers, Medicare Health Insurance Claim numbers, and the Medicare beneficiary identification numbers. In addition, certain information in the TAF RIF is encrypted to maintain the beneficiaries’ confidentiality. This information includes the state-assigned beneficiary identification number (MSIS ID) in all files. The same is true for other data elements, such as the case number (MSIS_CASE_NUM), which is available only in the DE file.

⁷ These excluded records, however, can be made available to TAF RIF users upon request.

A small number of other variables are excluded from the TAF RIF, including link keys, record timestamps, and discontinued variables. For a complete list of the variables excluded from the TAF RIF, see the crosswalks in Appendix Tables 2–8.

The redacted version of the TAF RIF also masks proprietary information about the amount paid by managed care plans to providers. These payments are reported on managed care encounter records in the claims files. The data elements that are masked on encounter records include the total billed amount, the revenue center charge amount, the total Medicaid allowed amount, the Medicaid paid amount reported on the header and the lines, the total Medicare deductible amount, and the total Medicare coinsurance amount. For a complete list of the variables that are proprietary and have restricted access, see the claims crosswalks in Appendix Tables 5–8.

Other differences between the TAF and the TAF RIF

A few constructed variables are added to the TAF RIF that are not included in the TAF. For instance, the CCW beneficiary identification number (BENE_ID) is available in the TAF RIF but not in the TAF. This data element is created from the state-assigned unique identifier and other person-specific variables (such as birth date and gender) by looking across records that have different state-assigned unique identifiers to determine whether they represent the same person within a state. This variable represents a unique beneficiary identification number that can be used to follow a Medicaid beneficiary across years and states, link to other Medicaid data sets (e.g., MAX files), and link to Medicare data sets, including Medicare enrollment data, Medicare fee-for-service claims data, Medicare Advantage encounter data, and assessment data (e.g., Minimum Data Set and Outcome and Assessment Information Set). In addition, the submitting state's alphabetic postal abbreviation (STATE_CD) and the date the data were loaded into the CCW (CCW_LD_DT) are added to each TAF RIF.

The TAF RIF includes four additional data-cleaning rules: (1) the state-assigned unique identifier (MSIS ID) from the claim header is copied to the claim line if the line-level state-assigned unique identifier is missing or different from the value on the header record; (2) implausibly low date values (before 1/1/1600) are recoded as 12/31/1599; and (3) leading and trailing whitespace and non-keyboard characters are removed.

In the claims files, the 10 “occurrence” codes and the corresponding effective and end dates on header records are moved from the TAF header files to a separate supplemental TAF RIF file.⁸ To do so, the 10 sets of occurrence fields on a TAF header are transposed into one record per occurrence code per claim header. Because these infrequently used fields are removed from the claims files, the length of the header records and the overall file size is significantly reduced, improving the usability of the TAF RIF.

⁸ Occurrence codes provide supplemental information and associated dates that may affect the way in which payers process a claim. For instance, an occurrence code and an associated date span on a physical therapy claim may document the date on which the plan of treatment was established.

Lastly, some variables in the TAF are renamed in the TAF RIF so that the data sets conform to CCW naming conventions. Appendix Tables 2–8 list the names of the variables in the TAF and the corresponding TAF RIF, along with a short description of each variable.

Appendix Table 1. Availability of Medicaid research files by state by year, 2014–2016

State	2014	2015	2016
Alabama	TAF RIF	TAF RIF	TAF RIF
Alaska	TAF RIF	TAF RIF	TAF RIF
Arizona	T-MAX	TAF RIF	TAF RIF
Arkansas	T-MAX	T-MAX	TAF RIF
California	MAX	T-MAX	TAF RIF
Colorado	TAF RIF	TAF RIF	TAF RIF
Connecticut	T-MAX	T-MAX	TAF RIF
Delaware	TAF RIF	TAF RIF	TAF RIF
District of Columbia	TAF RIF	TAF RIF	TAF RIF
Florida	TAF RIF	TAF RIF	TAF RIF
Georgia	MAX	T-MAX	TAF RIF
Hawaii	T-MAX	TAF RIF	TAF RIF
Idaho	MAX	T-MAX	TAF RIF
Illinois	TAF RIF	TAF RIF	TAF RIF
Indiana	T-MAX	TAF RIF	TAF RIF
Iowa	MAX	T-MAX	TAF RIF
Kansas	TAF RIF	TAF RIF	TAF RIF
Kentucky	T-MAX	TAF RIF	TAF RIF
Louisiana	MAX	T-MAX	TAF RIF
Maine	TAF RIF	TAF RIF	TAF RIF
Maryland	TAF RIF	TAF RIF	TAF RIF
Massachusetts	T-MAX	TAF RIF	TAF RIF
Michigan	MAX	T-MAX	TAF RIF
Minnesota	MAX	T-MAX	TAF RIF
Mississippi	MAX	T-MAX	TAF RIF
Missouri	MAX	T-MAX	TAF RIF
Montana	TAF RIF	TAF RIF	TAF RIF
Nebraska	TAF RIF	TAF RIF	TAF RIF
Nevada	TAF RIF	TAF RIF	TAF RIF
New Hampshire	TAF RIF	TAF RIF	TAF RIF
New Jersey	MAX	T-MAX	TAF RIF
New Mexico	TAF RIF	TAF RIF	TAF RIF
New York	T-MAX	T-MAX	TAF RIF
North Carolina	TAF RIF	TAF RIF	TAF RIF
North Dakota	TAF RIF	TAF RIF	TAF RIF
Ohio	T-MAX	TAF RIF	TAF RIF
Oklahoma	T-MAX	TAF RIF	TAF RIF
Oregon	T-MAX	T-MAX	TAF RIF

Appendix Table 1 (continued)

State	2014	2015	2016
Pennsylvania	MAX	T-MAX	TAF RIF
Puerto Rico	None	TAF RIF	TAF RIF
Rhode Island	TAF RIF	TAF RIF	TAF RIF
South Carolina	T-MAX	TAF RIF	TAF RIF
South Dakota	MAX	T-MAX	TAF RIF
Tennessee	MAX	T-MAX	TAF RIF
Texas	T-MAX	TAF RIF	TAF RIF
Utah	MAX	T-MAX	TAF RIF
Vermont	MAX	T-MAX	TAF RIF
Virginia	T-MAX	TAF RIF	TAF RIF
Virgin Islands	None	None	None
Washington	T-MAX	TAF RIF	TAF RIF
West Virginia	MAX	T-MAX	TAF RIF
Wisconsin	TAF RIF	TAF RIF	TAF RIF
Wyoming	MAX	T-MAX	TAF RIF

Notes: MAX files are based on MSIS data alone. T-MAX files are based on both MSIS and T-MSIS data. TAF files are based on T-MSIS data alone.

TAF RIF data availability is current as of May 2021.

Appendix Table 2. Crosswalk of TAF variable names to TAF RIF variable names: annual DE base file

File	TAF variable name	TAF RIF variable name	Short description
Variables only available in the TAF RIF			
ADE Base	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
ADE Base	NA	STATE_CD	Submitting State Alpha Abbreviation
ADE Base	NA	CCW_LD_DT	CCW Load Date
Variables in TAF but not available in the TAF RIF			
ADE Base	DE_LINK_KEY	NA	Concatenation of DA_RUN_ID, DE_FIL_DT, ANN_DE_VRSN, SUBMTG_STATE_CD, and MSIS_IDENT_NUM
ADE Base	SSN_NUM	NA	Beneficiary Social Security Number (SSN) - Latest in Year
ADE Base	PRGNCY_FLAG_mm	NA	Pregnancy Indicator - Monthly
ADE Base	PRGNCY_FLAG_EVR	NA	Pregnancy Indicator - Ever in Year
ADE Base	MDCR_BENE_ID	NA	Beneficiary Medicare Beneficiary Identifier (MBI) Identification Number - Latest in Year
ADE Base	MDCR_HICN_NUM	NA	Beneficiary Health Insurance Claim (HIC) Number - Latest in Year
ADE Base	REC_ADD_TS	NA	Timestamp of When Record was Added
ADE Base	REC_UPDT_TS	NA	Timestamp of When Record was Updated
Variables with a changed name in the TAF RIF			
ADE Base	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
ADE Base	MISG_ELGBLTY_DATA_IND	MISG_ELGBLTY_DATA_IND	Indicator of Missing Eligibility Record for All Months of Year
ADE Base	ELGBL_STATE_CD	BENE_STATE_CD	State FIPS Code for Beneficiary Home or Mailing Address - Latest in Year
ADE Base	ELGBL_CNTY_CD	BENE_CNTY_CD	County Code for Beneficiary Home or Mailing Address - Latest in Year
ADE Base	ELGBL_ZIP_CD	BENE_ZIP_CD	ZIP Code for Beneficiary Home or Mailing Address - Latest in Year
ADE Base	AGE_NUM	AGE	Age (in years)
ADE Base	AGE_GRP_FLAG	AGE_GRP_CD	Age Group
ADE Base	DCSD_FLAG	DEATH_IND	Indicator that Beneficiary Died During the Year
ADE Base	GNDR_CD	SEX_CD	Sex (Biological) - Latest in Year

Appendix Table 2 (continued)

File	TAF variable name	TAF RIF variable name	Short description
ADE Base	RACE_ETHNCTY_FLAG	RACE_ETHNCTY_CD	Race and Ethnicity Constructed Code - Latest in Year
ADE Base	RACE_ETHNCTY_EXP_FLAG	RACE_ETHNCTY_EXP_CD	Expanded Race and Ethnicity Constructed Code - Latest in Year
ADE Base	CRTFD_AMRCN_INDN_ALSKN_NTV_IND	CRTFD_AMRCN_INDN_ALSKN_NTV_CD	Certified American Indian or Alaska Native Code - Latest in Year
ADE Base	PRMRY_LANG_FLAG	PRMRY_LANG_GRP_CD	Constructed Primary Language Group Code - Latest in Year
ADE Base	OTHR_LANG_HOME_CD	PRMRY_LANG_CD	Primary Language Code - Latest in Year
ADE Base	PRMRY_LANG_ENGLISH_PRFCNCY_CD	ENGLISH_LANG_PRFCNCY_CD	English Language Proficiency Code - Latest in Year
ADE Base	STATE_SPEC_ELGBLTY_GRP_mm	STATE_SPEC_ELGBLTY_GRP_CD_mm	State-Specific Eligibility Group Code - Monthly
ADE Base	STATE_SPEC_ELGBLTY_GRP_LTST	STATE_SPEC_ELGBLTY_GRP_CD_LTST	State-Specific Eligibility Group Code - Latest in Year
ADE Base	CTZNSHP_VRFCTN_IND	CTZNSHP_VRFCTN_PENDG_IND	Beneficiary is Enrolled Pending Citizenship Verification - Latest in Year
ADE Base	IMGRTN_VRFCTN_IND	IMGRTN_VRFCTN_PENDG_IND	Beneficiary is Enrolled Pending Immigration Verification - Latest in Year
ADE Base	IMGRTN_STUS_5_YR_BAR_END_DT	IMGRTN_STUS_5YR_BAR_END_DT	Immigration Status Five Year Bar End Date - Latest in Year
ADE Base	DEAF_DSBL_FLAG_EVR	DSBLTY_DEAF_IND	Disability Indicator - Deaf - Ever in Year
ADE Base	BLND_DSBL_FLAG_EVR	DSBLTY_BLND_IND	Disability Indicator - Blind - Ever in Year
ADE Base	DFCLTY_CNCNTRTNG_DSBL_FLAG_EVR	DSBLTY_DFCLTY_CNCNTRTNG_IND	Disability Indicator - Difficulty Concentrating - Ever in Year
ADE Base	DFCLTY_WLKG_DSBL_FLAG_EVR	DSBLTY_DFCLTY_WLKG_IND	Disability Indicator - Difficulty Walking - Ever in Year
ADE Base	DFCLTY_DRSNG_BTH_DSBL_FLAG_EVR	DSBLTY_DFCLTY_DRSNG_BATHNG_IND	Disability Indicator - Difficulty Dressing or Bathing - Ever in Year
ADE Base	DFCLTY_ERNDS_ALN_DSBL_FLAG_EVR	DSBLTY_DFCLTY_ERNDS_IND	Disability Indicator - Difficulty Running Errands Alone - Ever in Year
ADE Base	OTHR_DSBL_FLAG_EVR	DSBLTY_OTHR_IND	Disability Indicator - Other Disability Not Listed - Ever in Year
ADE Base	SSI_STATE_SPLMT_STUS_CD	SSI_STATE_SPLMT_CD	Supplemental Security Income (SSI) State Supplement Code - Latest in Year
ADE Base	EL_DTS_SPLMTL	SPLMTL_DTS	Beneficiary Record in Supplemental Dates File
ADE Base	MNGD_CARE_SPLMTL	SPLMTL_MC	Beneficiary Record in Supplemental Managed Care File

Appendix Table 2 (*continued*)

File	TAF variable name	TAF RIF variable name	Short description
ADE Base	WAIVER_SPLMTL	SPLMTL_WVR	Beneficiary Record in Supplemental Waiver File
ADE Base	HH_SPO_SPLMTL	SPLMTL_HLTH_HOME_SPO	Beneficiary Record in Supplemental Health Home and State Plan Option (SPO) File
ADE Base	MFP_SPLMTL	SPLMTL_MFP	Beneficiary Record in Supplemental Money Follows Person (MFP) File
ADE Base	HCBS_COND_SPLMTL	SPLMTL_DSB_HCBS	Beneficiary HCBS Record in Supplemental Disability File
ADE Base	LTSS_SPLMTL	SPLMTL_DSB_LTSS	Beneficiary Long-Term Services & Supports (LTSS) Record in Supplemental Disability File
ADE Base	LCKIN_SPLMTL	SPLMTL_DSB_LCKIN	Beneficiary Lock-In Record in Supplemental Disability File
ADE Base	OTHER_NEEDS_SPLMTL	SPLMTL_DSB_OTHR	Beneficiary Other Needs Record in Supplemental Disability File
ADE Base	ANN_DE_VRSN	DE_VRSN	Version (Iteration of the File)
ADE Base	DE_FIL_DT	RFRNC_YR	Reference Year
Variables with an unchanged name in the TAF RIF			
ADE Base	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
ADE Base	BIRTH_DT	BIRTH_DT	Date of Birth
ADE Base	DEATH_DT	DEATH_DT	Date of Death
ADE Base	ETHNCTY_CD	ETHNCTY_CD	Ethnicity Code - Latest in Year
ADE Base	MDCD_ENRLMT_DAYS_mm	MDCD_ENRLMT_DAYS_mm	Medicaid Enrollment Days - Monthly
ADE Base	MDCD_ENRLMT_DAYS_YR	MDCD_ENRLMT_DAYS_YR	Medicaid Enrollment Days - Total in Year
ADE Base	CHIP_ENRLMT_DAYS_mm	CHIP_ENRLMT_DAYS_mm	CHIP Enrollment Days - Monthly
ADE Base	CHIP_ENRLMT_DAYS_YR	CHIP_ENRLMT_DAYS_YR	CHIP Enrollment Days - Total in Year
ADE Base	MISG_ENRLMT_TYPE_IND_mm	MISG_ENRLMT_TYPE_IND_mm	Missing Enrollment Type Code in Monthly BSF - Monthly
ADE Base	CHIP_CD_mm	CHIP_CD_mm	Medicaid/Medicaid Expansion CHIP/Separate CHIP Code - Monthly
ADE Base	CHIP_CD_LTST	CHIP_CD_LTST	Medicaid/Medicaid Expansion CHIP/Separate CHIP Code - Latest in Year
ADE Base	RSTRCTD_BNFTS_CD_mm	RSTRCTD_BNFTS_CD_mm	Scope of Medicaid or CHIP Benefits - Monthly
ADE Base	RSTRCTD_BNFTS_CD_LTST	RSTRCTD_BNFTS_CD_LTST	Scope of Medicaid or CHIP Benefits - Latest in Year
ADE Base	DUAL_ELGBL_CD_mm	DUAL_ELGBL_CD_mm	Medicare-Medicaid Dual Eligibility Code - Monthly

Appendix Table 2 (continued)

File	TAF variable name	TAF RIF variable name	Short description
ADE Base	DUAL_ELGBL_CD_LTST	DUAL_ELGBL_CD_LTST	Medicare-Medicaid Dual Eligibility Code - Latest in Year
ADE Base	ELGBLTY_GRP_CD_mm	ELGBLTY_GRP_CD_mm	Eligibility Group Code - Monthly
ADE Base	ELGBLTY_GRP_CD_LTST	ELGBLTY_GRP_CD_LTST	Eligibility Group Code - Latest in Year
ADE Base	MASBOE_CD_mm	MASBOE_CD_mm	Maintenance Assistance Status and Basis of Eligibility Code - Monthly
ADE Base	MASBOE_CD_LTST	MASBOE_CD_LTST	Maintenance Assistance Status and Basis of Eligibility Code - Latest in Year
ADE Base	MC_PLAN_TYPE_CD_mm	MC_PLAN_TYPE_CD_mm	Managed Care Plan Type Code (Using Hierarchy) - Monthly
ADE Base	MRTL_STUS_CD	MRTL_STUS_CD	Marital Status Code - Latest in Year
ADE Base	HSEHLD_SIZE_CD	HSEHLD_SIZE_CD	Household Size Used to Determine Medicaid or CHIP Eligibility - Latest in Year
ADE Base	INCM_CD	INCM_CD	Income Relative to the Federal Poverty Level - Latest in Year
ADE Base	VET_IND	VET_IND	Veteran Indicator - Latest in Year
ADE Base	CTZNSHP_IND	CTZNSHP_IND	U.S. Citizenship Indicator - Latest in Year
ADE Base	IMGRTN_STUS_CD	IMGRTN_STUS_CD	Immigration Status Code - Latest in Year
ADE Base	CARE_LVL_STUS_CD	CARE_LVL_STUS_CD	Level of Care Status Code for Long-Term Services & Supports (LTSS) - Latest in Year
ADE Base	BIRTH_CNCPTN_IND	BIRTH_CNCPTN_IND	Birth to Conception Indicator - Latest in Year
ADE Base	SSDI_IND	SSDI_IND	Social Security Disability Insurance (SSDI) Indicator - Latest in Year
ADE Base	SSI_IND	SSI_IND	Supplemental Security Income (SSI) Indicator - Latest in Year
ADE Base	SSI_STUS_CD	SSI_STUS_CD	Supplemental Security Income (SSI) Status Code - Latest in Year
ADE Base	TANF_CASH_CD	TANF_CASH_CD	Temporary Assistance for Needy Families (TANF) Cash Code - Latest in Year
ADE Base	TPL_INSRNC_CVRG_IND	TPL_INSRNC_CVRG_IND	Third Party Liability (TPL) Insurance Coverage Indicator - Latest in Year
ADE Base	TPL_OTHR_CVRG_IND	TPL_OTHR_CVRG_IND	Third Party Liability (TPL) - Other Coverage Indicator - Latest in Year
ADE Base	MSIS_CASE_NUM	MSIS_CASE_NUM	Encrypted TMSIS Case Number - Latest in Year

Appendix Table 2 (continued)

File	TAF variable name	TAF RIF variable name	Short description
ADE Base	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)

Note: *mm* indicates the month of the year from 01 to 12.

NA = Not available

Appendix Table 3. Crosswalk of TAF variable names to TAF RIF variable names: APL base file

File	TAF variable name	TAF RIF variable name	Short description
Variables only available in the TAF RIF			
APL Base	NA	CCW_APL_LINK_KEY	CCW Key to Link APL Base Record to Related Supplement Records
APL Base	NA	CCW_LD_DT	CCW Load Date
APL Base	NA	STATE_CD	Submitting State Alpha Abbreviation
Variables in TAF but not available in the TAF RIF			
APL Base	PL_LINK_KEY	NA	Concatenation of DA_RUN_ID, PL_FIL_DT, PL_VRSN, SUBMTG_STATE_CD, and MC_PLAN_ID
APL Base	REC_ADD_TS	NA	Timestamp of When Record was Added
APL Base	REC_UPDT_TS	NA	Timestamp of When Record was Updated
Variables with a changed name in the TAF RIF			
APL Base	PL_FIL_DT	RFRNC_YR	Reference Year
APL Base	MC_NAME	MC_PLAN_NAME	Managed Care Plan Name
APL Base	MC_PLAN_TYPE_CAT	MC_PLAN_TYPE_CTGRY_CD	Managed Care Plan Type Category Code
APL Base	MC_CNTRCT_EFCTV_DT	MC_PLAN_CNTRCT_START_DT	Managed Care Plan Contract Start Date
APL Base	MC_CNTRCT_END_DT	MC_PLAN_CNTRCT_END_DT	Managed Care Plan Contract End Date
APL Base	ADDTNL_CNTRCT_PRD_FLAG	MC_PLAN_CNTRCT_ADDTNL_PRD_I ND	Managed Care Plan Contract Additional Period Indicator
APL Base	MC_PGM_CD	MC_PLAN_PGM_CD	Managed Care Plan Program Code
APL Base	REIMBRSMT_ARNGMT_CD	MC_PLAN_REIMBRSMT_TYPE_CD	Managed Care Plan Reimbursement Type Code
APL Base	REIMBRSMT_ARNGMT_CAT	MC_PLAN_REIMBRSMT_TYPE_CTGR Y_CD	Managed Care Plan Reimbursement Type Category Code
APL Base	MC_SAREA_CD	MC_PLAN_SAREA_CD	Managed Care Plan Service Area Code - Latest in Year
APL Base	SAREA_STATEWIDE_IND	MC_PLAN_STATEWIDE_IND	Managed Care Plan Statewide Service Area Indicator - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1115_DEMO_IND	OPRTG_AUTHRTY_1115_DEMO_WV R_IND	Operating Authority Ind: 1115 Demo Waiver - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1915B_IND	OPRTG_AUTHRTY_1915B_WVR_IND	Operating Authority Ind: 1915(b) Waiver- Ever in Calendar Year

Appendix Table 3 (continued)

File	TAF variable name	TAF RIF variable name	Short description
APL Base	OPRTG_AUTHRTY_1932A_IND	OPRTG_AUTHRTY_1932A_SPO_IND	Operating Authority Ind: 1932(a) State Plan Option - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1915BC_CONC_I ND	OPRTG_AUTHRTY_1915BC_WVR_IN D	Operating Authority Ind:1915(b)(c) Waiver - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1915AC_CONC_I ND	OPRTG_AUTHRTY_1915AC_WVR_IN D	Operating Authority Ind:1915(a)(c) Waiver - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1905T_IND	OPRTG_AUTHRTY_1905T_PCCM_IN D	Operating Authority Ind: Voluntary PCCM - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1937_IND	OPRTG_AUTHRTY_1937_ABP_IND	Operating Authority Ind: 1937 Alternative Benefits Plan - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1902A70_IND	OPRTG_AUTHRTY_1902A70_NEMT_I ND	Operating Authority Ind: 1902(a)(70) Non-Emer Med Transprt - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1915BI_CONC_IN D	OPRTG_AUTHRTY_1915BI_IND	Operating Authority Ind: 1915(b)(i) - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1915AI_CONC_IN D	OPRTG_AUTHRTY_1915AI_IND	Operating Authority Ind:1915(a)(i) - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1945_HH_IND	OPRTG_AUTHRTY_1945_HLTH_HOM E_IND	Operating Authority Ind: 1945 Hlth Home - Ever in Calendar Year
APL Base	POP_MDCD_MAND_COV_ADLT_IND	MDCD_MAND_CVRG_ADLT_POP_IN D	Elig Pop Ind: Medicaid Mandatory Cvrgr Family-Adult - Ever in Calendar Year
APL Base	POP_MDCD_MAND_COV_ABD_IND	MDCD_MAND_CVRG_ABD_POP_IND	Elig Pop Ind: Medicaid Mandatory Cvrgr Aged-Blind-Disabled-Ever in Calendar Year
APL Base	POP_MDCD_OPTN_COV_ADLT_IND	MDCD_OPTNL_CVRG_ADLT_POP_IN D	Elig Pop Ind: Medicaid Optional Cvrgr Adult-Children-Ever in Calendar Year
APL Base	POP_MDCD_OPTN_COV_ABD_IND	MDCD_OPTNL_CVRG_ABD_POP_IND	Elig Pop Ind: Medicaid Optional Cvrgr Aged-Blind-Disabled -Ever in Calendar Year
APL Base	POP_MDCD_MDCLY_NDY_ADLT_IND	MDCD_MDCLY_NDY_CVRG_ADLT_P OP_IND	Elig Pop Ind: Medicaid Medically Needy Family-Adult-Ever in Calendar Year
APL Base	POP_MDCD_MDCLY_NDY_ABD_IND	MDCD_MDCLY_NDY_CVRG_ABD_PO P_IND	Elig Pop Ind: Medicaid Medically Needy Cvrgr Aged-Blind-Disabled - Ever in Cal Year
APL Base	POP_CHIP_COV_CHLDRN_IND	CHIP_CVRG_CHLDRN_POP_IND	Elig Pop Ind: CHIP Coverage Children - Ever in Calendar Year
APL Base	POP_CHIP_OPTN_CHLDRN_IND	CHIP_OPTNS_CVRG_CHLDRN_POP_ IND	Elig Pop Ind: CHIP Additional Coverage Options for Children - Ever in Cal Year

Appendix Table 3 (continued)

File	TAF variable name	TAF RIF variable name	Short description
APL Base	POP_CHIP_OPTN_PRGNT_WMN_IND	CHIP_OPTN_CVRG_PRGNT_WMN_P OP_IND	Elig Pop Ind: CHIP Additional Cvr Options for Pregnant Women - Ever in Cal Year
APL Base	POP_1115_EXPNSN_IND	WVR_1115_EXPNSN_CVRG_POP_IN D	Elig Pop Ind: 1115 Expansion Groups Coverage Waiver - Ever in Calendar Year
APL Base	POP_UNK_IND	UNK_ELGBLTY_GRP_POP_IND	Elig Pop Ind: Unknown Eligibility Group - Ever in Calendar Year
APL Base	ACRDTN_ORG_01	MC_ENT_ACRDTN_ORG_CD_1	Managed Care Entity - 1st Accrediting Organization
APL Base	ACRDTN_ORG_02	MC_ENT_ACRDTN_ORG_CD_2	Managed Care Entity - 2nd Accrediting Organization
APL Base	ACRDTN_ORG_03	MC_ENT_ACRDTN_ORG_CD_3	Managed Care Entity - 3rd Accrediting Organization
APL Base	ACRDTN_ORG_04	MC_ENT_ACRDTN_ORG_CD_4	Managed Care Entity - 4th Accrediting Organization
APL Base	ACRDTN_ORG_05	MC_ENT_ACRDTN_ORG_CD_5	Managed Care Entity - 5th Accrediting Organization
APL Base	ACRDTN_ORG_ACHVMT_DT_01	MC_ENT_ACRDTN_ACHVMT_DT_1	Managed Care Entity Accreditation Achievement Dt - 1st Accrediting Organization
APL Base	ACRDTN_ORG_ACHVMT_DT_02	MC_ENT_ACRDTN_ACHVMT_DT_2	Managed Care Entity Accreditation Achievement Dt - 2nd Accrediting Organization
APL Base	ACRDTN_ORG_ACHVMT_DT_03	MC_ENT_ACRDTN_ACHVMT_DT_3	Managed Care Entity Accreditation Achievement Dt - 3rd Accrediting Organization
APL Base	ACRDTN_ORG_ACHVMT_DT_04	MC_ENT_ACRDTN_ACHVMT_DT_4	Managed Care Entity Accreditation Achievement Dt - 4th Accrediting Organization
APL Base	ACRDTN_ORG_ACHVMT_DT_05	MC_ENT_ACRDTN_ACHVMT_DT_5	Managed Care Entity Accreditation Achievement Dt - 5th Accrediting Organization
APL Base	ACRDTN_ORG_END_DT_01	MC_ENT_ACRDTN_END_DT_1	Managed Care Entity Accreditation End Date - 1st Accrediting Organization
APL Base	ACRDTN_ORG_END_DT_02	MC_ENT_ACRDTN_END_DT_2	Managed Care Entity Accreditation End Date - 2nd Accrediting Organization
APL Base	ACRDTN_ORG_END_DT_03	MC_ENT_ACRDTN_END_DT_3	Managed Care Entity Accreditation End Date - 3rd Accrediting Organization
APL Base	ACRDTN_ORG_END_DT_04	MC_ENT_ACRDTN_END_DT_4	Managed Care Entity Accreditation End Date - 4th Accrediting Organization
APL Base	ACRDTN_ORG_END_DT_05	MC_ENT_ACRDTN_END_DT_5	Managed Care Entity Accreditation End Date - 5th Accrediting Organization
APL Base	REG_FLAG	CMS_RGN	CMS Region for Submitting State

Appendix Table 3 (continued)

File	TAF variable name	TAF RIF variable name	Short description
APL Base	CBSA_CD	MC_PLAN_CBSA_CD	Managed Care Plan Core-Based Statistical Area Code for Service Area
APL Base	MC_PRFT_STUS_CD	MC_ENT_PRFT_STUS_CD	Managed Care Entity Profit Status Code - Latest in Year
APL Base	BUSNS_PCT	MC_ENT_GOVT_PCT	Managed Care Entity Percent of Revenue from Medicare and Medicaid - Latest in Year
APL Base	PLAN_ID_FLAG_ <i>mm</i>	MC_PLAN_ACTV_IND_ <i>mm</i>	Managed Care Plan Active Indicator - Monthly
APL Base	LCTN_SPLMTL	SPLMTL_SRVC_ADDR_LCTN	Annual Managed Care Plan Record in Supplemental Service Address Location File
APL Base	SAREA_SPLMTL	SPLMTL_SAREA	Annual Managed Care Plan Record in Supplemental Service Area File
APL Base	ENRLMT_SPLMTL	SPLMTL_POP_ENRLMT	Annual Managed Care Plan Record in Supplemental Enrolled Population File
APL Base	OPRTG_AUTHRTY_SPLMTL	SPLMTL_OPRTG_AUTHRTY	Annual Managed Care Plan Record in Supplemental Operating Authority File
Variables with an unchanged name in the TAF RIF			
APL Base	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
APL Base	PL_VRSN	PL_VRSN	Plan File Version Representing the Iteration of the File
APL Base	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State Entity Code
APL Base	MC_PLAN_ID	MC_PLAN_ID	Managed Care Plan Identification Number
APL Base	MC_PLAN_TYPE_CD	MC_PLAN_TYPE_CD	Managed Care Plan Type Code
APL Base	OPRTG_AUTHRTY_1915A_IND	OPRTG_AUTHRTY_1915A_IND	Operating Authority Ind:1915(a) - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1932A_1915C_IND	OPRTG_AUTHRTY_1932A_1915C_IND	Operating Authority Ind: 1932(a)-1915(c) Waiver - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_PACE_IND	OPRTG_AUTHRTY_PACE_IND	Operating Authority Ind: PACE - Ever in Calendar Year
APL Base	OPRTG_AUTHRTY_1932A_1915I_IND	OPRTG_AUTHRTY_1932A_1915I_IND	Operating Authority Ind: 1932(a)-1915(i) -Ever in Calendar Year

Note: *mm* indicates the month of the year from 01 to 12.

NA = Not available

Appendix Table 4. Crosswalk of TAF variable names to TAF RIF variable names: APR base file

File	TAF variable name	TAF RIF variable name	Short description
Variables only available in the TAF RIF			
APR Base	NA	CCW_APR_LINK_KEY	CCW Key to Link APR Base Record to Related Supplement Records
APR Base	NA	CCW_LD_DT	CCW Load Date
APR Base	NA	RFRNC_YR	Reference Year
APR Base	NA	STATE_CD	Submitting State Alpha Abbreviation
Variables in TAF but not available in the TAF RIF			
APR Base	PR_LINK_KEY	NA	Concatenation of DA_RUN_ID, PR_FIL_DT, PR_VRSN, SUBMTG_STATE_CD, and SUBMTG_STATE_PRVDR_ID
APR Base	PRVDR_MDCD_ENRLMT_IND	NA	Provider Medicaid Enrollment Specified Indicator
APR Base	MDCD_CHIP_ENRLMT_IND	NA	Medicaid and CHIP Enrollment Indicator
APR Base	REC_ADD_TS	NA	Timestamp of When Record was Added
APR Base	REC_UPDT_TS	NA	Timestamp of When Record was Updated
Variables with a changed name in the TAF RIF			
APR Base	PR_FIL_DT	RFRNC_YR	Reference Year
APR Base	REG_FLAG	CMS_RGN	CMS Region for Submitting State
APR Base	FAC_GRP_INDVDL_CD	PRVDR_ENT_TYPE_CD	Provider Entity Type Code - Individual, Group or Facility
APR Base	PRVDR_1ST_NAME	PRVDR_FIRST_NAME	Provider First Name - Individual
APR Base	GNDR_CD	PRVDR_SEX_CD	Provider Sex Code
APR Base	BIRTH_DT	PRVDR_BIRTH_DT	Provider Date of Birth
APR Base	DEATH_DT	PRVDR_DEATH_DT	Provider Date of Death
APR Base	AGE_NUM	PRVDR_AGE	Provider Age (in Years)
APR Base	OWNRSHIP_CAT	OWNRSHIP_CTGRY_CD	Provider Ownership Category Code - Latest in Year
APR Base	ACPT_NEW_PTNTS_IND	ACPTG_NEW_PTNTS_IND	Provider Accepting New Patients Ind - Ever in Calendar Year
APR Base	MDCD_ENRLMT_IND	PRVDR_MDCD_ENRLMT_IND	Enrolled in Medicaid Indicator - Ever in Calendar Year
APR Base	CHIP_ENRLMT_IND	PRVDR_CHIP_ENRLMT_IND	Enrolled in CHIP Indicator - Ever in Calendar Year

Appendix Table 4 (continued)

File	TAF variable name	TAF RIF variable name	Short description
APR Base	MLT_SNGL_SPCLTY_GRP_IND	MLT_SNGL_SPCLTY_GRP_TXNMY_IND	Multi- or Single-Specialty Group Taxonomy Indicator - Ever in Calendar Year
APR Base	ALPTHC_OSTPTH_C_PHYSN_IND	ALPTHC_OSTPTH_C_PHYSN_TXNMY_IND	Allopathic or Osteopathic Physician Taxonomy Indicator - Ever in Calendar Year
APR Base	BHVRL_HLTH_SCL_SRVC_PRVDR_IND	BHVRL_HLTH_SCL_SRVC_TXNMY_IND	Behavioral Health- Social Service Provider Taxonomy Ind - Ever in Calendar Year
APR Base	CHRPRTIC_PRVDR_IND	CHRPRTIC_TXNMY_IND	Chiropractic Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	DNTL_PRVDR_IND	DNTL_TXNMY_IND	Dental Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	DTRY_NTRTNL_SRVC_PRVDR_IND	DTRY_NTRTNL_SRVC_TXNMY_IND	Dietary or Nutritional Services Provider Taxonomy Ind - Ever in Calendar Year
APR Base	EMER_MDCL_SRVC_PRVDR_IND	EMER_MDCL_SRVC_TXNMY_IND	Emergency Medical Services Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	EYE_VSN_SRVC_PRVDR_IND	EYE_VSN_SRVC_TXNMY_IND	Eye or Vision Services Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	NRSNG_SRVC_PRVDR_IND	NRSNG_SRVC_TXNMY_IND	Nursing Services Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	NRSNG_SRVC_RLTD_IND	RLTD_NRSNG_SRVC_TXNMY_IND	Related Nursing Services Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	OTHR_INDVDL_SRVC_PRVDR_IND	OTHR_INDVDL_SRVC_TXNMY_IND	Other Individual Services Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	PHRMCY_SRVC_PRVDR_IND	PHRMCY_SRVC_TXNMY_IND	Pharmacy Services Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	PA_ADVCD_PRCTC_NRSNG_PRVDR_IND	PA_APN_TXNMY_IND	Physcn Asst or Advanced Practice Nursing Taxonomy Ind - Ever in Calendar Year
APR Base	POD_MDCN_SRGRY_SRVC_IND	PDTRY_TXNMY_IND	Podiatry Taxonomy Indicator - Ever in Calendar Year
APR Base	RESP_DEV_REH_RESTOR_PRVDR_IND	RT_DEVMTL_REHAB_RSTRTV_TXNMY_IND	Respiratory, Developmental, Rehabilitative, or Restorative Svcs Taxonomy Ind - Ever in Year
APR Base	SPCH_LANG_HEARG_SRVC_PRVDR_IND	SPCH_LANG_HEARG_TXNMY_IND	Speech, Language or Hearing Services Taxonomy Indicator - Ever in Calendar Year
APR Base	STDNT_HLTH_CARE_PRVDR_IND	STDNT_HLTH_CARE_PRVDR_TXNMY_IND	Student Health Care Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	TT_OTHR_TCHNCL_SRVC_PRVDR_IND	RDLGY_OTHR_TCHNCL_SRVC_TXNMY_IND	Radiologic & Other Technical Services Taxonomy Indicator - Ever in Calendar Year

Appendix Table 4 (continued)

File	TAF variable name	TAF RIF variable name	Short description
APR Base	AGNCY_PRVDR_IND	AGNCY_PRVDR_TXNMY_IND	Agency Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	AMB_HLTH_CARE_FAC_PRVDR_IND	AMBLTRY_CLNC_TXNMY_IND	Ambulatory Health Services Clinic Taxonomy Indicator - Ever in Calendar Year
APR Base	HOSP_UNIT_PRVDR_IND	HOSP_UNIT_TXNMY_IND	Hospital Unit Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	HOSP_PRVDR_IND	HOSP_TXNMY_IND	Hospital Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	LAB_PRVDR_IND	LAB_TXNMY_IND	Laboratory Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	MCO_PRVDR_IND	MCO_TXNMY_IND	Managed Care Organization Taxonomy Ind - Ever in Calendar Year
APR Base	NRSNG_CSTDLCARE_FAC_IND	NRSNG_CSTDLCARE_PRVDR_TXNMY_IND	Nursing Custodial Care Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	OTHR_NONINDVDL_SRVC_PRVDRS_IND	LDGNG_MEALS_PRVDR_TXNMY_IND	Lodging or Meals Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	RSDNTLTRTMT_FAC_PRVDR_IND	RSDNTLTRTMT_FAC_TXNMY_IND	Residential Treatment Facility Taxonomy Indicator - Ever in Calendar Year
APR Base	RESP_CARE_FAC_PRVDR_IND	RESP_CARE_FAC_TXNMY_IND	Respite Care Facility Taxonomy Indicator - Ever in Calendar Year
APR Base	SUPLR_PRVDR_IND	SUPLR_PRVDR_TXNMY_IND	Supplier Provider (DME, Pharmacy, Organs, Etc.) Taxonomy Ind - Ever in Cal Year
APR Base	TRNSPRTN_SRVC_PRVDR_IND	TRNSPRTN_SRVC_TXNMY_IND	Transportation Services Provider Taxonomy Indicator - Ever in Calendar Year
APR Base	SUD_SRVC_PRVDR_IND	SUD_SRVC_PRVDR_CLSFCTN_IND	Substance Use Disorder Service Provider Classification Ind - Ever in Calendar Year
APR Base	MH_SRVC_PRVDR_IND	MH_SRVC_PRVDR_CLSFCTN_IND	Mental Health Service Provider Classification Ind - Ever in Calendar Year
APR Base	EMER_SRVC_PRVDR_IND	EMER_SRVC_PRVDR_CLSFCTN_IND	Emergency Services Provider Classification Indicator - Ever in Calendar Year
APR Base	PRVDR_NPI_01	PRVDR_NPI_1	Provider NPI - 1st Occurrence
APR Base	PRVDR_NPI_02	PRVDR_NPI_2	Provider NPI - 2nd Occurrence
APR Base	PRVDR_FLAG_mm	SUBMTG_STATE_PRVDR_IND_mm	Submitting State Provider Identifier Indicator - Monthly
APR Base	LCTN_SPLMTL	SPLMTL_ADDR_LCTN	Annual Provider Record in Supplemental Provider Address Location File

Appendix Table 4 (continued)

File	TAF variable name	TAF RIF variable name	Short description
APR Base	LCNS_SPLMTL	SPLMTL_LCNS_ACRDTN	Annual Provider Record in Supplemental Provider License and Accreditation File
APR Base	ID_SPLMTL	SPLMTL_PRVDR_ID	Annual Provider Record in Supplemental Identifier File
APR Base	GRP_SPLMTL	SPLMTL_AFLTD_GRP	Annual Provider Record in Supplemental Affiliated Groups File
APR Base	PGM_SPLMTL	SPLMTL_AFLTD_PGM	Annual Provider Record in Supplemental Affiliated Programs File
APR Base	TXNMY_SPLMTL	SPLMTL_TXNMY	Annual Provider Record in Supplemental Taxonomy File
APR Base	ENRLMT_SPLMTL	SPLMTL_ENRLMT	Annual Provider Record in Supplemental Enrollment File
APR Base	BED_SPLMTL	SPLMTL_BED_TYPE	Annual Provider Record in Supplemental Bed Type File
Variables with an unchanged name in the TAF RIF			
APR Base	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
APR Base	PR_VRSN	PR_VRSN	Provider File Version Representing the Iteration of the File
APR Base	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State Entity Code
APR Base	SUBMTG_STATE_PRVDR_ID	SUBMTG_STATE_PRVDR_ID	Submitting State Provider Identification Number
APR Base	PRVDR_DBA_NAME	PRVDR_DBA_NAME	Provider Doing Business As (DBA) Name
APR Base	PRVDR_LGL_NAME	PRVDR_LGL_NAME	Provider Legal Name
APR Base	PRVDR_ORG_NAME	PRVDR_ORG_NAME	Provider Organization Name
APR Base	PRVDR_TAX_NAME	PRVDR_TAX_NAME	Provider Tax (IRS) Name
APR Base	PRVDR_MDL_INITL_NAME	PRVDR_MDL_INITL_NAME	Provider Middle Initial - Individual
APR Base	PRVDR_LAST_NAME	PRVDR_LAST_NAME	Provider Last Name - Individual
APR Base	TCHNG_IND	TCHNG_IND	Provider Organization Teaching Facility Ind - Ever in Calendar Year
APR Base	OWNRSHIP_CD	OWNRSHIP_CD	Provider Ownership Code - Latest in Year
APR Base	PRVDR_PRFT_STUS_CD	PRVDR_PRFT_STUS_CD	Provider Profit Status Code - Latest in Year
APR Base	NOT_SP_AFLTD_IND	NOT_SP_AFLTD_IND	Not Affiliated with State Plan Indicator - Ever in Calendar Year
APR Base	PRVDR_ENRLMT_STUS_ACTV_IND	PRVDR_ENRLMT_STUS_ACTV_IND	Medicaid or CHIP Active Enrollment Indicator - Ever in Calendar Year
APR Base	PRVDR_ENRLMT_STUS_DND_IND	PRVDR_ENRLMT_STUS_DND_IND	Medicaid or CHIP Enrollment Denied Indicator - Ever in Calendar Year

Appendix Table 4 (*continued*)

File	TAF variable name	TAF RIF variable name	Short description
APR Base	PRVDR_ENRLMT_STUS_TRMNTD_IND	PRVDR_ENRLMT_STUS_TRMNTD_IND	Medicaid or CHIP Enrollment Terminated Indicator - Ever in Calendar Year
APR Base	PRVDR_ENRLMT_STUS_PENDG_IND	PRVDR_ENRLMT_STUS_PENDG_IND	Medicaid or CHIP Enrollment Status Pending Ind - Ever in Calendar Year
APR Base	PRVDR_NPI_CNT	PRVDR_NPI_CNT	Provider NPI Count

Note: *mm* indicates the month of the year from 01 to 12.

NA = Not available

Appendix Table 5. Crosswalk of TAF variable names to TAF RIF variable names: IP header and line files

File	TAF variable name	TAF RIF variable name	Short description
Variables only available in the TAF RIF			
IP Header	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
IP Header	NA	STATE_CD	Submitting State Alpha Abbreviation
IP Header	NA	CLM_ID	CCW Claim Identifier
IP Header	NA	SRVC_BGN_DT	Claim Beginning Date of Service
IP Header	NA	SRVC_END_DT	Claim Ending Date of Service
IP Header	NA	SRVC_END_DT_CD	Identifies the Date Field Used to Populate SRVC_END_DT
IP Header	NA	CCW_LD_DT	CCW Load Date
IP Line	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
IP Line	NA	STATE_CD	Submitting State Alpha Abbreviation
IP Line	NA	CLM_ID	CCW Claim Identifier
Variables in TAF but not available in the TAF RIF			
IP Header	IP_LINK_KEY	NA	Concatenation of IP_VRSN, IP_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJDCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records
IP Header	ELGBL_LAST_NAME	NA	Beneficiary Last Name
IP Header	ELGBL_1ST_NAME	NA	Beneficiary First Name
IP Header	ELGBL_MDL_INITL_NAME	NA	Beneficiary Middle Initial
IP Header	MDCR_HICN_NUM	NA	Beneficiary Health Insurance Claim (HIC) Number
IP Header	MDCR_BENE_ID	NA	Beneficiary Medicare Beneficiary Identifier (MBI) Identification Number
IP Header	PTNT_CNTL_NUM	NA	Beneficiary Unique Number Assigned by Provider Agency During Claim Submission
IP Header	IAP_COND_IND	NA	Identifier for Claims that May be Associated with a Chronic Condition or Disability
IP Header	PRMRY_HIRCHCL_COND	NA	Array of Up to 3 3-Digit Codes to Group Diagnosis Codes into Hierarchical Groups

Appendix Table 5 (continued)

File	TAF variable name	TAF RIF variable name	Short description
IP Header	REC_ADD_TS	NA	Timestamp of When Record was Added
IP Header	REC_UPDT_TS	NA	Timestamp of When Record was Updated
IP Line	IP_LINK_KEY	NA	Concatenation of IP_VRSN, IP_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records
IP Line	IP_VRSN	NA	Version (Iteration of the File)
IP Line	IP_FIL_DT	NA	File Date (Year and Month of Service)
IP Line	REC_ADD_TS	NA	Timestamp of When Record was Added
IP Line	REC_UPDT_TS	NA	Timestamp of When Record was Updated
Variables with a changed name in the TAF RIF			
IP Header	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
IP Header	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
IP Header	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
IP Header	XOVR_IND	CROSSOVER_CLM_IND	Code to Indicate if a Portion of Claim is Paid by Medicare
IP Header	ADJSTMT_IND	ADJUST_CD	Claim Adjustment Code
IP Header	ADJSTMT_RSN_CD	ADJUST_RSN_CD	Adjustment Reason Code
IP Header	NUM_CLL	CLL_CNT_CALC	Claim Line Count - Calculated
IP Header	PTNT_STUS_CD	PTNT_DSCHRG_STUS_CD	Patient Status at Ending Date of Service
IP Header	BIRTH_WT_GRMS_QTY	BIRTH_WT	Birth Weight in Grams
IP Header	ADMSN_HR_NUM	ADMSN_HR	Admission Hour
IP Header	DSCHRG_HR_NUM	DSCHRG_HR	Discharge Hour
IP Header	ADMTG_DGNS_CD_IND	ADMTG_DGNS_VRSN_CD	Admitting Diagnosis Version Code (ICD-9 or ICD-10)
IP Header	DGNS_1_CD	DGNS_CD_1	Diagnosis Code 1 (Primary/Principal)
IP Header	DGNS_1_CD_IND	DGNS_VRSN_CD_1	Diagnosis Code 1 Version (ICD-9 or ICD-10)
IP Header	DGNS_POA_1_CD_IND	DGNS_POA_IND_1	Diagnosis 1 Present on Admission Indicator
IP Header	DGNS_n_CD	DGNS_CD_n	Diagnosis Code n
IP Header	DGNS_n_CD_IND	DGNS_VRSN_CD_n	Diagnosis Code n Version (ICD-9 or ICD-10)

Appendix Table 5 (continued)

File	TAF variable name	TAF RIF variable name	Short description
IP Header	DGNS_POA_n_CD_IND	DGNS_POA_IND_n	Diagnosis n Present on Admission Indicator
IP Header	HLTH_CARE_ACQRD_COND_CD	HAC_IND	Health Care Acquired Condition (HAC) Indicator
IP Header	IP_MH_DX_IND	IP_MH_DGNS_IND	Mental Health Diagnosis Indicator
IP Header	IP_SUD_DX_IND	IP_SUD_DGNS_IND	Substance Use Disorder (SUD) Diagnosis Indicator
IP Header	DRG_CD_IND	DRG_CD_SYS	Diagnosis Related Group (DRG) Code System/Nomenclature
IP Header	MAJ_DGNSTC_CTGRY	MDC_CD	Major Diagnostic Category (MDC) Code
IP Header	PRCDR_m_CD_DT	PRCDR_CD_DT_m	Date Procedure m Performed
IP Header	PRCDR_m_CD	PRCDR_CD_m	Procedure Code m
IP Header	PRCDR_m_CD_IND	PRCDR_CD_SYS_m	Procedure Code m System/Nomenclature
IP Header	ADMTG_PRVDR_NUM	ADMTG_PRVDR_ID	Admitting Provider Identification Number
IP Header	ADMTG_PRVDR_NPI_NUM	ADMTG_PRVDR_NPI	Admitting Provider NPI
IP Header	BLG_PRVDR_NUM	BLG_PRVDR_ID	Billing Provider Identification Number
IP Header	BLG_PRVDR_NPI_NUM	BLG_PRVDR_NPI	Billing Provider NPI
IP Header	RFRG_PRVDR_NUM	RFRG_PRVDR_ID	Referring Provider Identification Number
IP Header	RFRG_PRVDR_NPI_NUM	RFRG_PRVDR_NPI	Referring Provider NPI
IP Header	PRVDR_LCTN_ID	PRVDR_LCTN_CD	Provider Location Code
IP Header	NCVRD_DAYS_CNT	NCVRD_DAYS	Medicaid Noncovered Days Count
IP Header	MDCD_CVRD_IP_DAYS_CNT	CVRD_DAYS	Medicaid Covered Inpatient Days Count
IP Header	OUTLIER_DAYS_CNT	OUTLIER_DAYS	Outlier Days Count
IP Header	OUTLIER_CD	OUTLIER_TYPE_CD	Outlier Type Code
IP Header	DRG_RLTV_WT_NUM	DRG_RLTV_WT	Diagnosis Related Group (DRG) Relative Weight
IP Header	TOT_BILL_AMT	BILLED_AMT	Total Claim Billed Amount (restricted access among managed care encounter records)
IP Header	NCVRD_CHRG_AMT	NCVRD_CHRG_AMT	Noncovered Charges Amount
IP Header	TOT_ALOWD_AMT	MDCD_ALOWD_AMT	Total Medicaid Allowed Amount (restricted access among managed care encounter records)
IP Header	TOT_MDCD_PD_AMT	MDCD_PD_AMT	Total Amount Paid by Medicaid (restricted access among managed care encounter records)

Appendix Table 5 (continued)

File	TAF variable name	TAF RIF variable name	Short description
IP Header	TOT_COPAY_AMT	MDCD_COPAY_AMT	Total Copay Amount Paid by Beneficiary
IP Header	TOT_MDCR_DDCTBL_AMT	MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount (restricted access among managed care encounter records)
IP Header	TOT_MDCR_COINSRNC_AMT	MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount (restricted access among managed care encounter records)
IP Header	BENE_COINSRNC_AMT	COINSRNC_AMT	Beneficiary Coinsurance Amount
IP Header	BENE_COPMT_AMT	COPAY_AMT	Beneficiary Copayment Amount
IP Header	BENE_DDCTBL_AMT	DDCTBL_AMT	Beneficiary Deductible Amount
IP Header	TOT_TPL_AMT	TP_PD_AMT	Total Third Party Liability Paid Amount
IP Header	TP_COPMT_PD_AMT	TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
IP Header	TOT_OTHR_INSRNC_AMT	OTHR_INSRNC_PD_AMT	Total Other Insurance Paid Amount
IP Header	OTHR_TPL_CLCTN_CD	OTHR_TP_CLCTN_CD	Other Third Party Collection Code
IP Line	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
IP Line	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
IP Line	ORGNL_LINE_NUM	LINE_NUM_ORIG	Original Claim Line Number
IP Line	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
IP Line	ADJSTMT_LINE_NUM	LINE_NUM_ADJ	Adjustment Claim Line Number
IP Line	CLL_STUS_CD	LINE_CLAIM_STUS_CD	Claim Line Status Code
IP Line	LINE_ADJSTMT_IND	LINE_ADJUST_CD	Claim Line Adjustment Code
IP Line	SRVC_BGNNG_DT	LINE_SRVC_BGN_DT	Claim Line Beginning Date of Service
IP Line	SRVC_ENDG_DT	LINE_SRVC_END_DT	Claim Line Ending Date of Service
IP Line	CMS_64_FED_REIMBRSMCTCTGRY_CD	CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
IP Line	REV_CD	REV_CNTR_CD	Revenue Center Code
IP Line	NDC_CD	NDC	National Drug Code
IP Line	UOM_CD	NDC_UOM_CD	National Drug Code (NDC) Unit of Measure Code
IP Line	SRVCNG_PRVDR_NUM	SRVC_PRVDR_ID	Servicing Provider Identification Number
IP Line	SRVCNG_PRVDR_NPI_NUM	SRVC_PRVDR_NPI	Servicing Provider NPI

Appendix Table 5 (continued)

File	TAF variable name	TAF RIF variable name	Short description
IP Line	SRVCNG_PRVDR_TXNMY_CD	SRVC_PRVDR_TXNMY_CD	Servicing Provider Taxonomy Code
IP Line	SRVCNG_PRVDR_TYPE_CD	SRVC_PRVDR_TYPE_CD	Servicing Provider Type Code
IP Line	SRVCNG_PRVDR_SPCLTY_CD	SRVC_PRVDR_SPCLTY_CD	Servicing Provider Specialty Code
IP Line	OPRTG_PRVDR_NPI_NUM	OPRTG_PRVDR_NPI	Operating Provider NPI
IP Line	REV_CHRG_AMT	REV_CNTR_CHRG_AMT	Revenue Center Charge Amount (restricted access among managed care encounter records)
IP Line	ALOWD_AMT	LINE_MDCD_ALOWD_AMT	Line Medicaid Allowed Amount (restricted access among managed care encounter records)
IP Line	MDCD_PD_AMT	LINE_MDCD_PD_AMT	Line Medicaid Paid Amount (restricted access among managed care encounter records)
IP Line	MDCD_FFS_EQUIV_AMT	LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service (FFS) Equivalent Amount
IP Line	OTHR_INSRNC_AMT	LINE_OTHR_INSRNC_PD_AMT	Line Other Insurance Paid Amount
IP Line	HCPCS_RATE	IP_ACCMDTN_HCPCS_RATE	Inpatient Hospital Accommodation Rate
Variables with an unchanged name in the TAF RIF			
IP Header	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
IP Header	CLM_TYPE_CD	CLM_TYPE_CD	Claim Type Code
IP Header	BILL_TYPE_CD	BILL_TYPE_CD	Bill Type Code
IP Header	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
IP Header	MDCD_PD_DT	MDCD_PD_DT	Medicaid Paid Date
IP Header	SPLIT_CLM_IND	SPLIT_CLM_IND	Split Claim Indicator
IP Header	CLL_CNT	CLL_CNT	Claim Line Count - Original
IP Header	SRVC_TRKNG_TYPE_CD	SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
IP Header	BIRTH_DT	BIRTH_DT	Date of Birth
IP Header	PGM_TYPE_CD	PGM_TYPE_CD	Program Type Code
IP Header	MC_PLAN_ID	MC_PLAN_ID	Managed Care Plan Identification Number
IP Header	WVR_TYPE_CD	WVR_TYPE_CD	Waiver Type Code
IP Header	WVR_ID	WVR_ID	Waiver Identification Number
IP Header	OTHR_INSRNC_IND	OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)

Appendix Table 5 (continued)

File	TAF variable name	TAF RIF variable name	Short description
IP Header	SECT_1115A_DEMO_IND	SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
IP Header	HOSP_TYPE_CD	HOSP_TYPE_CD	Hospital Type Code
IP Header	ADMSN_TYPE_CD	ADMSN_TYPE_CD	Admission Type Code
IP Header	ADMSN_DT	ADMSN_DT	Admission Date
IP Header	DSCHRG_DT	DSCHRG_DT	Discharge Date
IP Header	ADMTG_DGNS_CD	ADMTG_DGNS_CD	Admitting Diagnosis Code
IP Header	DRG_CD	DRG_CD	Diagnosis Related Group (DRG) Code
IP Header	DRG_DESC	DRG_DESC	Description of Diagnosis Related Group (DRG) Code
IP Header	ADMTG_PRVDR_TXNMY_CD	ADMTG_PRVDR_TXNMY_CD	Admitting Provider Taxonomy Code
IP Header	ADMTG_PRVDR_TYPE_CD	ADMTG_PRVDR_TYPE_CD	Admitting Provider Type Code
IP Header	ADMTG_PRVDR_SPCLTY_CD	ADMTG_PRVDR_SPCLTY_CD	Admitting Provider Specialty Code
IP Header	BLG_PRVDR_TXNMY_CD	BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
IP Header	BLG_PRVDR_TYPE_CD	BLG_PRVDR_TYPE_CD	Billing Provider Type Code
IP Header	BLG_PRVDR_SPCLTY_CD	BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
IP Header	RFRG_PRVDR_TYPE_CD	RFRG_PRVDR_TYPE_CD	Referring Provider Type Code
IP Header	RFRG_PRVDR_SPCLTY_CD	RFRG_PRVDR_SPCLTY_CD	Referring Provider Specialty Code
IP Header	BRDR_STATE_IND	BRDR_STATE_IND	Border State Indicator
IP Header	IP_MH_TXNMY_IND	IP_MH_TXNMY_IND	Mental Health Provider Taxonomy Indicator
IP Header	IP_SUD_TXNMY_IND	IP_SUD_TXNMY_IND	Substance Use Disorder (SUD) Provider Taxonomy Indicator
IP Header	DRG_OUTLIER_AMT	DRG_OUTLIER_AMT	Diagnosis Related Group (DRG) Outlier Additional Payment Amount
IP Header	FIXD_PYMT_IND	FIXD_PYMT_IND	Fixed Payment Indicator
IP Header	SRVC_TRKNG_PYMT_AMT	SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
IP Header	PYMT_LVL_IND	PYMT_LVL_IND	Payment Level Indicator - Header or Line
IP Header	MDCD_DSH_PD_AMT	MDCD_DSH_PD_AMT	Medicaid Amount Paid Disproportionate Share Hospital (DSH)
IP Header	MDCR_PD_AMT	MDCR_PD_AMT	Medicare Paid Amount
IP Header	MDCR_CMBND_DDCTBL_IND	MDCR_CMBND_DDCTBL_IND	Medicare Combined Deductible and Coinsurance Indicator
IP Header	MDCR_REIMBRSM_TTYPE_CD	MDCR_REIMBRSM_TTYPE_CD	Medicare Reimbursement Type Code

Appendix Table 5 (continued)

File	TAF variable name	TAF RIF variable name	Short description
IP Header	COPAY_WVD_IND	COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
IP Header	TP_COINSRNC_PD_AMT	TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
IP Header	FUNDNG_CD	FUNDNG_CD	Code to Indicate Source of Non-Federal Funding
IP Header	FUNDNG_SRC_NON_FED_SHR_CD	FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
IP Header	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
IP Header	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier
IP Header	IP_VRSN	IP_VRSN	Version (Iteration of the File)
IP Header	IP_FIL_DT	IP_FIL_DT	File Date (Year and Month of Service)
IP Line	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
IP Line	LINE_NUM	LINE_NUM	Sequential Claim Line Identifier
IP Line	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
IP Line	BNFT_TYPE_CD	BNFT_TYPE_CD	Benefit Type Code
IP Line	TOS_CD	TOS_CD	Type of Service Code
IP Line	XIX_SRVC_CTGRY_CD	XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
IP Line	XXI_SRVC_CTGRY_CD	XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
IP Line	ACTL_SRVC_QTY	ACTL_SRVC_QTY	Actual Service Quantity
IP Line	ALOWD_SRVC_QTY	ALOWD_SRVC_QTY	Maximum Allowed Quantity
IP Line	NDC_QTY	NDC_QTY	National Drug Code (NDC) Quantity Dispensed
IP Line	IMNZTN_TYPE_CD	IMNZTN_TYPE_CD	Immunization Type Code
IP Line	PRVDR_FAC_TYPE_CD	PRVDR_FAC_TYPE_CD	Provider Facility Type Code
IP Line	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
IP Line	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

Note: *n* indicates the diagnosis code number from 2 to 12. *m* indicates the procedure code number from 1 to 6.

NA = Not available

Appendix Table 6. Crosswalk of TAF variable names to TAF RIF variable names: LT header and line files

File	TAF variable name	TAF RIF variable name	Short description
Variables only available in the TAF RIF			
LT header	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
LT header	NA	STATE_CD	Submitting State Alpha Abbreviation
LT header	NA	CLM_ID	CCW Claim Identifier
LT header	NA	SRVC_END_DT_CD	Identifies the Date Field Used to Populate SRVC_END_DT
LT header	NA	CCW_LD_DT	CCW Load Date
LT line	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
LT line	NA	STATE_CD	Submitting State Alpha Abbreviation
LT line	NA	CLM_ID	CCW Claim Identifier
Variables in TAF but not available in the TAF RIF			
LT header	LT_LINK_KEY	NA	Concatenation of LT_VRSN, LT_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJDCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records
LT header	ELGBL_LAST_NAME	NA	Beneficiary Last Name
LT header	ELGBL_1ST_NAME	NA	Beneficiary First Name
LT header	ELGBL_MDL_INITL_NAME	NA	Beneficiary Middle Initial
LT header	MDCR_HICN_NUM	NA	Beneficiary Health Insurance Claim (HIC) Number
LT header	MDCR_BENE_ID	NA	Beneficiary Medicare Beneficiary Identifier (MBI) Identification Number
LT header	PTNT_CNTL_NUM	NA	Beneficiary Unique Number Assigned by Provider Agency During Claim Submission
LT header	IAP_COND_IND	NA	Identifier for Claims that May be Associated with a Chronic Condition or Disability
LT header	PRMRY_HIRCHCL_COND	NA	Array of Up to 3 3-Digit Codes to Group Diagnosis Codes into Hierarchical Groups
LT header	REC_ADD_TS	NA	Timestamp of When Record was Added
LT header	REC_UPDT_TS	NA	Timestamp of When Record was Updated

Appendix Table 6 (continued)

File	TAF variable name	TAF RIF variable name	Short description
LT line	LT_LINK_KEY	NA	Concatenation of LT_VRSN, LT_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJDCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records
LT line	LT_VRSN	NA	Version (Iteration of the File)
LT line	LT_FIL_DT	NA	File Date (Year and Month of Service)
LT line	REC_ADD_TS	NA	Timestamp of When Record was Added
LT line	REC_UPDT_TS	NA	Timestamp of When Record was Updated
Variables with a changed name in the TAF RIF			
LT header	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
LT header	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
LT header	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
LT header	XOVR_IND	CROSSOVER_CLM_IND	Code to Indicate if a Portion of Claim is Paid by Medicare
LT header	ADJSTMT_IND	ADJUST_CD	Claim Adjustment Code
LT header	ADJSTMT_RSN_CD	ADJUST_RSN_CD	Adjustment Reason Code
LT header	NUM_CLL	CLL_CNT_CALC	Claim Line Count - Calculated
LT header	PTNT_STUS_CD	PTNT_DSCHRG_STUS_CD	Patient Status at Ending Date of Service
LT header	SRVC_BGNNG_DT	SRVC_BGN_DT	Claim Beginning Date of Service
LT header	SRVC_ENDG_DT	SRVC_END_DT	Claim Ending Date of Service
LT header	ADMSN_HR_NUM	ADMSN_HR	Admission Hour
LT header	DSCHRG_HR_NUM	DSCHRG_HR	Discharge Hour
LT header	ADMTG_DGNS_CD_IND	ADMTG_DGNS_VRSN_CD	Admitting Diagnosis Version Code (ICD-9 or ICD-10)
LT header	DGNS_1_CD	DGNS_CD_1	Diagnosis Code 1 (Primary/Principal)
LT header	DGNS_1_CD_IND	DGNS_VRSN_CD_1	Diagnosis Code 1 Version (ICD-9 or ICD-10)
LT header	DGNS_POA_1_CD_IND	DGNS_POA_IND_1	Diagnosis 1 Present on Admission Indicator
LT header	DGNS_n_CD	DGNS_CD_n	Diagnosis Code n
LT header	DGNS_n_CD_IND	DGNS_VRSN_CD_n	Diagnosis Code n Version (ICD-9 or ICD-10)
LT header	DGNS_POA_n_CD_IND	DGNS_POA_IND_n	Diagnosis n Present on Admission Indicator

Appendix Table 6 (continued)

File	TAF variable name	TAF RIF variable name	Short description
LT header	HLTH_CARE_ACQRD_COND_CD	HAC_IND	Health Care Acquired Condition (HAC) Indicator
LT header	LT_MH_DX_IND	MH_DGNS_IND	Mental Health Diagnosis Indicator
LT header	LT_SUD_DX_IND	SUD_DGNS_IND	Substance Use Disorder (SUD) Diagnosis Indicator
LT header	ADMTG_PRVDR_NUM	ADMTG_PRVDR_ID	Admitting Provider Identification Number
LT header	ADMTG_PRVDR_NPI_NUM	ADMTG_PRVDR_NPI	Admitting Provider NPI
LT header	BLG_PRVDR_NUM	BLG_PRVDR_ID	Billing Provider Identification Number
LT header	BLG_PRVDR_NPI_NUM	BLG_PRVDR_NPI	Billing Provider NPI
LT header	RFRG_PRVDR_NUM	RFRG_PRVDR_ID	Referring Provider Identification Number
LT header	RFRG_PRVDR_NPI_NUM	RFRG_PRVDR_NPI	Referring Provider NPI
LT header	PRVDR_LCTN_ID	PRVDR_LCTN_CD	Provider Location Code
LT header	LT_MH_TXNMY_IND	MH_TXNMY_IND	Mental Health Provider Taxonomy Indicator
LT header	LT_SUD_TXNMY_IND	SUD_TXNMY_IND	Substance Use Disorder (SUD) Provider Taxonomy Indicator
LT header	NCVRD_DAYS_CNT	NCVRD_DAYS	Count of Medicaid Noncovered Days
LT header	ICF_IID_DAYS_CNT	CVRD_DAYS_ICF_IID	Count of Medicaid Covered Days in an Intermediate Care Facility (ICF) for Individuals with an Intellectual Disability (IID)
LT header	NRSNG_FAC_DAYS_CNT	CVRD_DAYS_NF	Count of Medicaid Covered Days in a Nursing Facility
LT header	MDCD_CVRD_IP_DAYS_CNT	CVRD_DAYS_IP_PSYCH	Count of Medicaid Covered Days in an Inpatient Psychiatric Facility
LT header	CVRD_MH_DAYS_OVR_65	CVRD_DAYS_IP_PSYCH_OVER_65	Count of Medicaid Covered Days in an Inpatient Psychiatric Facility (Beneficiary Over 65 Years)
LT header	CVRD_MH_DAYS_UNDER_21	CVRD_DAYS_IP_PSYCH_UNDER_21	Count of Medicaid Covered Days in an Inpatient Psychiatric Facility (Beneficiary Under 21 Years)
LT header	LVE_DAYS_CNT	LEAVE_DAYS	Count of Days During Medicaid Coverage Period when Patient was not Residing in Long-Term Care (LTC) Facility
LT header	TOT_BILL_AMT	BILLED_AMT	Total Claim Billed Amount (restricted access among managed care encounter records)
LT header	NCVRD_CHRGS_AMT	NCVRD_CHRG_AMT	Noncovered Charges Amount
LT header	TOT_ALOWD_AMT	MDCD_ALOWD_AMT	Total Medicaid Allowed Amount (restricted access among managed care encounter records)

Appendix Table 6 (continued)

File	TAF variable name	TAF RIF variable name	Short description
LT header	TOT_MDCD_PD_AMT	MDCD_PD_AMT	Total Amount Paid by Medicaid (restricted access among managed care encounter records)
LT header	ACMDTN_PD	MDCD_ACMDTN_PD_AMT	Medicaid Amount Paid for All Accommodation (Room & Board) Revenue Lines (restricted access among managed care encounter records)
LT header	ANCLRY_PD	MDCD_ANCLRY_PD_AMT	Medicaid Amount Paid for All Ancillary (Non-Room & Board) Revenue Lines (restricted access among managed care encounter records)
LT header	TOT_MDCR_DDCTBL_AMT	MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount (restricted access among managed care encounter records)
LT header	TOT_MDCR_COINSRNC_AMT	MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount (restricted access among managed care encounter records)
LT header	LTC_RCP_LBLTY_AMT	BENE_LIABILITY_AMT	Total Beneficiary Long-Term Care (LTC) Liability Amount
LT header	BENE_COINSRNC_AMT	COINSRNC_AMT	Beneficiary Coinsurance Amount
LT header	BENE_COPMT_AMT	COPAY_AMT	Beneficiary Copayment Amount
LT header	BENE_DDCTBL_AMT	DDCTBL_AMT	Beneficiary Deductible Amount
LT header	TOT_TPL_AMT	TP_PD_AMT	Total Third Party Liability (TPL) Paid Amount
LT header	TP_COPMT_PD_AMT	TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
LT header	TOT_OTHR_INSRNC_AMT	OTHR_INSRNC_PD_AMT	Total Other Insurance Paid Amount
LT header	OTHR_TPL_CLCTN_CD	OTHR_TP_CLCTN_CD	Other Third Party Collection Code
LT line	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
LT line	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
LT line	ORGNL_LINE_NUM	LINE_NUM_ORIG	Original Claim Line Number
LT line	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
LT line	ADJSTMT_LINE_NUM	LINE_NUM_ADJ	Adjustment Claim Line Number
LT line	CLL_STUS_CD	LINE_CLAIM_STUS_CD	Claim Line Status Code
LT line	LINE_ADJSTMT_IND	LINE_ADJUST_CD	Claim Line Adjustment Code
LT line	SRVC_BGNNG_DT	LINE_SRVC_BGN_DT	Claim Line Beginning Date of Service
LT line	SRVC_ENDG_DT	LINE_SRVC_END_DT	Claim Line Ending Date of Service

Appendix Table 6 (continued)

File	TAF variable name	TAF RIF variable name	Short description
LT line	CMS_64_FED_REIMBRSMT_CTGRY_CD	CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
LT line	REV_CD	REV_CNTR_CD	Revenue Center Code
LT line	BLG_UNIT_CD	BLG_UOM_CD	Service Billing Unit of Measure Code
LT line	NDC_CD	NDC	National Drug Code (NDC)
LT line	UOM_CD	NDC_UOM_CD	National Drug Code (NDC) Unit of Measure Code
LT line	SRVCNG_PRVDR_NUM	SRVC_PRVDR_ID	Servicing Provider Identification Number
LT line	SRVCNG_PRVDR_NPI_NUM	SRVC_PRVDR_NPI	Servicing Provider NPI
LT line	SRVCNG_PRVDR_TXNMY_CD	SRVC_PRVDR_TXNMY_CD	Servicing Provider Taxonomy Code
LT line	SRVCNG_PRVDR_TYPE_CD	SRVC_PRVDR_TYPE_CD	Servicing Provider Type Code
LT line	SRVCNG_PRVDR_SPCLTY_CD	SRVC_PRVDR_SPCLTY_CD	Servicing Provider Specialty Code
LT line	REV_CHRG_AMT	REV_CNTR_CHRG_AMT	Revenue Center Charge Amount (restricted access among managed care encounter records)
LT line	ALOWD_AMT	LINE_MDCD_ALOWD_AMT	Line Medicaid Allowed Amount (restricted access among managed care encounter records)
LT line	MDCD_PD_AMT	LINE_MDCD_PD_AMT	Line Medicaid Paid Amount (restricted access among managed care encounter records)
LT line	MDCD_FFS_EQUIV_AMT	LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service (FFS) Equivalent Amount
LT line	TPL_AMT	LINE_TP_PD_AMT	Line Third Party Liability (TPL) Paid Amount
LT line	OTHR_INSRNC_AMT	LINE_OTHR_INSRNC_PD_AMT	Line Other Insurance Paid Amount
LT line	HCPCS_RATE	LT_ACCMDTN_HCPCS_RATE	Long-Term Care (LTC) Accommodation Rate
Variables with an unchanged name in the TAF RIF			
LT header	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
LT header	CLM_TYPE_CD	CLM_TYPE_CD	Claim Type Code
LT header	BILL_TYPE_CD	BILL_TYPE_CD	Bill Type Code
LT header	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
LT header	MDCD_PD_DT	MDCD_PD_DT	Medicaid Paid Date
LT header	SPLIT_CLM_IND	SPLIT_CLM_IND	Split Claim Indicator
LT header	CLL_CNT	CLL_CNT	Claim Line Count - Original

Appendix Table 6 (continued)

File	TAF variable name	TAF RIF variable name	Short description
LT header	SRVC_TRKNG_TYPE_CD	SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
LT header	BIRTH_DT	BIRTH_DT	Date of Birth
LT header	PGM_TYPE_CD	PGM_TYPE_CD	Program Type Code
LT header	MC_PLAN_ID	MC_PLAN_ID	Managed Care Plan Identification Number
LT header	WVR_TYPE_CD	WVR_TYPE_CD	Waiver Type Code
LT header	WVR_ID	WVR_ID	Waiver Identification Number
LT header	OTHR_INSRNC_IND	OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)
LT header	SECT_1115A_DEMO_IND	SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
LT header	ADMSN_DT	ADMSN_DT	Admission Date
LT header	DSCHRG_DT	DSCHRG_DT	Discharge Date
LT header	ADMTG_DGNS_CD	ADMTG_DGNS_CD	Admitting Diagnosis Code
LT header	ADMTG_PRVDR_TXNMY_CD	ADMTG_PRVDR_TXNMY_CD	Admitting Provider Taxonomy Code
LT header	ADMTG_PRVDR_TYPE_CD	ADMTG_PRVDR_TYPE_CD	Admitting Provider Type Code
LT header	ADMTG_PRVDR_SPCLTY_CD	ADMTG_PRVDR_SPCLTY_CD	Admitting Provider Specialty Code
LT header	BLG_PRVDR_TXNMY_CD	BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
LT header	BLG_PRVDR_TYPE_CD	BLG_PRVDR_TYPE_CD	Billing Provider Type Code
LT header	BLG_PRVDR_SPCLTY_CD	BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
LT header	RFRG_PRVDR_TYPE_CD	RFRG_PRVDR_TYPE_CD	Referring Provider Type Code
LT header	RFRG_PRVDR_SPCLTY_CD	RFRG_PRVDR_SPCLTY_CD	Referring Provider Specialty Code
LT header	BRDR_STATE_IND	BRDR_STATE_IND	Border State Indicator
LT header	FIXD_PYMT_IND	FIXD_PYMT_IND	Fixed Payment Indicator
LT header	SRVC_TRKNG_PYMT_AMT	SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
LT header	PYMT_LVL_IND	PYMT_LVL_IND	Payment Level Indicator - Header or Line
LT header	DAILY_RATE	DAILY_RATE	Daily Rate that a Policy will Pay for a Covered Service
LT header	MDCR_PD_AMT	MDCR_PD_AMT	Medicare Paid Amount
LT header	MDCR_CMBND_DDCTBL_IND	MDCR_CMBND_DDCTBL_IND	Medicare Combined Deductible and Coinsurance Indicator
LT header	MDCR_REIMBRSMT_TYPE_CD	MDCR_REIMBRSMT_TYPE_CD	Medicare Reimbursement Type Code

Appendix Table 6 (continued)

File	TAF variable name	TAF RIF variable name	Short description
LT header	COPAY_WVD_IND	COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
LT header	TP_COINSRNC_PD_AMT	TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
LT header	FUNDNG_CD	FUNDNG_CD	Code to Indicate Source of Non-Federal Funding
LT header	FUNDNG_SRC_NON_FED_SHR_CD	FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
LT header	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
LT header	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier
LT header	LT_VRSN	LT_VRSN	Version (Iteration of the File)
LT header	LT_FIL_DT	LT_FIL_DT	File Date (Year and Month of Service)
LT line	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
LT line	LINE_NUM	LINE_NUM	Sequential Claim Line Identifier
LT line	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
LT line	BNFT_TYPE_CD	BNFT_TYPE_CD	Benefit Type Code
LT line	TOS_CD	TOS_CD	Type of Service Code
LT line	XIX_SRVC_CTGRY_CD	XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
LT line	XXI_SRVC_CTGRY_CD	XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
LT line	ACTL_SRVC_QTY	ACTL_SRVC_QTY	Actual Service Quantity
LT line	ALOWD_SRVC_QTY	ALOWD_SRVC_QTY	Maximum Allowed Service Quantity
LT line	NDC_QTY	NDC_QTY	National Drug Code (NDC) Quantity Dispensed
LT line	IMNZTN_TYPE_CD	IMNZTN_TYPE_CD	Immunization Type Code
LT line	PRVDR_FAC_TYPE_CD	PRVDR_FAC_TYPE_CD	Provider Facility Type Code
LT line	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
LT line	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

Note: *n* indicates the diagnosis code number from 2 to 5.

NA = Not available

Appendix Table 7. Crosswalk of TAF variable names to TAF RIF variable names: OT header and line files

File	TAF variable name	TAF RIF variable name	Short description
Variables only available in the TAF RIF			
OT header	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
OT header	NA	STATE_CD	Submitting State Alpha Abbreviation
OT header	NA	CLM_ID	CCW Claim Identifier
OT header	NA	SRVC_END_DT_CD	Identifies the Date Field Used to Populate SRVC_END_DT
OT header	NA	CCW_LD_DT	CCW Load Date
OT line	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
OT line	NA	STATE_CD	Submitting State Alpha Abbreviation
OT line	NA	CLM_ID	CCW Claim Identifier
Variables in TAF but not available in the TAF RIF			
OT header	OT_LINK_KEY	NA	Concatenation of OT_VRSN, OT_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJDCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records
OT header	ELGBL_LAST_NAME	NA	Beneficiary Last Name
OT header	ELGBL_1ST_NAME	NA	Beneficiary First Name
OT header	ELGBL_MDL_INITL_NAME	NA	Beneficiary Middle Initial
OT header	MDCR_HICN_NUM	NA	Beneficiary Health Insurance Claim (HIC) Number
OT header	MDCR_BENE_ID	NA	Beneficiary Medicare Beneficiary Identifier (MBI) Identification Number
OT header	IAP_COND_IND	NA	Identifier for Claims that May be Associated with a Chronic Condition or Disability
OT header	PRMRY_HIRCHCL_COND	NA	Array of Up to 3 3-Digit Codes to Group Diagnosis Codes into Hierarchical Groups
OT header	REC_ADD_TS	NA	Timestamp of When Record was Added
OT header	REC_UPDT_TS	NA	Timestamp of When Record was Updated
OT line	OT_LINK_KEY	NA	Concatenation of OT_VRSN, OT_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJDCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records

Appendix Table 7 (continued)

File	TAF variable name	TAF RIF variable name	Short description
OT line	OT_VRSN	NA	Version (Iteration of the File)
OT line	OT_FIL_DT	NA	File Date (Year and Month of Service)
OT line	STATE_NOTN_TXT	NA	Free Text File for State to Enter Additional Information
OT line	REC_ADD_TS	NA	Timestamp of When Record was Added
OT line	REC_UPDT_TS	NA	Timestamp of When Record was Updated
Variables with a changed name in the TAF RIF			
OT header	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
OT header	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
OT header	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
OT header	XOVR_IND	CROSSOVER_CLM_IND	Code to Indicate if a Portion of Claim is Paid by Medicare
OT header	ADJSTMT_IND	ADJUST_CD	Claim Adjustment Code
OT header	ADJSTMT_RSN_CD	ADJUST_RSN_CD	Adjustment Reason Code
OT header	NUM_CLL	CLL_CNT_CALC	Claim Line Count - Calculated
OT header	SRVC_BGNNG_DT	SRVC_BGN_DT	Claim Beginning Date of Service
OT header	SRVC_ENDG_DT	SRVC_END_DT	Claim Ending Date of Service
OT header	DGNS_1_CD	DGNS_CD_1	Diagnosis Code 1 (Primary/Principal)
OT header	DGNS_1_CD_IND	DGNS_VRSN_CD_1	Diagnosis Code 1 Version (ICD-9 or ICD-10)
OT header	DGNS_POA_1_CD_IND	DGNS_POA_IND_1	Diagnosis 1 Present on Admission Indicator
OT header	DGNS_2_CD	DGNS_CD_2	Diagnosis Code 2
OT header	DGNS_2_CD_IND	DGNS_VRSN_CD_2	Diagnosis Code 2 Version (ICD-9 or ICD-10)
OT header	DGNS_POA_2_CD_IND	DGNS_POA_IND_2	Diagnosis 2 Present on Admission Indicator
OT header	HLTH_CARE_ACQRD_COND_CD	HAC_IND	Health Care Acquired Condition (HAC) Indicator
OT header	OT_MH_DX_IND	MH_DGNS_IND	Mental Health Diagnosis Indicator
OT header	OT_SUD_DX_IND	SUD_DGNS_IND	Substance Use Disorder (SUD) Diagnosis Indicator
OT header	SRVC_PLD_CD	POS_CD	Place of Service Code
OT header	BLG_PRVDR_NUM	BLG_PRVDR_ID	Billing Provider Identification Number
OT header	BLG_PRVDR_NPI_NUM	BLG_PRVDR_NPI	Billing Provider NPI

Appendix Table 7 (continued)

File	TAF variable name	TAF RIF variable name	Short description
OT header	RFRG_PRVDR_NUM	RFRG_PRVDR_ID	Referring Provider Identification Number
OT header	RFRG_PRVDR_NPI_NUM	RFRG_PRVDR_NPI	Referring Provider NPI
OT header	PRVDR_UNDER_DRCTN_NPI_NUM	DRCTNG_PRVDR_NPI	NPI of Provider Directing the Patient's Care
OT header	PRVDR_UNDER_DRCTN_TXNMY_CD	DRCTNG_PRVDR_TXNMY_CD	Taxonomy Code of Provider Directing the Patient's Care
OT header	PRVDR_UNDER_SPRVSN_NPI_NUM	SPRVSNNG_PRVDR_NPI	Supervising Provider NPI
OT header	PRVDR_UNDER_SPRVSN_TXNMY_CD	SPRVSNNG_PRVDR_TXNMY_CD	Supervising Provider Taxonomy Code
OT header	HH_PRVDR_IND	HLTH_HOME_PRVDR_IND	Health Home Provider Indicator
OT header	HH_PRVDR_NPI_NUM	HLTH_HOME_PRVDR_NPI	Health Home Provider NPI
OT header	HH_ENT_NAME	HLTH_HOME_ENT_NAME	Health Home Entity Name
OT header	PRVDR_LCTN_ID	PRVDR_LCTN_CD	Provider Location Code
OT header	OT_MH_TXNMY_IND	MH_TXNMY_IND	Mental Health Provider Taxonomy Indicator
OT header	OT_SUD_TXNMY_IND	SUD_TXNMY_IND	Substance Use Disorder (SUD) Provider Taxonomy Indicator
OT header	CPTATD_PYMT_RQSTD_AMT	CPTATD_PYMT_BILLED_AMT	Capitated Payment Billed Amount
OT header	CPTATD_AMT_RQSTD_DT	CPTATD_PYMT_BILLED_DT	Capitated Payment Billed Date
OT header	TOT_BILL_AMT	BILLED_AMT	Total Claim Billed Amount (restricted access among managed care encounter records)
OT header	TOT_ALOWD_AMT	MDCD_ALOWD_AMT	Total Medicaid Allowed Amount (restricted access among managed care encounter records)
OT header	TOT_MDCD_PD_AMT	MDCD_PD_AMT	Total Amount Paid by Medicaid (restricted access among managed care encounter records)
OT header	TOT_COPAY_AMT	MDCD_COPAY_AMT	Total Copay Amount Paid by Beneficiary
OT header	TOT_MDCR_DDCTBL_AMT	MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount (restricted access among managed care encounter records)
OT header	TOT_MDCR_COINSRNC_AMT	MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount (restricted access among managed care encounter records)
OT header	BENE_COINSRNC_AMT	COINSRNC_AMT	Beneficiary Coinsurance Amount
OT header	BENE_COINSRNC_PD_DT	COINSRNC_PD_DT	Beneficiary Coinsurance Paid Date
OT header	BENE_COPMT_AMT	COPAY_AMT	Beneficiary Copayment Amount
OT header	BENE_COPMT_PD_DT	COPAY_PD_DT	Beneficiary Copayment Paid Date

Appendix Table 7 (continued)

File	TAF variable name	TAF RIF variable name	Short description
OT header	BENE_DDCTBL_AMT	DDCTBL_AMT	Beneficiary Deductible Amount
OT header	BENE_DDCTBL_PD_DT	DDCTBL_PD_DT	Beneficiary Deductible Paid Date
OT header	TOT_TPL_AMT	TP_PD_AMT	Total Third Party (TPL) Liability Paid Amount
OT header	TP_COPMT_PD_AMT	TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
OT header	TOT_OTHR_INSRNC_AMT	OTHR_INSRNC_PD_AMT	Total Other Insurance Paid Amount
OT header	OTHR_TPL_CLCTN_CD	OTHR_TP_CLCTN_CD	Other Third Party Collection Code
OT header	RMTNC_NUM	REMITTANCE_NUM	Remittance Number
OT line	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
OT line	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
OT line	ORGNL_LINE_NUM	LINE_NUM_ORIG	Original Claim Line Number
OT line	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
OT line	ADJSTMT_LINE_NUM	LINE_NUM_ADJ	Adjustment Claim Line Number
OT line	CLL_STUS_CD	LINE_CLAIM_STUS_CD	Claim Line Status Code
OT line	LINE_ADJSTMT_IND	LINE_ADJUST_CD	Claim Line Adjustment Code
OT line	ADJSTMT_LINE_RSN_CD	LINE_ADJUST_RSN_CD	Claim Line Adjustment Reason Code
OT line	SRVC_BGNNG_DT	LINE_SRVC_BGN_DT	Claim Line Beginning Date of Service
OT line	SRVC_ENDG_DT	LINE_SRVC_END_DT	Claim Line Ending Date of Service
OT line	CMS_64_FED_REIMBRSMCTCTGRY_CD	CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
OT line	REV_CD	REV_CNTR_CD	Revenue Center Code
OT line	ACTL_SRVC_QTY	ACTL_SRVC_QTY	Actual Service Quantity
OT line	PRCDR_CD_DT	LINE_PRCDR_CD_DT	Date Line Procedure Performed
OT line	PRCDR_CD	LINE_PRCDR_CD	Line Procedure Code
OT line	PRCDR_CD_IND	LINE_PRCDR_CD_SYS	Line Procedure Code System/Nomenclature
OT line	PRCDR_1_MDFR_CD	LINE_PRCDR_MDFR_CD_1	Line Procedure Code Modifier Code 1
OT line	PRCDR_2_MDFR_CD	LINE_PRCDR_MDFR_CD_2	Line Procedure Code Modifier Code 2
OT line	PRCDR_3_MDFR_CD	LINE_PRCDR_MDFR_CD_3	Line Procedure Code Modifier Code 3
OT line	PRCDR_4_MDFR_CD	LINE_PRCDR_MDFR_CD_4	Line Procedure Code Modifier Code 4

Appendix Table 7 (continued)

File	TAF variable name	TAF RIF variable name	Short description
OT line	NDC_CD	NDC	National Drug Code (NDC)
OT line	UOM_CD	NDC_UOM_CD	National Drug Code (NDC) Unit of Measure Code
OT line	HCBS_TXNMY	HCBS_TXNMY_CD	Home- and Community-Based Services (HCBS) Taxonomy Code
OT line	TOOTH_DSGNTN_SYS_CD	TOOTH_DSGNTN_SYS	Tooth Designation System/Nomenclature
OT line	SRVCNG_PRVDR_NUM	SRVC_PRVDR_ID	Servicing Provider Identification Number
OT line	SRVCNG_PRVDR_NPI_NUM	SRVC_PRVDR_NPI	Servicing Provider NPI
OT line	SRVCNG_PRVDR_TXNMY_CD	SRVC_PRVDR_TXNMY_CD	Servicing Provider Taxonomy Code
OT line	SRVCNG_PRVDR_TYPE_CD	SRVC_PRVDR_TYPE_CD	Servicing Provider Type Code
OT line	SRVCNG_PRVDR_SPCLTY_CD	SRVC_PRVDR_SPCLTY_CD	Servicing Provider Specialty Code
OT line	BILL_AMT	LINE_BILLED_AMT	Line Billed Amount (restricted access among managed care encounter records)
OT line	ALOWD_AMT	LINE_MDCD_ALOWD_AMT	Line Medicaid Allowed Amount (restricted access among managed care encounter records)
OT line	MDCD_PD_AMT	LINE_MDCD_PD_AMT	Line Medicaid Paid Amount (restricted access among managed care encounter records)
OT line	MDCD_FFS_EQUIV_AMT	LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service (FFS) Equivalent Amount
OT line	MDCR_PD_AMT	LINE_MDCR_PD_AMT	Line Medicare Paid Amount
OT line	COPAY_AMT	LINE_COPAY_AMT	Line Beneficiary Copayment Amount
OT line	TPL_AMT	LINE_TP_PD_AMT	Line Third Party Liability (TPL) Paid Amount
OT line	OTHR_INSRNC_AMT	LINE_OTHR_INSRNC_PD_AMT	Line Other Insurance Paid Amount
OT line	HCPCS_RATE	OT_ACCMDTN_HCPCS_RATE	Other Services Accommodation Rate
Variables with an unchanged name in the TAF RIF			
OT header	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
OT header	CLM_TYPE_CD	CLM_TYPE_CD	Claim Type Code
OT header	BILL_TYPE_CD	BILL_TYPE_CD	Bill Type Code
OT header	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
OT header	MDCD_PD_DT	MDCD_PD_DT	Medicaid Paid Date
OT header	CLL_CNT	CLL_CNT	Claim Line Count - Original

Appendix Table 7 (continued)

File	TAF variable name	TAF RIF variable name	Short description
OT header	SRVC_TRKNG_TYPE_CD	SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
OT header	BIRTH_DT	BIRTH_DT	Date of Birth
OT header	PGM_TYPE_CD	PGM_TYPE_CD	Program Type Code
OT header	MC_PLAN_ID	MC_PLAN_ID	Managed Care Plan Identification Number
OT header	WVR_TYPE_CD	WVR_TYPE_CD	Waiver Type Code
OT header	WVR_ID	WVR_ID	Waiver Identification Number
OT header	OTHR_INSRNC_IND	OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)
OT header	SECT_1115A_DEMO_IND	SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
OT header	BLG_PRVDR_TXNMY_CD	BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
OT header	BLG_PRVDR_TYPE_CD	BLG_PRVDR_TYPE_CD	Billing Provider Type Code
OT header	BLG_PRVDR_SPCLTY_CD	BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
OT header	RFRG_PRVDR_TXNMY_CD	RFRG_PRVDR_TXNMY_CD	Referring Provider Taxonomy Code
OT header	RFRG_PRVDR_TYPE_CD	RFRG_PRVDR_TYPE_CD	Referring Provider Type Code
OT header	RFRG_PRVDR_SPCLTY_CD	RFRG_PRVDR_SPCLTY_CD	Referring Provider Specialty Code
OT header	BRDR_STATE_IND	BRDR_STATE_IND	Border State Indicator
OT header	FIXD_PYMT_IND	FIXD_PYMT_IND	Fixed Payment Indicator
OT header	SRVC_TRKNG_PYMT_AMT	SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
OT header	PYMT_LVL_IND	PYMT_LVL_IND	Payment Level Indicator - Header or Line
OT header	DAILY_RATE	DAILY_RATE	Daily Rate that a Policy will Pay for a Covered Service
OT header	MDCR_CMBND_DDCTBL_IND	MDCR_CMBND_DDCTBL_IND	Medicare Combined Deductible and Coinsurance Indicator
OT header	MDCR_REIMBRSMT_TYPE_CD	MDCR_REIMBRSMT_TYPE_CD	Medicare Reimbursement Type Code
OT header	COPAY_WVD_IND	COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
OT header	TP_COINSRNC_PD_AMT	TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
OT header	FUNDNG_CD	FUNDNG_CD	Code to Indicate Source of Non-Federal Funding
OT header	FUNDNG_SRC_NON_FED_SHR_CD	FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
OT header	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
OT header	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

Appendix Table 7 (continued)

File	TAF variable name	TAF RIF variable name	Short description
OT header	OT_VRSN	OT_VRSN	Version (Iteration of the File)
OT header	OT_FIL_DT	OT_FIL_DT	File Date (Year and Month of Service)
OT line	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
OT line	LINE_NUM	LINE_NUM	Sequential Claim Line Identifier
OT line	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
OT line	BNFT_TYPE_CD	BNFT_TYPE_CD	Benefit Type Code
OT line	TOS_CD	TOS_CD	Type of Service Code
OT line	XIX_SRVC_CTGRY_CD	XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
OT line	XXI_SRVC_CTGRY_CD	XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
OT line	ALOWD_SRVC_QTY	ALOWD_SRVC_QTY	Maximum Allowed Quantity
OT line	NDC_QTY	NDC_QTY	National Drug Code (NDC) Quantity Dispensed
OT line	IMNZTN_TYPE_CD	IMNZTN_TYPE_CD	Immunization Type Code
OT line	SELF_DRCTN_TYPE_CD	SELF_DRCTN_TYPE_CD	Beneficiary Service Self-Direction Type Code
OT line	PRE_AUTHRZTN_NUM	PRE_AUTHRZTN_NUM	Pre-Authorization Number
OT line	HCBS_SRVC_CD	HCBS_SRVC_CD	Home- and Community-Based Services (HCBS) Service Code
OT line	TOOTH_NUM	TOOTH_NUM	Tooth Number
OT line	TOOTH_ORAL_CVTY_AREA_DSGNT D_CD	TOOTH_ORAL_CVTY_AREA_DSGNTD _CD	Tooth Oral Cavity Area Designated Code
OT line	TOOTH_SRFC_CD	TOOTH_SRFC_CD	Tooth Surface Code
OT line	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
OT line	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

NA = Not available

Appendix Table 8. Crosswalk of TAF variable names to TAF RIF variable names: RX header and line files

File	TAF variable name	TAF RIF variable name	Short description
Variables only available in the TAF RIF			
RX header	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
RX header	NA	STATE_CD	Submitting State Alpha Abbreviation
RX header	NA	CLM_ID	CCW Claim Identifier
RX header	NA	CCW_LD_DT	CCW Load Date
RX line	NA	BENE_ID	Encrypted CCW Beneficiary Identifier
RX line	NA	STATE_CD	Submitting State Alpha Abbreviation
RX line	NA	CLM_ID	CCW Claim Identifier
Variables in TAF but not available in the TAF RIF			
RX header	RX_LINK_KEY	NA	Concatenation of RX_VRSN, RX_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJDCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records
RX header	ELGBL_LAST_NAME	NA	Beneficiary Last Name
RX header	ELGBL_1ST_NAME	NA	Beneficiary First Name
RX header	ELGBL_MDL_INITL_NAME	NA	Beneficiary Middle Initial
RX header	MDCR_HICN_NUM	NA	Beneficiary Health Insurance Claim (HIC) Number
RX header	MDCR_BENE_ID	NA	Beneficiary Medicare Beneficiary Identifier (MBI) Identification Number
RX header	REC_ADD_TS	NA	Timestamp of When Record was Added
RX header	REC_UPDT_TS	NA	Timestamp of When Record was Updated
RX line	RX_LINK_KEY	NA	Concatenation of RX_VRSN, RX_FIL_DT, SUBMTG_STATE_CD, ORGNL_CLM_NUM, ADJSTMT_CLM_NUM, ADJDCTN_DT, ADJSTMT_IND, and LINE_ADJSTMT_IND to Link Header and Line Records
RX line	RX_VRSN	NA	Version (Iteration of the File)
RX line	RX_FIL_DT	NA	File Date (Year and Month of Service)
RX line	REC_ADD_TS	NA	Timestamp of When Record was Added
RX line	REC_UPDT_TS	NA	Timestamp of When Record was Updated

Appendix Table 8 (continued)

File	TAF variable name	TAF RIF variable name	Short description
Variables with a changed name in the TAF RIF			
RX header	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
RX header	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
RX header	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
RX header	XOVR_IND	CROSSOVER_CLM_IND	Code to Indicate if a Portion of Claim is Paid by Medicare
RX header	ADJSTMT_IND	ADJUST_CD	Claim Adjustment Code
RX header	ADJSTMT_RSN_CD	ADJUST_RSN_CD	Adjustment Reason Code
RX header	NUM_CLL	CLL_CNT_CALC	Claim Line Count - Calculated
RX header	BLG_PRVDR_NUM	BLG_PRVDR_ID	Billing Provider Identification Number
RX header	BLG_PRVDR_NPI_NUM	BLG_PRVDR_NPI	Billing Provider NPI
RX header	PRSCRBNG_PRVDR_NUM	PRSCRBNG_PRVDR_ID	Prescribing Provider Identification Number
RX header	SRVCNG_PRVDR_NPI_NUM	PRSCRBNG_PRVDR_NPI	Prescribing Provider NPI
RX header	DSPNSNG_PD_PRVDR_NUM	DSPNSNG_PRVDR_ID	Dispensing Provider Identification Number
RX header	DSPNSNG_PD_PRVDR_NPI_NUM	DSPNSNG_PRVDR_NPI	Dispensing Provider NPI
RX header	PRVDR_LCTN_ID	PRVDR_LCTN_CD	Provider Location Code
RX header	TOT_BILL_AMT	BILLED_AMT	Total Claim Billed Amount (restricted access among managed care encounter records)
RX header	TOT_ALOWD_AMT	MDCD_ALOWD_AMT	Total Medicaid Allowed Amount (restricted access among managed care encounter records)
RX header	TOT_MDCD_PD_AMT	MDCD_PD_AMT	Total Amount Paid by Medicaid (restricted access among managed care encounter records)
RX header	TOT_COPAY_AMT	MDCD_COPAY_AMT	Total Copay Amount Paid by Beneficiary
RX header	TOT_MDCR_DDCTBL_AMT	MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount (restricted access among managed care encounter records)
RX header	TOT_MDCR_COINSRNC_AMT	MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount (restricted access among managed care encounter records)
RX header	BENE_COINSRNC_AMT	COINSRNC_AMT	Beneficiary Coinsurance Amount
RX header	BENE_COPMT_AMT	COPAY_AMT	Beneficiary Copayment Amount
RX header	BENE_DDCTBL_AMT	DDCTBL_AMT	Beneficiary Deductible Amount

Appendix Table 8 (continued)

File	TAF variable name	TAF RIF variable name	Short description
RX header	TOT_TPL_AMT	TP_PD_AMT	Total Third Party Liability (TPL) Paid Amount
RX header	TP_COPMT_PD_AMT	TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
RX header	TOT_OTHR_INSRNC_AMT	OTHR_INSRNC_PD_AMT	Total Other Insurance Paid Amount
RX header	OTHR_TPL_CLCTN_CD	OTHR_TP_CLCTN_CD	Other Third Party Collection Code
RX line	MSIS_IDENT_NUM	MSIS_ID	Encrypted State Assigned Beneficiary Unique Identifier
RX line	ORGNL_CLM_NUM	CLM_NUM_ORIG	Original Claim Identifier
RX line	ORGNL_LINE_NUM	LINE_NUM_ORIG	Original Claim Line Number
RX line	ADJSTMT_CLM_NUM	CLM_NUM_ADJ	Adjustment Claim Identifier
RX line	ADJSTMT_LINE_NUM	LINE_NUM_ADJ	Adjustment Claim Line Number
RX line	CLL_STUS_CD	LINE_CLAIM_STUS_CD	Claim Line Status Code
RX line	LINE_ADJSTMT_IND	LINE_ADJUST_CD	Claim Line Adjustment Code
RX line	CMS_64_FED_REIMBRSMCTCTGRY_CD	CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
RX line	NDC_CD	NDC	National Drug Code (NDC)
RX line	UOM_CD	NDC_UOM_CD	National Drug Code (NDC) Unit of Measure Code
RX line	ACTL_SRVC_QTY	NDC_QTY	National Drug Code (NDC) Quantity Dispensed
RX line	DTL_MTRC_DCML_QTY	MTRC_DCML_QTY	Metric Decimal Quantity of Product
RX line	ALOWD_SRVC_QTY	NDC_QTY_ALOWD	National Drug Code (NDC) Quantity Allowed
RX line	SUPPLY_DAYS_CNT	DAYS_SUPPLY	Days Supply
RX line	NEW_REFL_IND	NEW_RX_REFILL_NUM	New Prescription Indicator (00) or Number of Refills
RX line	BRND_GNRC_IND	BRND_GNRC_CD	Brand/Generic Code
RX line	CMPND_DSG_FORM_CD	DOSAGE_FORM_CD	Medication Dosage Form Code
RX line	REBT_ELGBL_IND	REBT_ELGBL_CD	Rebate Eligible Code
RX line	DSPNS_FEE_AMT	DSPNSNG_FEE_AMT	Dispensing Fee Amount
RX line	BILL_AMT	LINE_BILLED_AMT	Line Billed Amount (restricted access among managed care encounter records)
RX line	ALOWD_AMT	LINE_MD_CD_ALOWD_AMT	Line Medicaid Allowed Amount (restricted access among managed care encounter records)

Appendix Table 8 (continued)

File	TAF variable name	TAF RIF variable name	Short description
RX line	MDCD_PD_AMT	LINE_MDCD_PD_AMT	Line Medicaid Paid Amount (restricted access among managed care encounter records)
RX line	MDCD_FFS_EQUIV_AMT	LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service (FFS) Equivalent Amount
RX line	MDCR_PD_AMT	LINE_MDCR_PD_AMT	Line Medicare Paid Amount
RX line	MDCR_DDCTBL_AMT	LINE_MDCR_DDCTBL_PD_AMT	Line Medicare Deductible Amount (restricted access among managed care encounter records)
RX line	MDCR_COINSRNC_PD_AMT	LINE_MDCR_COINSRNC_PD_AMT	Line Medicare Coinsurance Amount (restricted access among managed care encounter records)
RX line	COPAY_AMT	LINE_COPAY_AMT	Line Beneficiary Copayment Amount
RX line	TPL_AMT	LINE_TP_PD_AMT	Line Third Party Liability (TPL) Paid Amount
RX line	OTHR_INSRNC_AMT	LINE_OTHR_INSRNC_PD_AMT	Line Other Insurance Paid Amount
Variables with an unchanged name in the TAF RIF			
RX header	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
RX header	CLM_TYPE_CD	CLM_TYPE_CD	Claim Type Code
RX header	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
RX header	MDCD_PD_DT	MDCD_PD_DT	Medicaid Paid Date
RX header	CMPND_DRUG_IND	CMPND_DRUG_IND	Compound Drug Indicator
RX header	CLL_CNT	CLL_CNT	Claim Line Count - Original
RX header	SRVC_TRKNG_TYPE_CD	SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
RX header	BIRTH_DT	BIRTH_DT	Date of Birth
RX header	PGM_TYPE_CD	PGM_TYPE_CD	Program Type Code
RX header	MC_PLAN_ID	MC_PLAN_ID	Managed Care Plan Identification Number
RX header	WVR_TYPE_CD	WVR_TYPE_CD	Waiver Type Code
RX header	WVR_ID	WVR_ID	Waiver Identification Number
RX header	OTHR_INSRNC_IND	OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)
RX header	SECT_1115A_DEMO_IND	SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
RX header	PRSCRBD_DT	PRSCRBD_DT	Prescribed Date
RX header	RX_FILL_DT	RX_FILL_DT	Prescription Fill Date

Appendix Table 8 (continued)

File	TAF variable name	TAF RIF variable name	Short description
RX header	BLG_PRVDR_TXNMY_CD	BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
RX header	BLG_PRVDR_SPCLTY_CD	BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
RX header	BRDR_STATE_IND	BRDR_STATE_IND	Border State Indicator
RX header	FIXD_PYMT_IND	FIXD_PYMT_IND	Fixed Payment Indicator
RX header	SRVC_TRKNG_PYMT_AMT	SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
RX header	PYMT_LVL_IND	PYMT_LVL_IND	Payment Level Indicator - Header or Line
RX header	COPAY_WVD_IND	COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
RX header	TP_COINSRNC_PD_AMT	TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
RX header	FUNDNG_CD	FUNDNG_CD	Code to Indicate Source of Non-Federal Funding
RX header	FUNDNG_SRC_NON_FED_SHR_CD	FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
RX header	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
RX header	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier
RX header	RX_VRSN	RX_VRSN	Version (Iteration of the File)
RX header	RX_FIL_DT	RX_FIL_DT	File Date (Year and Month of Service)
RX line	SUBMTG_STATE_CD	SUBMTG_STATE_CD	Submitting State FIPS Code
RX line	LINE_NUM	LINE_NUM	Sequential Claim Line Identifier
RX line	ADJDCTN_DT	ADJDCTN_DT	Adjudication Date
RX line	BNFT_TYPE_CD	BNFT_TYPE_CD	Benefit Type Code
RX line	TOS_CD	TOS_CD	Type of Service Code
RX line	XIX_SRVC_CTGRY_CD	XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
RX line	XXI_SRVC_CTGRY_CD	XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
RX line	RX_FILL_DT	RX_FILL_DT	Prescription Fill Date
RX line	DRUG_UTLZTN_CD	DRUG_UTLZTN_CD	Drug Utilization Code
RX line	RSN_SRVC_CD	RSN_SRVC_CD	Reason for Service Code
RX line	PROF_SRVC_CD	PROF_SRVC_CD	Professional Service Code
RX line	RSLT_SRVC_CD	RSLT_SRVC_CD	Result of Service Code
RX line	IMNZTN_TYPE_CD	IMNZTN_TYPE_CD	Immunization Type Code

Appendix Table 8 (continued)

File	TAF variable name	TAF RIF variable name	Short description
RX line	DA_RUN_ID	DA_RUN_ID	TAF Production Run Identifier (Unique for Each TAF Run)
RX line	TMSIS_RUN_ID	TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

NA = Not available

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