Old Age Assistance

Pregnant Women

Pregnant Women

Waiver (c)

State of Alaska, Department of Healthcare and Social Services Alaska Medicaid Data Book Reference A - Population and Rate Cell Groupings



Gender = M

Age >=14 and <19, Gender = F

Age >=14 and <19, Gender = M

Eligibility Code IN (30, 31, 34)

Eligibility Code IN (30, 31, 34)

Eligibility Code IN (30, 31, 34)

Eligibility Code IN (40, 41, 44)

Eligibility Code IN (40, 41, 44)

Eligibility Code IN (40, 41, 44)

Eligibility Code IN (80, 81)

Eligibility Code IN (80, 81)

Eligibility Code IN (70, 71, 74)

Eligibility Code IN (70, 71, 74)

Eligibility Code IN (70, 71, 74)

Population	Rate Cell	Population Assignment Criteria	Rate Cell Assignment Criteria
Blind and Disabled	<21 Years - Female	Program Code IN (AB, AD)	Age <21, Gender = F
Blind and Disabled	<21 Years - Male	Program Code IN (AB, AD)	Age <21, Gender = M
Blind and Disabled	21+ Years - Female	Program Code IN (AB, AD)	Age >=21, Gender = F
Blind and Disabled	21+ Years - Male	Program Code IN (AB, AD)	Age >=21, Gender = M
CHIP	<2 Years - Female	Program Code = AF AND Eligibility Subtype Code IN (CI, CP, H1, H2, S2) AND Population not equal to "Pregnant Women"	Age <2, Gender = F
CHIP	<2 Years - Male	Program Code = AF AND Eligibility Subtype Code IN (CI, CP, H1, H2, S2) AND Population not equal to "Pregnant Women"	Age <2, Gender = M
CHIP	2-13 Years - Female	Program Code = AF AND Eligibility Subtype Code IN (CI, CP, H1, H2, S2) AND Population not equal to "Pregnant Women"	Age >=2 and <14, Gender = F
CHIP	2-13 Years - Male	Program Code = AF AND Eligibility Subtype Code IN (CI, CP, H1, H2, S2) AND Population not equal to "Pregnant Women"	Age >=2 and <14, Gender = M
CHIP	14-18 Years - Female	Program Code = AF AND Eligibility Subtype Code IN (CI, CP, H1, H2, S2) AND Population not equal to "Pregnant Women"	Age >=14 and <19, Gender = F
CHIP	14-18 Years - Male	Program Code = AF AND Eligibility Subtype Code IN (CI, CP, H1, H2, S2) AND Population not equal to "Pregnant Women"	Age >=14 and <19, Gender = M
Dual Eligible	<65 Years - Female	Eligibility Code = 69	Age <65, Gender = F
Oual Eligible	<65 Years - Male	Eligibility Code = 69	Age <65, Gender = M
Oual Eligible	65+ Years - Female	Eligibility Code = 69	Age >=65, Gender = F
Dual Eligible	65+ Years - Male	Eligibility Code = 69	Age >=65, Gender = M
Managed Care Optional	Female	Program Code = AF AND Eligibility Subtype Code IN (FC, FF, IV, JC)	Gender = F
Managed Care Optional	Male	Program Code = AF AND Eligibility Subtype Code IN (FC, FF, IV, JC)	Gender = M
Medicaid - Adult	19-44 Years - Female	Program Code = AF AND Age 19+ AND not in another population	Age >=19 and <45, Gender = F
Medicaid - Adult	19-44 Years - Male	Program Code = AF AND Age 19+ AND not in another population	Age >=19 and <45, Gender = M
Medicaid - Adult	45+ Years - Female	Program Code = AF AND Age 19+ AND not in another population	Age >=45, Gender = F
Medicaid - Adult	45+ Years - Male	Program Code = AF AND Age 19+ AND not in another population	Age >=45, Gender = M
Medicaid - Child	<1 Years - Female	Program Code = AF AND Age 0-18 AND not in another population	Age <1, Gender = F
Medicaid - Child	<1 Years - Male	Program Code = AF AND Age 0-18 AND not in another population	Age <1, Gender = M
Medicaid - Child	1 Years - Female	Program Code = AF AND Age 0-18 AND not in another population	Age = 1, Gender = F
Medicaid - Child	1 Years - Male	Program Code = AF AND Age 0-18 AND not in another population	Age = 1, Gender = M
Medicaid - Child	2-13 Years - Female	Program Code = AF AND Age 0-18 AND not in another population	Age >=2 and <14, Gender = F
Medicaid - Child	2-13 Years - Male	Program Code = AF AND Age 0-18 AND not in another population	Age >=2 and <14, Gender = M
Medicaid - Child	14-18 Years - Female	Program Code = AF AND Age 0-18 AND not in another population	Age >=14 and <19, Gender = F
Medicaid - Child	14-18 Years - Male	Program Code = AF AND Age 0-18 AND not in another population	Age >=14 and <19, Gender = M
Medicaid Expansion	19-44 Years - Female	Program Code = AF AND Eligibility Subtype Code IN (MI, MX, XI, XP)	Age >=19 and <45, Gender = F
Medicaid Expansion	19-44 Years - Male	Program Code = AF AND Eligibility Subtype Code IN (MI, MX, XI, XP)	Age >=19 and <45, Gender = M
Medicaid Expansion	45+ Years - Female	Program Code = AF AND Eligibility Subtype Code IN (MI, MX, XI, XP)	Age >=45, Gender = F
Medicaid Expansion	45+ Years - Male	Program Code = AF AND Eligibility Subtype Code IN (MI, MX, XI, XP)	Age >=45, Gender = M
Old Age Assistance	Female	Program Code = OA	Gender = F

Program Code = OA

Code IN (AF, H1, S1, SU, T1, TO)]

Code IN (AF, H1, S1, SU, T1, TO)]

[Program Code = AF AND Eligibility Subtype Code PB, PC, PR, PX] OR [Program Code = AF AND Eligibility Code = 11 AND Eligibility Subtype

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Eligibility Code IN (30, 31, 34, 40, 41, 44, 70, 71, 74, 80, 81)

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Note: We have excluded members with eligibility codes 66 (QDWI), 67 (QMB), 68 (SLMB), or 78 (SLMB). We have also excluded members who were not identified using the logic above.

Male

14-18 Years - Female

19-44 Years - Female

Waiver(c) - Adults w P/DD

Waiver(c) - Adults w P/DD

Waiver(c) - Adults w P/DD

Waiver(c) - Alaskans Living

Waiver(c) - Alaskans Living

Waiver(c) - Alaskans Living

Independent

Independent

Independent Waiver(c) - Complex

Medical Condition Waiver(c) - Complex

Medical Condition

Waiver(c) - I/DD

Waiver(c) - I/DD