

SMRF 96-98 State Data Anomalies

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|--|
| _ALL | All | All | All | MSIS ID | For the most part, enrollees have the same MSIS ID number across years. However, there are some people who may have different MSIS ID's in different years. |
| | | Claims/EL | | Source Files | The 1996 SMRF files are constructed from the 1996-1997 FFY MSIS files, the 1997 SMRF files use the 1997-1998 MSIS source files and the 1998 SMRF files use the 1998-1999 MSIS files. This is important because there were reporting changes made to the MSIS files for the FFY that goes from October - September. This means that each year of SMRF files is a combination of different FFY MSIS files and some of the coding changes can impact the SMRF data. This is particularly true for the MSIS 1999 files. The files were expanded and data elements were redefined significantly starting with FFY 1999. |
| | | Eligibility | | Dual Eligibles | The definition of a dual eligible for the PSF and claims files (and in the validation tables) is somewhat different. The PSF has had the EDB verification of dual status added to the file and EDB verification is used for the definition of a dual eligible for the PSF tables. However, the claims files are produced prior to the EDB link, so the definition of a dual includes anyone the state indicates is a dual in the source MSIS files. During 1996-98 this information is sometimes not correctly reported. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
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| _ALL | Claims | All | All | Managed Care | The distributions of the types and volume of services is difficult to review, when the state has large managed care penetration. This is because most states did not submit complete, or any encounter claims for services provided by managed care organizations during this time period. The claims files contain any encounter claims that were submitted, but the PSF only provides detailed distributional information for fee-for-service claims. It is more often the aged and blind/disabled enrollees who are not enrolled in managed care and they tend to be more expensive and use a particular mix of services. |
| | | | | Adjustments | Adjustment code 2 (non-standard adjustment) can mean that there was an incomplete adjustment set, improperly adjusted claim, or the adjustment was done properly, but didn't follow standard adjustment rules. |
| | | | | Service Codes | The service codes in MSIS 96-98 were 6 bytes and in MSIS 99 and SMRF are 7 bytes. Service code fields from records in the MSIS 96-98 files that are '8' or '9' filled were not always converted to 7 '8's or 7 '9's and therefore do not meet the strict definition of missing or not applicable. It is necessary to check for both 6 byte and 7 byte '8' and '9' filled fields. The early validation tables assumed that the field was fully '8' or '9' filled and therefore it appears that there are service codes in those fields, but they don't match any service code format. |
| | | IP | Crossover | Quality | The crossover claims generally aren't as complete and detailed as non-crossover claims. Crossover claims in most states do not have service codes or quantity and are often missing diagnosis codes. |
| | | | | Accomm. | Most crossover claims do not have UB-92 accommodation charges as the Medicare coinsurance/deductibles is not payment for accommodations. |
| | | | All | Supp. Serv | Several states submit separate claims for services provided by the LT facility that are not part of the bundled rate. These services are often reported with an adjustment indicator of 'debit'. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|---------------|--|
| _ALL | Claims | LT | All | Covered Days | There is an over reporting of LT covered days in some state files. This occurs because some states reported covered days on claims for non-bundled services as well as in the accommodation rate claims. Some days for which there is patient liability (during spend down) are reported and sometimes the files can have an original and replacement claim without a void of the original. In order to determine when a patient was in a LT facility it is necessary to look at the LT claims |
| | | | | Adjustments | Several states submit separate claims for services provided by LT facilities that are not included in the bundled rate. These claims are often reported as debit adjustments and therefor end up in the SMRF files as adjusted claims. |
| | | OT | | Home Health | In most states, there is a large decrease in the number of HH claims from 1996/97 to 1998. There is also a decrease in the average amount paid for HH claims and the number of HH span claims. This is most likely the result of the changes in MSIS coding rules and the conversion to SMRF. In the 1996-97 FFS MSIS files, there were only TOS codes for HH and Other Services. We believe that most states coded their HCBS services as HH during that time. In the FFY 1998 MSIS file, a TOS category of HCBS was added. In the conversion from MSIS 98 to SMRF 10/97-9/98, claims with the TOS of HCBS were recoded to Other Services. In MSIS 1999 there is a Program Type of HCBS and the TOS of HCBS has been eliminated. There was also a shift to emphasis on the definition of HH services are those services provided by a HH agency. So depending on the definition of HH being used (services provided at home, provided by a HH agency or HCBS services) the service codes, place of service and Program Type (MSIS 99) can be used to identify the services. |
| | | | | Service Codes | There is a decline in the percent of OT claims with service codes in 1998 in most states because starting with FFY 1999 MSIS files, there was a separate field for revenue codes. Also capitation claims don't have service codes and in general the number of capitation claims increases over time. |

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|-------|-----------|-------------|-------------|-----------|--|
| _ALL | Claims | OT | All | Amount Pd | There are some situations when the file only includes a summary claim (header level) as the Medicaid Amount Paid is not available for the individual services covered by the claim. This can occur when there is a visit level rate payment (such as FQHC) that is the same regardless of the services paid during that visit or if the Medicare Deductibles/Coinsurance or TPL is applied at the header level and can not be allocated to the separate line item services. Also, often Home Health or Personal Care Services are reported as a monthly claim that for all services without service specific details. |
| | | | Non-xover | OPD/HH | In MSIS 1999 there are fields for both service codes and UB-92 revenue codes in the OT file. The service code field on the UB-92 form is intended for surgical procedures and the UB-92 revenue codes are used to describe type of service. Prior to MSIS 1999, often the UB-92 revenue code was put in the service code field. This means that a lower percent of OT claims coming from MSIS 1999 have service codes, but those claims generally have the UB-92 codes. |
| | PSF | All | All | | Records with 0 months of eligibility and no claims in the PSFs were deleted from the file with the exception of NH and AL. Those states had just a few such records and it was decided it wasn't worth rerunning the PSF in order to delete them. In addition, there were a few state PSFs where the person had no months of eligibility and only encounter claims and those records were also dropped. Some of the PSF validation tables include those records in the first 2 rows of the table as the validation reports were run before the records were deleted. People with 0 months of eligibility are excluded from all other rows in the PSF tables. |
| | | Eligibility | | SSN | There are records with duplicate SSNs in the file for many states. In most states this is a very small number, but in a few states, it can be significant. This can occur if a person is assigned a new MSIS ID, but the state doesn't properly submit the Temp ID for the old number, or a husband and wife or mother and baby use the same SSN. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|--------------|---|
| _ALL | PSF | Eligibility | Crossover | Xover Status | Information from the Medicare Enrollment Data Base (EDB) files was used to identify persons enrolled in both Medicaid and Medicare (dual eligibles or crossovers). This was done because the reporting of dual eligibility in the MSIS files was not always reliable for some states. In general, it is assumed that the EDB is a more reliable source than MSIS. This means that the dual eligibility codes 4-7 are probably the best indication that a beneficiary was enrolled in both Medicare and Medicaid. However, dual code 3 indicates that the person had at least 1 MSIS claim with Medicare coinsurance and/or deductibles and also was flagged as a dual eligible in the MSIS Eligibility files. In most states, the number of persons assigned dual code 3 was quite low. |
| | | | All | Managed Care | Often the distributions in types of managed care enrollment look different between 1/96-9/98 and 10/98-12/98 due to the different and more detailed reporting categories starting with the MSIS 99 files. In addition, the coding of managed care enrollment was not reviewed when the states submitted their MSIS 96-98 files so there are occasional state reporting errors. It is important to look at the monthly data on type of managed care enrollment across the 3 years before using this variable for case selection or research. |
| | | | | PCCM | PCCM enrollment was not reported in MSIS until 10/97. Most states coded people enrolled in PCCM only as 'not enrolled in managed care'. A few states coded PCCM only enrollees as either enrolled in Other MC or PHP. When possible those codes have been changed to 'not enrolled in MC'. |
| | | | | Managed Care | Months of PCCM only enrollment are not included in the count of managed care months and are included in the non-managed care sections of the PSF validation tables. |

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| _ALL | PSF | LT | All | Covered Days | LT covered days are sometimes over reported in the PSF. This can happen if the state submitted covered days on LT claims for non-bundled services (non-accommodation), if days during spend down are reported, or if there is an original and replacement claim in the file without a void of the original. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|---|
| AK | Claims | All | All | Adjustments | Some of the 1996-1997 AK claims were not properly adjusted. Normally the Charge and Medicaid Amount Paid match on the original and void claims, but many of AK voids had a slightly different charge amount. This was fixed in the 1998 files, but 1996-97 are not being reprocessed. |
| | | IP | Crossover | Procedures | Most crossover claims do not have procedure codes. |
| | | | | Xover | Over 50% of the 1996 and 38% of the 1997 claims were coded as crossovers. This is most likely to the improper coding of the Medicare coinsurance/deductible fields on the input MSIS files. |
| | | IP,LT,OT,RX | All | Adjustments | The adjustment indicator flag was set to 2 - non-standard adjustment - on most records. However, the claims were properly adjusted. The flag reflects that there was an exception to the state scenario. |
| | | LT | Non-xover | IP Psych <21 | The percent of LT claims with a TOS of IP Psych < 21 increased to almost 40% in 1998. |
| | | | AL | NF Claims | AK reports that they have a small aged population in Medicaid and an active waiver program, so there is a smaller percentage of NF claims than in most states. |
| | | | Crossover | Patient Status | Patient status is only coded on a few crossover claims in 1997-98. |
| | | OT | Non-xover | Diagnosis | Many crossover claims don't have a diagnosis code. |
| | | | | Service Flag | In over 80% of the claims, the Service Code Flag does not match the proper Service Code format. |
| | PSF | Eligibility | All | Plan Codes | AK is one of the few states without any MC enrollment. |
| | | | | Race/Ethnicity | In 1996-1998, 3% of eligibles were coded as “unknown”. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| AK | PSF | Eligibility | All | Recip. w/o Elig | AK reported claims for about 1,170-3,500 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Length of Enrol | Preliminary tables showed that in 1997-98, <40% of eligibles were enrolled 12 months each year, a lower than expected proportion. In addition, a table showing the distribution of eligibles by length of enrollment for the year, showed more enrollment at the 3, 9, and 10 month intervals than usually occurs. |
| | | | | Unifm Elig Grps | There were no mapping changes from 1995, but enrollment increased by about 8,000 on 1/96, with most of the new eligibles being reported in uniform eligibility groups 14 and 34. There are major problems with the reliability of the monthly 1997 enrollment data, and researchers are advised that dramatic and unlikely drops in enrollment are reported for 3/97 (-48,000) and 6/97 (-51,000) and 9/97 (-9,000). In addition, preliminary tables showed that only 35% of eligibles were enrolled 12 months in 1998, a lower than expected proportion. A table showing the distribution of eligibles by length of enrollment for the year, showed more enrollment at the 3,6 and 9 month intervals than usually occurs. |
| | | | Crossover | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. About 20 SSNs were used in more than one record in 1996. This dropped to 12 by 1998. |
| | | | | Xover Status | The number of EDB-confirmed crossovers in 1996 was 57% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. In addition, AK had a slightly lower proportion of aged crossovers than expected (89%) in 1996. |

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| AK | PSF | Eligibility | All | Recip. Status | In 1996-97, the aged, children and adults have lower than expected proportions of recipients (users of service). In 1998, children continue to have lower than expected proportions of recipients. |
| | | | | Private H.I. | AK's rate of private insurance coverage - close to half of monthly eligibles - occurs because of Native Americans who qualify for Indian Health Service coverage. |

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| AL | Claims | IP | All | Encounters | Approximately 70% of the claims are encounter records in 1996-98. |
| | | | | Diagnosis | All diagnosis codes in 1996-97 have a length of 5, probably because the state padded the shorter codes with zeros. All the 1998 crossover claims also have diagnosis codes of length 5. |
| | | | | Crossover | Most claims are coded as crossovers, probably because most non-crossover enrollees are enrolled in some type of managed care. |
| | | LT/FFS | Non-xover | Family Planning | There are very few claims with a type of service of Family Planning. |
| | | | | Covered Days | Only 64% of the NF claims had NF covered days in the 1998 file. This is because AL reported that they couldn't supply NF days in the 1999 MSIS files. |
| | | | All | Diagnosis | All diagnosis codes in 1996-97 have a length of 5, probably indicating the state padded the codes with zeros. |
| | | | Non-xover | TOS | Only 15% of the 1997 claims with a type of service of MH Aged have MH Aged covered days. That percentage increases to 47% in 1998. |
| | | | All | Encounters | No LT encounter claims were submitted to MSIS. |
| | | | | TOS | There aren't any claims with a type of service 02 (MH Aged) in the 1996 files. The percent increases somewhat from 1997 to 1998. |
| | | | Non-xover | Leave Days | No leave days are reported during the year. |
| | | | Crossover | Claim Count | There was a 38% drop in the number of crossover claims from 1997 to 1998. |
| | | | | Patient Status | The percent of claims with a patient status of Still a Patient is much lower than expected. |
| | | OT/FFS | All | Cap. Claims | AL included only a small percentage of their capitation claims on an individual/month basis. Capitation payments were mostly reported as service tracking claims. |

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| AL | PSF | Claims | All | Services | It is difficult to analyze service use and cost because so many people are excluded from the 1998 SMRF PSF validation tables as they are enrolled in managed care. |
| | | Eligibility | | Unifm Elig Grps | From 1995 to 1996 mapping changes caused approximately 800 child and adult eligibles to move from cash assistance (uniform groups 14/15) to poverty-related (uniform groups 34/35) and 7,000 eligibles to move from poverty-related adults to poverty-related children (group 35 to group 34). Monthly enrollment data for 1996-98 show some quarterly seam effect problems. Enrollment always declines from the first month of a quarter to the third month, and then increases abruptly in the first month of the next quarter. Effective 10/98, enrollment increased by about 25,000 eligibles (across all uniform groups). This may result from the addition of enrollees not previously reported into the MMIS system or a policy change. Finally, 500-2,000 individuals were mapped to group 99 from 7/98-9/98. |
| | | | | Private H.I. | In 1/96-9/98, about 1-2% of eligibles did not have a valid private insurance code. |
| | | | | Managed Care | There are problems with the managed care enrollment data, with the 7/98 data looking particularly aberrant. No managed care enrollment was reported in 1/96-9/97. In 1998, there is considerable variation by month in type of managed care enrollment. PCCM enrollment dropped significantly in 1/98. Some PHP enrollment seems to have moved to Other Managed Care starting in 10/98. The 10/98 MSIS data indicate that the persons in Other Managed Care are enrolled in a program that provides only inpatient care. |
| | | | | Race/Ethnicity | In 1996-1998, 4% of eligibles were coded as “unknown”. |
| | | | | Duplicate SSNs | There were problems of duplicate SSNs in the AL files for 1996-98. About 3,000-4,660 SSNs were used in more than one record in 1996-1998. This number declined over the three-year period. |

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|-------|-----------|-------------|-------------|---------------|--|
| AL | PSF | Eligibility | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 38% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | All | Recip. Status | The proportion of aged who were recipients (users of Medicaid services) ranged from 78 to 84% from 1996-98, a lower than expected proportion. Somewhat lower than expected recipient rates were reported for all groups in 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-------------|-------------|--------------|--|---|
| AR | Claims | All | All | Adjustments | It was difficult to properly adjust many of the claims. The adjustment indicator is set to '2' (non-standard adjustment) for most records because the state for the most part submitted original and replacement claims without a void of the original, so the last positive paid claim was used. |
| | | IP | Crossover | Procedures | Most claims do not have procedure codes. |
| | | | Non-xover | Family Planning | There aren't any family planning claims in the IP files. |
| | | LT | | Covered Days | The percent of ICF/MR claims with covered days dropped from 100% in 1996-97 to 66% in 1998. |
| | | | | TOS | There aren't any claims with a type of service of MH-Aged. |
| | | | Crossover | Diagnosis | The percent of crossover claims with a diagnosis code was about 40% in 1996-97 and 70% in 1998. |
| | | OT | | Service Codes | The crossover claims do not have service codes. |
| | | | | Diagnosis | 6% of the 1996-97 crossover claims had a diagnosis code, however, in 1998 51% of claims had a diagnosis code. |
| | | | All | Cap. Claims | The percent of PCCM capitation claims was 0% in 1996, 7% in 1997 and 25% in 1998. |
| | | Non-xover | Case Mngmnt | The percent of claims with a type of service of case management decreased significantly from 1996 to 1998 because these claims are now being reported as PCCM capitation payments. This is also reflected in the average cost of case management claims. | |
| PSF | Eligibility | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 24% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. | |

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|--------------|------------------|--------------------|--------------------|-----------------|--|
| AR | PSF | Eligibility | All | Plan Codes | No PPHP coverage is reported in 1996. Then, in 1997-98, the only type of PPHP in Arkansas is PCCM coverage, which is sporadically reported over this period, but appears to be erroneous. |
| | | | | Cap. Claims | In 1997 and 1998, from 47-75% of the non-MC enrollees had capitation claims, probably reflecting the incorrect reporting of managed care enrollment. |
| | | | | Private H.I. | In 1996-98, less than one percent of eligibles have third party coverage, a lower than expected proportion. |
| | | | | Recip. Status | The proportion of aged who were recipients (users of Medicaid services) ranged from 87-89% from 1996-98, a slightly lower than expected proportion. |
| | | | | Unifm Elig Grps | From 1995 to 1996, there was a slight change in the age algorithm for classifying children and adults. Also, about 6,000 children previously classified as Ribicoff medically needy were mapped to uniform group 24 beginning in 1996. Separate reporting of AFDC-U eligibles was also dropped in 1996. Monthly enrollment data for 1/96 through 6/97 show some quarterly seam effect problems. Enrollment always declines from the first month of a quarter to the third month, and then increases abruptly in the first month of the next quarter. Beginning in July 1997, AR had an 1115 demonstration that extended benefits to children (in state specific group 01 or 010) and adults (in state groups 69, 691, and 692). The adults only qualified for family planning benefits. These persons were mapped into uniform groups 34-35. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the AR files for 1996-98. About 400-537 SSNs were used in more than one record in 1996-1998. |
| | | | | Restricted Bene | In FY1999 q1, the 35,000 individuals in uniform group 55 only qualify for family planning benefits. They should be assigned restricted benefits code 5 (other). |

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|-------|-----------|-------------|-------------|-----------------|---|
| CA | Claims | IP | 0 | Patient Status | About 25% of the IP claims have a patient status of 'still a patient'. This is considerably higher than expected and probably due to the inclusion of the Short/Doyle and LA Waiver Hospital facilities in the IP file. |
| | | | Crossover | Procedures | There are very few crossover claims with procedure codes. |
| | | | | Revenue Codes | There are very few UB-92 revenue codes on crossover claims. |
| | | | Non-xover | Service Place | The % of claims with Place of Service = Other was 3% in 1996-97 and 34% in 1998. |
| | PSF | Eligibility | Crossover | Claim Count | In 1996 there are 5.6 million crossover claims, in 1997 there are 7.9 million and in 1998 there are 4.2 million crossover claims. |
| | | | All | Cap. Claims | In 1996-97, over half of the non-MC enrollees (59-85%) were reported to have capitation claims. This declined to 0.33% in 1998. |
| | | | | Recip. w/o Elig | CA reported claims for about 310,000-460,000 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. According to the state, most of these persons were women who were determined to be presumptively eligible for pregnancy-related services on a temporary basis. These records cannot be linked for women who eventually enrolled in Medicaid. |
| | | | | Plan Codes | CMS MC data for 1996 and 1997 suggest a much higher level of MC enrollment than that reported by the state. No managed care enrollment was reported in MSIS eligibility files until 4/96 to 6/96, when a small number of eligibles were reported to be enrolled in HMOs. From 7/96 forward, HMO enrollment was reported for about 40,000 aged and disabled eligibles. All other eligibles were reported as not enrolled or had invalid codes through 9/97. Effective 10/97, reported enrollment in PPHPs increased to 4.6 million, with just over 2 million in PHPs and 1.8 million in PHP/HIOs. Most enrollees were in Delta Dental. |

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| CA | PSF | Eligibility | All | Private H.I. | From 1/96 - 9/98, no eligibles were reported to have private insurance coverage, and over 100,000 had invalid private insurance codes. Beginning 10/98, data appear reliable, and 6% of eligibles have an insurance code indicating private insurance. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 46% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. In addition, CA had a somewhat lower proportion of aged crossovers than expected (87-88%) across 1996-98. |
| | | | All | Date of Death | California did not report any date of death data from 1996-98. |
| | | | | Unifm Elig Grps | In 1996, California decided to change how it defined children and adults, using an age break instead of county-based person codes. In addition, about 380,000 children previously classified as Ribicoff medically needy were mapped to other child groups beginning in 1996. |
| | | | | Race/Ethnicity | In 1996-1998, 9% of eligibles were coded as “unknown”. |

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| CO | Claims | All | All | Encounters | CO didn't submit any encounter claims in their MSIS files. |
| | | IP/FFS | Crossover | Revenue Codes | Almost all crossover claims are missing ancillary charges. |
| | | | | | The percent of stays with accommodation charges was 4% in 1996, 37% in 1997 and 99% in 1998. |
| | | | | Procedures | The percent of claims with a procedure code was 79% in 1996 (higher than expected), 49% in 1997 and about 7% in 1998. |
| | | | | | All claims with procedures had a procedure code indicator of ICD-9, however, less than 2% of the 1996-97 claims had a procedure code with a valid ICD-9 format. |
| | | LT | Non-xover | ICF/MR | The percent of ICF/MR claims dropped from 18% in 1996 to 2% in 1998. |
| | | OT/FFS | | Amount Paid | The average amount paid for almost all types of service decreased in 1997 and in 1998. |
| | | | | | |
| | | | | Lab/Xray | The diagnosis codes on lab/Xray claims should be ignored. The state requires a diagnosis code on every claim, even if it isn't relevant. |
| | | | | Claim Count | The number of claims increased both 1997 and 1998. |
| | | Adjustments | The percent of claims that had standard adjustments dropped from almost 100% in 1996 to 43% in 1997 and 36% in 1998. | | |
| PSF | Claims | LT | Users | There are very few non-managed care users of LTC services. | |
| | | All | Services | Because by 1998 88% of people were enrolled in managed care, it is difficult to evaluate the distribution of services and expenditures. | |

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| CO | PSF | Claims | OT | Cap. Claims | 70% of people not enrolled in managed care (excluding PCCM) in 1996 had capitation claims. Since there wasn't any PCCM enrollment during that time, it is unclear why they have those claims. In 1997 and 1998, 60% and 13% of non-managed care enrollees had cap claims, respectively. |
| | | Eligibility | All | Private H.I. | From 10/97 to 9/98, CO did not report private health insurance into MSIS. |
| | | | | Unifm Elig Grps | From 12/95 to 1/96, MPR changed the mapping for children and adults, causing an increase in the numbers of poverty-related children and adults and a decline in other children and adults (to be consistent with state eligibility mapping in 1999). Enrollment was fairly smooth across uniform groups throughout 1996, except that in 10/96 uniform groups 11 and 12 increased by about 7,000 eligibles, with a corresponding decline in uniform groups 41 and 42, due to state reporting changes. Major problems occurred with the 1997-98 Colorado eligibility data, so MPR could not reliably crosswalk the data to the uniform groups. Generally, researchers are cautioned not to use uniform group eligibility data over this period. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 40% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | All | Plan Codes | Managed care information for 1996-98 should be used with care. The distributions by type of managed care enrollment are very different prior to 10/97 and after. It is difficult to compare SMRF MC data with other CMS MC data for CO. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 55-73 SSNs were used in more than one record in 1996-97. This dropped to 16 in 1998. |
| | | | | Race/Ethnicity | In 1996-98, 5-7% of eligibles have an "unknown" race ethnicity code. |
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| CO | PSF | Eligibility | All | Date of Death | Colorado did not report any date of death data from 1996-98. |

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| DE | All | All | All | MSIS ID | The format of the MSIS ID changed in 10/98. The 10/98-12/98 MSIS ID's were converted to the pre 10/98 format. If the MSIS ID prefix = '999' then it was converted to '0000'. If the prefix was '001' then it became '0001'. |
| | Claims | IP | Crossover | Procedures | The crossover claims do no include procedure codes. |
| | | | All | LOS | The average length of stay on both crossover and non-cross over claims is between 7 and 9 days which is higher than expected. It is possible the state may have included some LTC claims in the IP file. |
| | | | | Claim Count | There is a drop of about 80% in the number of IP claims between 1996 and 1997, without any increase in managed care enrollment in |
| | | | | Adjustments | The DE adjustments were very difficult to reconcile into final bills. In 1997 only 13% of the claims were adjusted using standard procedures. |
| | | | Non-xover | Family Planning | There aren't any family planning claims in the IP files. |
| | | LT | | Covered Days | Only about 10% of the IP Psych < 21 claims report covered days. |
| | | OT | | Service Place | Almost half of the claims have a place of service of 'other'. |
| | | | | TOS | The percent of clinic and OPD claims is somewhat less than expected. |
| | | | Crossover | Service Codes | The OT crossover claims don't have service codes. |
| | | | Non-xover | Service Flag | Only about 1% of the claims with a service code flag of HCPCS (II/III) have a service code in HCPCS format in 1996-97. |
| | | | | TOS | There aren't any claims with a TOS of FQHC or RHC in 1996-1997. |
| | | | | Cap. Claims | Almost 1/2 the claims in the OT file are capitation payments. This has an impact on the distributions of services and percent of claims without DX codes. In addition, 4% of people not enrolled in managed care in 1996 had capitation claims. This number declined to less than one percent in 1997-98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| DE | Claims | RX | Non-xover | Adjustments | Virtually none of the claims are adjusted using the standard adjustment scenario for the state, however, there are very few adjustment claims in the file. |
| | | | | NDC | Compound drugs are coded as 11 9's. |
| | | | | Private H.I. | The percent of eligibles with private insurance is about 18% until 10/98, when it drops to 8%, suggesting that the earlier information may not be reliable. |
| | | | | Unifm Elig Grps | From 1996-98, DE had an 1115 demonstration that extended managed care benefits to adults (in state specific groups GE, GF, GG and F3) who otherwise would not qualify for Medicaid benefits. Persons in state group F3 only qualified for family planning benefits. 1115 enrollees were generally reported into uniform group 35. |
| | PSF | Eligibility | Crossover | Recip. Status | From 1996-98, only 83-87% of the aged are reported to be recipients of services, a somewhat lower than expected proportion. |
| | | | | Xover Status | The number of EDB-confirmed crossovers in 1996 was 50% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | | Race/Ethnicity | In 1996-98, about 3% of eligibles are coded as "unknown." |
| | | | All | Plan Codes | From 1/96 to 2/96, enrollment jumps by approximately 23,000 in Other MC (777). For all other periods, PPHP enrollment is smooth and consistent with other CMS data. In 10/97, all PPHP enrollment moves from Other MC (777) to HIO (100). |
| | | | | Restricted Bene | Adults in state-specific eligibility group F3 only qualify for family planning benefits. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 5-21 SSNs were used in more than one record in 1996-98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|---|
| FL | Claims | IP | All | Patient Status | Patient status is missing on most 1996-97 SMRF claims. It increases in 1998 because it is coded on the MSIS 99 files. |
| | | | Crossover | Diagnosis | About half the crossover claims have a diagnosis code. |
| | | | | Procedures | About 25% of the crossover claims have a procedure code. |
| | | LT | All | TOS | There aren't any claims with a type of service of Inpatient Psychiatric Under Age 21. |
| | | | | Diagnosis | The diagnosis code is missing on all non-crossover claims. Some of the crossover claims do have a diagnosis code. |
| | | | | Adjustments | Some of the 1996-1997 FL LT claims weren't properly adjusted. The problem was corrected in the 1998 files. |
| | | | | Patient Status | Patient status is not coded on the 1998 SMRF claims that come from the MSIS 99 file. |
| | | OT | Crossover | Service Codes | The 1998 files do not contain any service codes. It is unclear if the 1996-97 crossover claims have service codes because the files may have been run before the software was correctly to properly '8' or '9' fill the service code field. |
| | | | | | |
| | | | Non-xover | Claim Count | The number of non-crossover claims increased by 50% in 1998. |
| | | | Crossover | | There are about 3 million crossover claims in 1996 and 1998, but almost 6 million in 1997. The % of physician and lab claims is about double in 1997 over 1996 and 1998. |
| | | RX/OT | All | MSIS ID | The 10th byte of the MSIS ID on RX and OT claims was dropped so that it would match the PSF MSIS ID's. |
| | | | | Duplicate SSNs | There were problems of duplicate SSNs in the files for 1996-98. Between 1,842-3,113 SSNs were used in more than one record in 1996-98. |
| | PSF | Eligibility | | | |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| FL | PSF | Eligibility | All | Unifm Elig Grps | Beginning in October 1998, FL had an 1115 demonstration that extended family planning benefits to women who would not have qualified for Medicaid otherwise. These persons are reported in state group FP and are mapped to uniform groups 34-35. Effective 1/96, age criteria for the SSI disabled was dropped from the crosswalk, causing about 34,000 disabled over age 64 to be reported into uniform group 12 (instead of uniform group 11). There was a major increase in enrollment (57,000) in 10/96 across all groups (cause unknown). Then, enrollment declined by 61,000 in 1/97 (cause unknown). In addition, there was a large increase of about 114,000 enrollees in 10/98 (cause unknown). Finally, throughout 1996-98, FL data show more children and adults in uniform groups 14-17 than are reported in AFDC/TANF data. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 52% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | All | Recip. Status | Only about 80-87% of the aged are reported to be recipients in 1996-98, a somewhat lower than expected proportion. |
| | | | | Plan Codes | FL's managed care enrollment counts are lower than other CMS data sources until 10/98. Part of the problem was that PCCM enrollment could not be reported until 10/97. However, it looks as if PCCM enrollment was probably underreported until 10/98, when it increased significantly. |
| | | | | Cap. Claims | The proportion of non-MC eligibles with capitation claims was 6% in 1996, 38% in 1997, and 46% in 1998. This may be due to PCCM enrollment. |
| | | | | Private H.I. | There is an unusual increase to 85,000 in the number of enrollees with private health insurance in 4/98 (compared to 58,000 in 3/98). |
| | | | | Race/Ethnicity | In 1996-1998, 7-10% of eligibles were coded as "unknown". |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|---|
| FL | PSF | Eligibility | All | Recip. w/o Elig | FL reported claims for about 27,000 persons in 1996 who did not have eligibility records (about 1.25% of total records). These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Restricted Bene | In 1998, individuals in state specific eligibility group FP (mapped to uniform groups 34-35) only qualify for family planning benefits. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|----------------|---|
| GA | Claims | All | All | Adjustments | Adjustments were not properly reported in the MSIS system during this time, making the correct adjustment of claims difficult and sometimes not possible. |
| | | | | Procedures | Very few IP crossover claims have procedure codes and only about 75% have diagnosis codes. |
| | | | | Claim Count | The number of crossover claims drops from 15,000 in 1996 to 2,000 in 1997 to less than 1,000 in 1998. |
| | | OT | Non-xover | FQHC | The files don't have any claims with a type of service of FQHC. |
| | | | | Service Codes | Only about 1/3 of the claims with a service code indicator of HCPCS have service codes in HCPCS format. |
| | | | Crossover | | Service codes aren't carried on OT crossover claims. |
| | | | Non-xover | Transportation | The percent of transportation claims declines from 17% in 1996 to less than 1% in 1998, but the average paid increases from \$13 in 1996 to \$136 in 1998 indicating they may have gone to summary claims. |
| | PSF | Eligibility | All | Race/Ethnicity | In 1996-1998, 5-7% of eligibles were coded as "unknown". |
| | | | | Cap. Claims | 54% of non-MC enrollees in 1997 had capitation claims and 74% in 1998. Also, in 1998, MC enrollees averaged about 4 capitation claims/month, a higher than expected level. |
| | | | | Plan Codes | There appears to be underreporting of PPHPs until 10/98. No PPHP enrollment is reported until 10/97, when about 15,000 eligibles are reported in PCCMs and about 500 in HIOs. These numbers increase gradually through 9/98, so that about 29,000 are reported in PCCMs and about 1,500 in HIOs. Then, in 10/98, 550,000 are reported in PCCMs and 17,000 in HIOs. Other CMS managed care data sources suggest pre-paid enrollment should have been much higher prior to 10/98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| GA | PSF | Eligibility | All | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 111-476 SSNs were used in more than one record in |
| | | | | Unifm Elig Grps | Monthly enrollment data for 1996 through 1998 show some quarterly seam effect problems. Enrollment always declines from the first month of a quarter to the third month, and then increases abruptly in the first month of the next quarter. |
| | | | | Recip. w/o Elig | GA reported claims for about 14,800-18,200 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 16% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|---|
| IA | Claims | IP | Crossover | Diagnosis | About 1/2 the claims have diagnosis codes. |
| | | | | Procedures | 23% of the IP crossover claims have procedure codes in 1996 and there are almost none in 1997-98. |
| | | | Non-xover | Family Planning | The file does not have any claims with a type of service of Family Planning. |
| | | LT | Crossover | Amount Paid | The average amount paid in 1996 was over \$2,000 which is much higher than expected, indicating that some claims may have been mis-reported in MSIS as crossovers. |
| | | | All | Diagnosis | Very few LT claims have diagnosis codes. |
| | | | Crossover | Claim Count | There is a drop of 54% from 1996 to 1997, and 42% from 1997 to 1998 in the percent of crossover claims. |
| | | OT | Non-xover | Covered Days | In 1996-97 less than 60% of the claims with a type of service of IP Psych. <21 years have covered days. |
| | | | Crossover | Diagnosis | None of the 1996 OT crossover claims have diagnosis codes. |
| | | | All | Span Bills | There are so many span bill claims due to the large number of capitation claims in the file. |
| | PSF | Eligibility | Non-xover | Service Codes | Prior to 10/98, only about 1/3 of the claims with a HCPCS service code indicator had service codes in HCPCS format. |
| | | | Crossover | | Only 40% of the 1996 OT crossover claims have service codes. |
| | | | All | Plan Codes | No managed care enrollment was reported until 10/97 even though the state had managed care during that time and the files contain capitation claims. Starting in 10/97 132,000 individuals are reported to be enrolled across several types of MC. A second noticeable increase in MC enrollment occurred 10/98 (to 175,000/mo.) These patterns only become consistent with other CMS MC data in 10/98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| IA | PSF | Eligibility | All | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 118-432 SSNs were used in more than one record in |
| | | | | Unifm Elig Grps | There is a smooth transition from 1995 to 1996, with regard to total enrollment. However, eligibility coding for the first 6 months of 1996 had to rely on MASBOE coding (which was problematic), since IA did not report state specific eligibility codes during this period. As a result, MPR was unable to map to all the uniform eligibility groups until 7/96. There are other problems as well. From 1996-98, some unusual fluctuations in enrollment occurred -- +17,000 (7/96), +15,000 (7/98), and - 50,000 (10/98) (cause unknown). In addition, IA's monthly counts for groups 14 and 15 (AFDC cash) in 1996 were substantially higher than counts of AFDC enrollment according to AFDC administrative data. Finally, children in state-specific eligibility groups 372, 374, and 377 were mistakenly mapped to uniform group 48 (foster care children); they should have been mapped to uniform group 44. Any researcher using IA data would need to investigate these enrollment issues. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 37% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | All | Private H.I. | The number of eligibles with private insurance is about 70,000/month from 1/96-6/96. Then, it drops to 30,000/month and never exceeds 40,000/month through 12/98. Thus, the first 6 months of 1996 data appear questionable. |
| | | | | Cap. Claims | In 1996-97, 65-82% of non-MC enrollees had capitated claims, suggesting some managed care enrollment may not have been identified. This declined to 9% in 1998. |
| | | | | | |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| ID | All | All | All | MSIS ID | The MSIS ID number system was changed in FFY 1999. This created some duplicate person summary records and made linkage with past files difficult. |
| | Claims | Claims | | Adjustments | ID only included originals and resubmitted claims, but not voids (or credits). As a result it was necessary to simply include only the last positive paid claim in adjustment sets. This means that some adjustments will not have been done correctly, especially in the OT |
| | | IP | Non-xover | Procedures | There aren't any procedure codes in the 1986 file and in 1997 there are fewer than expected claims with procedures. |
| | | | Crossover | | There are very few procedure codes on crossover claims. |
| | | LT | Non-xover | Leave Days | There aren't any claims with leave days in 1996. |
| | | | Crossover | Patient Status | Almost all claims with a patient status are coded discharged to home. |
| | | | Non-xover | Covered Days | The % of NF & ICF/MR claims with covered days dropped from almost 100% in 1986 to about 65% in 1987. |
| | | OT | | Service Flag | Only 15% of the claims with a service code indicator of HCPCS (II & III) have a service code in HCPCS format indicating a problem with the service code indicator. |
| | PSF | Eligibility | All | Unifm Elig Grps | In 1996-98, the number of eligibles in uniform groups 11-12 was about half of the number of SSI recipients. Some differences may result because Idaho requires SSI recipients to separately apply for Medicaid. Enrollment in uniform groups 31-32 declined by more than 50% in October 1998 (when MSIS review began), coinciding with a decline in enrollment for state specific group 68 (defined as QMBs). At the same time, enrollment in uniform groups 11-12 increased by about the same amount (although enrollment in these groups continued to be below SSI levels). |
| | | | Crossover | Xover Status | No SMRF crossover data for 1995. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|--|
| ID | PSF | Eligibility | All | Duplicate SSNs | There were problems of duplicate SSNs in the Idaho files for 1996. 12,853 SSNs were used in more than one record. This problem was reduced to 41 SSNs or fewer in 1997 and 1998 data. |
| | | | | Recip. w/o Elig | ID reported claims for about 3,900-58,000 persons each year in 1996-98 who did not have eligibility records. In 1998, almost 33% of recipients did not have any months of eligibility. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Length of Enrol | Preliminary tables showed that <40% of eligibles were enrolled 12 months each year in 1996-98, a lower than expected proportion. In addition, a table showing the distribution of eligibles by length of enrollment for the year, showed more enrollment at the 3 and 9 month intervals than usually occurs. |
| | | | | Cap. Claims | In 1996, 26% of non-MC eligibles have capitation claims. This proportion rises to 36% in 1997 and then 37% in 1998. These levels are significantly higher than expected. |
| | | | | Private H.I. | Eligibles with third party insurance increase from 10% in 1/96 to 25% by the end of the year. It remains at this level in 1997-98 and is a higher than expected proportion. |
| | | | | Plan Codes | ID began reporting PCCM enrollment in 10/97. After that, the enrollment levels are consistent with other CMS managed care data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| IN | Claims | IP/FFS | All | Encounters | The 1996-1997 encounter claims submitted in MSIS were not included in the file. About 13% of the 1998 claims are encounter records. |
| | | | Non-xover | Family Planning | There aren't any claims with a type of service of Family Planning. |
| | | LT | | Claim Count | The number of FFS non-crossover claims increased from 460K in 1996 to 593K in 1998. |
| | | | | Home Health | There aren't any claims with a type of service of HH in 1996-1997 |
| | | OT/FFS | | Claim Count | The number of claims increased in 1997 and 1998 primarily due to the increase in the number of capitation claims. |
| | | | All | Encounters | About 24% of the 1998 OT file are encounter records. |
| | PSF | Claims | Crossover | Claim Count | The percent of crossover claims dropped 22% between 1997 and |
| | | | Non-xover | OPD | The number of people with claims with a Type of Service of OPD increased from 85 in 1997 to 34,838 in 1998, while the average amount paid per user decreased from \$16,689 to \$146. |
| | | Eligibility | All | Plan Codes | There are major problems with IN MC data until 10/98. IN counts <50 eligibles in HIOs from 1/96-10/97, considerably less than other CMS managed care data sources show. From 10/97-9/98, almost all eligibles (>400,000) are reported to be in PCCMs, with the remaining 5,000-40,000 in HIOs, which is also not consistent with other CMS data. Then, 10/98-12/98, PCCM enrollment drops to around 100,000, with about 60,000 in HIOs, levels that are more consistent with other CMS MC data. |
| | | | | | |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| IN | PSF | Eligibility | All | Unifm Elig Grps | From 12/95 to 1/96, mapping changes caused poverty-related women in uniform group 35 to increase by about 2,000 while group 45 declined by the same amount. From 1/96 through 9/96, about 650 individuals ineligible for Medicaid are not mapped to uniform groups. In 1996, enrollment always declines from the first month of a quarter to the third month, and then increases abruptly in the first month of the next quarter. In 10/98 there is an unusual 22,000 increase in eligibles, with most to uniform group 34. IN is a so-called 209(b) state; this explains why the number of enrollees in uniform groups 11/12 is lower than the number of SSI recipients. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 153-266 SSNs were used in more than one record in |
| | | | | Cap. Claims | In 1996, 15% of non-MC eligibles had capitation claims. This increased to 61-74% in 1997-98. |
| | | Crossover | All | Xover Status | The number of EDB-confirmed crossovers in 1996 was 6% less than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably overcounted in the 1995 data. |
| | | | | Recip. Status | In 1996, 72% of children and 75% of adults were recipients, somewhat lower than expected proportions. |
| | | | | Recip. w/o Elig | IN reported claims for about 1,050-9,200 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|--------------|---|
| KS | Claims | IP/FFS | Crossover | Procedures | There are very few procedure codes in the 1996-97 IP files. In 1998 approximately 22% of the claims have procedure codes. |
| | | | All | | IP procedures all a ICD-9-CM indicator, but in 1996, the majority of claims did not have procedure codes with a valid ICD-9 format. |
| | | | Crossover | Amount Paid | The amount paid on some IP crossover claims is double the expected amount as there were probable duplicate original claims in the file with Medicare coinsurance/deductibles. |
| | | LT | All | Covered Days | The state does not necessary pay for all the covered days shown on the claim. |
| | | LT/FFS | Crossover | TOS | Approximately 1/2 the crossover claims have a type of service 04 (IP Psych < 21) |
| | | | Non-xover | Claim Count | There is a 28% increase in the number of claims in 1998. |
| | | | | TOS | The percent of claims with a type of service 04 (IP Psych < 21) dropped to almost 0 in 1998. |
| | | | Crossover | Claim Count | The percent of crossover claims in all 3 years is much lower than expected - less than 1%. |
| | | | | Amount Paid | The average amount paid decreased 25% between 1996-1997 and 16% between 1997 and 1998. |
| | | | Non-xover | | The average amount paid per covered day for claims with a type of service of 02 (MH Aged) and 04 (IP Psych < 21) dropped dramatically from 1996 to 1997 and 1998. |
| | | OT/FFS | All | Adjustments | The percent of adjustments in 1998 was 14% compared to only 2% in 1997. |
| | | | Non-xover | Home Health | The percent of HH claims in 1998 was only 2% compared to 7% in 1997. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| KS | Claims | OT/FFS | Non-xover | Service Codes | In 1996 only 61% of the claims with a HCPCS service code indicator had service codes in the HCPCS format. |
| | | | Crossover | | In 1996, only 46% of the claims with a HCPCS service code indicator had claims with the HCPCS format. |
| | | | All | Diagnosis | KS uses some state defined diagnosis codes. |
| | PSF | Eligibility | | Recip. w/o Elig | KS reported claims for about 3,800-5,300 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS |
| | | | | Unifm Elig Grps | Some problems in eligibility mapping occurred during 1996-98 due to problems with KS eligibility data in MSIS. From 10/96 through 9/98, about 3,000 eligibles are reported into uniform groups 21-22 who should be reported into 31-32. This problem is corrected in 10/98. (This cannot be corrected for the earlier period with state specific eligibility codes.) There is also a problem with foster care counts. In 10/96, the uniform group 48 group drops by about 3,000 (cause unknown), but then foster care enrollment remains smooth through 1998. There were also some changes from 1995 to 1996. About 4,000 eligibles were added to uniform groups 21-25, 31-32, and 41-45 effective 1/96. These are primarily eligibles in a spend-down situation. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 25-48 SSNs were used in more than one record in 1996-98. |
| | | | | Recip. Status | In 1996 and 1998, 89% of the aged are reported to be recipients of services, a slightly lower than expected proportion. |
| | | | Crossover | Xover Status | Crossovers were not identified in KS SMRF 1995, so no comparison to the crossover count in 1996 can be made. |
| | | | All | Private H.I. | From 10/96 to 9/98, 28-34% of monthly enrollees are reported to have private insurance, which seems unlikely. For the other months, the reported level is 7-10%, which seems more plausible. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|----------------|--|
| KS | PSF | Eligibility | All | Plan Codes | The KS managed care data have problems. There is HMO enrollment for 1/96-9/96 and 10/98-12/98, but not the intervening period. No one is enrolled in a PCCM from 1/98-9/98, but there is PCCM enrollment before and after this time. In addition, over half of the non-managed care enrollees are reported to have capitation claims. Given these problems, it is difficult to compare to other CMS MC data. |
| | | | | Cap. Claims | In 1996, 22% of non-managed care enrollees had capitation claims. This increased to 58% in 1997 and then dropped to 55% in 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| KY | Claims | All | All | Claim Count | There was a big increase in managed care enrollment in 1998 which means that there is a big decline in the number of FFS claims. |
| | | | | Encounters | There aren't any encounter claims in the files. |
| | | | | Procedures | About half the claims have procedure codes. |
| | | IP | Crossover | Revenue Codes | Very few crossover claims have accommodation charges. |
| | | | | Diagnosis | There aren't any diagnosis codes on crossover claims. |
| | | LT | Non-xover | Leave Days | The file does not include leave days as the state doesn't pay for them. |
| | | | | Service Place | The MSIS 1996-98 claims did not have Place of Service. In SMRF 98 the claims that came from MSIS 99 have place of service. |
| | | OT | Crossover | HCPCS | Only 60% of the claims with a HCPCS service code indicator had a service code that was in the proper HCPCS format. |
| | | | | TOS | There weren't any claims with a type of service of transportation in 1996. |
| | | | | Dental | Dental codes are reported as state specific codes. The can be converted to HCPCS by replacing the leading 0 with a 'D'. |
| | | PSF | Eligibility | Service Codes | There aren't any service codes on the OT crossover claims. |
| | | | | Unifm Elig Grps | In 1996, there were a few mapping changes: about 6,000 children previously classified as Ribicoff children medically needy were mapped to uniform group 44; about 5,000 children previously classified as AFDC cash children were mapped to uniform group 34-35; and about 3000 enrollees previously classified as poverty-related were mapped to uniform groups 41-42. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| KY | PSF | Eligibility | All | Recip. w/o Elig | KY reported claims for about 3,200-7,600 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Cap. Claims | About 10% of the non-MC eligibles in 1998 had capitation claims. |
| | | | | Plan Codes | KY did not report any PPHP enrollment until 11/97, when about 54,000 HMO enrollees were reported. However, this is substantially lower than the MC enrollment reported in other CMS managed care data for 1997. Beginning 10/98, KY also reported eligibles in PCCM, PHP and other MC enrollment. Only at this point is KY's PPHP data consistent with other CMS MC data. |
| | | | | Recip. Status | In 1996-98, about 87% of aged were reported to be recipients, a somewhat lower than expected proportion. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 28% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| ME | Claims | All | All | Encounters | ME did not submit any encounter claims during 1996-98. |
| | | | | Xover | The percent of crossover claims in 1996 was 72%, in 1997 - 69% and in 1998 it was 55%. |
| | | | | Family Planning | In 1997-98, 20% of the claims had a TOS of family planning, but in 1996, no claims reported family planning. |
| | | IP | Non-xover | UB-92 Codes | The percent of stays with accommodation codes declined from 81% in 1996 to 63% in 1998. It is expected that all IP stays will have accommodation charges. |
| | | | | Claim Count | The number of crossover claims dropped from 66K in 1996 to 28K in 1998. |
| | | | | Deliveries | It appears that ME switched from reporting mothers and baby deliveries on combined claims to separate claims. |
| | | | Crossover | Procedures | Most crossover claims do not have a procedure code. |
| | | | | Covered Days | In 1996 about 52% of the claims with a TOS of Aged/MH had covered days. In 1997 the percent was about 70 and in 1998, the percentage dropped to 17%. |
| | | | | Service Place | About 30% of the claims had a place of service of 'Other' even though there are very few capitation claims in the file. |
| | | LT | Non-xover | Claim Count | The percent of OT crossover claims increased from 4% in 1996 to almost 11% in 1997-98. |
| | | | | TOS | The % of claims with a TOS of physician went from 30% in 1996 to around 50% in 1997-98. In 1996 those services appear to have been reported in Other Services and RHC/FQHC. |
| | | | | Clinic \$ | The average amount paid for clinic services went from \$20 in 1996 to \$252 in 1997. |
| | | OT | Crossover | | |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|--|
| ME | Claims | OT | Non-xover | Service Codes | Only about 30% of the claims with a HCPCS service code indicator had a HCPCS service code format. |
| | | | | OPD | There are very few claims with a type of service of OPD. |
| | | | Crossover | Claim Count | The number of OT crossover claims increased from 145K in 1996 to around 500K in 1997-98 |
| | | | Non-xover | Amount Paid | The average amount paid on drug claims went from \$175 in 1997 to \$21 in 1998. |
| | PSF | RX | All | TPL Paid | The average TPL paid was \$5,352 in 1998. It is possible that service tracking claims were submitted as individual claims. |
| | | Eligibility | | Plan Codes | No PPHP enrollment is reported until 10/97-12/97, when all current eligibles are reported to be in PCCMs. Then, effective 1/98, only about 25,000 eligibles are shown in PCCMs and 5,000 in HMO/HIOs. This general pattern remains for the rest of the year and is consistent with Q199 MSIS and other CMS MC data. Thus, the 10/97-12/97 PPHP data are probably not reliable. |
| | | | | Private H.I. | Only about 1% of current monthly eligibles are reported to have private insurance until 1/98, when the proportion increases to over 10%. This proportion is consistent with Q199 MSIS. Thus, the 1996-97 data are probably not reliable. |
| | | | | Date of Death | Maine did not report any date of death data from 1996-98. |
| | | | | Race/Ethnicity | Maine did not report any race/ethnicity data until 1998. |
| | | | | Crossover | Xover Status |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|--|
| ME | PSF | Eligibility | All | Recip. w/o Elig | ME reported claims for about 2,300-2,800 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Recip. Status | In 1997-98, only 70-71% of adults are recipients of service, a somewhat lower than expected proportion. In 1996, 78% of adults are recipients. In addition, the proportion of aged who were recipients dropped from 93% in 1997 to 85% in 1998. |
| | | | | Cap. Claims | About 3% of the non-MC eligibles in 1997 had capitation claims. This rate dropped to less than one percent in 1998. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. About 5 SSNs were used in more than one record in 1996-98. |
| | | | | Unifm Elig Grps | Enrollment levels across eligibility groups are generally smooth across 1996-98, with one exception. In 1/98, SSI enrollment (uniform groups 11 and 12) increases by about 5,000 eligibles. Most of these eligibles appear to be SSI state supplement recipients, who were not separately reported in 1996-97. Some enrollees <65 years old were mapped to uniform groups 11, 21, 31, and 41. Researchers may want to remap these enrollees to uniform groups 12, 22, 32, and 42. In addition, some age classification problems occurred with uniform groups 44 and 45. Persons <21 years old should all be mapped to uniform group 44 and those >20 years old should be mapped to uniform group 45. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|---|
| MI | Claims | All | All | Encounters | No encounter records were submitted to MSIS during this time period. |
| | | | | TPL | TPL in not available on any claims. |
| | | | Crossover | Claim Count | There is a big drop in the number of crossover claims in 1998 because of the change in the state reimbursement rules. |
| | | IP/FFS | Non-xover | Patient Status | There was a decline from about 90% in 1996-97 to 60% in 1998 in the percent of patients discharged to home. However, the 1999 MSIS files has around 99% discharged to home. |
| | PSF | LT | Crossover | TOS | About 60% of the crossover claims have a type of service of MH for Aged. |
| | | | | Xover Status | The number of EDB-confirmed crossovers in 1996 was 77% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | Eligibility | All | Recip. Status | The proportion of aged who were recipients (users of Medicaid services) ranged from 88 to 89% from 1996-98, a slightly lower than expected proportion. |
| | | | | Date of Death | Michigan did not report any date of death data from 1996-1998. |
| | | | | Plan Codes | Effective 10/97 (when PCCMs could be reported) MI PPHP data look reasonably consistent with other CMS MC data. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 38-207 SSNs were used in more than one record in |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| MI | PSF | Eligibility | All | Unifm Elig Grps | From 1995 to 1996 some changes were made in the age sort for poverty-related children and adults. In addition, 39,000 children previously mapped to the Ribicoff MN child group were mapped to several other child groups. Two periods of unusual enrollment declines occurred from 10/96-12/96 and 6/98-9/98. Finally, in 1997 and 1998, persons with M2H and M2J in bytes 1-3 of the state specific eligibility code were erroneously mapped to uniform group 32. These aged individuals should have been mapped to uniform group 31. |
| | | | | Cap. Claims | About 1-2% of the non-MC eligibles in 1996-98 had capitation claims. |
| | | | | Recip. w/o Elig | MI reported claims for about 16,000-26,000 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | IP/FFS | Crossover | Race/Ethnicity | In 1996-1998, 3-4% of eligibles were coded as “unknown”. |
| | | | | LOS | The average number of covered days was 2 in 1996 and 1997 and 9 in 1998. Normally, covered days are not reported on crossover claims. |
| | | | | | |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| MN | Claims | IP | Crossover | Procedures | Very few crossover claims have procedure codes. |
| | | | Non-xover | Family Planning | There aren't any claims with a type of service of family planning in the IP files. |
| | | LT | All | Diagnosis | Less than 20% of the non-crossover claims have a diagnosis code, but about 70% of the crossover claims do include diagnosis. |
| | | | Non-xover | Covered Days | There are ICF/MR covered days reported for only about 25% of the ICF/MR claims. |
| | | OT | | Service Codes | Between 30 and 40% of the claims with a Service Code Indicator of HCPCS, have claims that are not in the HCPCS format. |
| | | | All | Encounters | Even though there are over 500,000 encounter claims in the Q1 MSIS 1999 file, there aren't any in the SMRF 98 OT file. |
| | | | Crossover | Service Codes | None of the 1996-97 and most of the 1998 SMRF OT crossover claims don't have service codes. |
| | PSF | Eligibility | All | Plan Codes | MN's pre-paid plan data for HIO enrollment from 1/96 to 9/96 is somewhat higher than other CMS MC data. In addition, from 4,000-16,000 enrollees are assigned code 777 during this period. Then 10/97-9/98, about 220,000 enrollees/month are reported in PCCMs, in addition to about 220,000/month in HIOs. This is almost twice the level of MC enrollment according to other CMS data. Then, 10/98-12/98, no PCCM enrollment is reported, but 220,000 enrollees/month continue in HIOs, a pattern more consistent with other CMS data. Researchers should be cautious in using the PCCM enrollment data for 10/97-9/98. |
| | | | | Race/Ethnicity | In 1996-1998, 2-3% of eligibles were coded as "unknown". |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 28% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| MN | PSF | Eligibility | All | Unifm Elig Grps | <p>From 1996-98, the assignment of enrollees to the uniform groups was not reliable in MN, except to the extent that individuals were identified as aged, disabled, children (including foster care children) or adults. As an example, "children" at a general level were appropriately identified, but the sorting of children by cash assistance, medically needy, poverty-related or other status has many errors. This problem pervaded other uniform groups as well. In 2002, the state discovered a long standing MSIS coding mistake related to income, and income is a critical variable to the assignment of individuals across the uniform groups. Researchers should not use the uniform group designations, except to identify enrollees as aged, disabled, children or adults. In addition, the enrollment data for MN have some quarterly "seam effect" problems in 4/96-12/98. Enrollment is always lowest in the 1st month of each quarter, increases in the 2nd month, and is then highest in the 3rd month. Then, there is usually a substantial drop in enrollment for the beginning month of the next quarter. Throughout 1996-98, MN had an 1115 demonstration extending Medicaid benefits to children and adults who otherwise would not have qualified for Medicaid.</p> |
| | | | | Private H.I. | <p>There are problems with this data element. The levels of regular private insurance and state purchased private insurance fluctuate substantially over the period from 1/96 to 9/98, suggesting that these data are not reliable.</p> |
| | | | | Cap. Claims | <p>There are some problems with capitation claims in 1996-97. In 1996, 25% of non-MC eligibles have capitation claims. This proportion drops to 17% in 1997 and then to less than one percent in 1998. The 1996-97 levels are higher than expected.</p> |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|----------------|---|
| MO | Claims | IP | Crossover | Diagnosis | Very few IP crossover claims have diagnosis codes. |
| | | | | Procedures | Very few IP crossover claims have procedure codes. |
| | | IP/LT/OT | All | Encounters | There are encounter claims in the 1996-98 IP and OT files, and in the 1998 LT file. |
| | | | | | |
| | | LT | Crossover | Diagnosis | There aren't any diagnosis codes on crossover LT claims. |
| | | | | Claim Count | There aren't any crossover claims in the 1996-97 LT files. |
| | | | | Patient Status | Patient Status is missing on all LT crossover claims. |
| | | OT | Non-xover | Home Health | Most of the claims reported with a TOS of HH in 1996-97 are in the Other Services category in 1998 due to the mapping considerations described in the general comments section. |
| | | | | Service Place | About 30% of the claims have a place of service of 'home' because the state submits line item detail HH claims. |
| | | | Crossover | Service Codes | None of the OT crossover claims have service codes. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| MO | PSF | Eligibility | All | Unifm Elig Grps | Beginning in September 1998, MO implemented an 1115 demonstration extending Medicaid benefits to children who otherwise would not have qualified for Medicaid. These children are reported into uniform group 34, but do not have unique state specific eligibility codes. The following problems occurred with MO uniform group mapping that can be corrected: 1. In 1998, individuals <65 years in state groups AA, BB and CC were mapped to uniform group 99, when they should have been mapped to uniform group 32. 2. From 1996-98, children in state group 37KF (about 3-4,000 children/month) should have been mapped to uniform group 48, not uniform group 34. In addition, children in state group 60RM (11-13,000/month) should have been mapped to uniform group 44, not 34. Finally, there were two problems with mapping to the uniform groups from 1996-98 that cannot be corrected. First, from 10/96 through 12/97, the SSI aged and disabled (uniform groups 11 and 12) were undercounted and the other aged and disabled groups (uniform groups 41 and 42) were over-counted. During this period, MO was not correctly reporting into the MSIS MAS 1 group for the aged and disabled. When MO began reporting correctly in 1998, the number of enrollees in uniform groups 11-12 was less than the number of SSI recipients. This pattern occurs because MO is a 209(b) state. Second, from 12/97 to 1/98, enrollment in uniform groups 44-45 dropped substantially, while enrollment increased by about the same amount in uniform groups 14-15, due to a state change in MSIS MAS reporting for state groups 05 and 06 (1931 groups). The reason for this change is not known. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 30% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | All | Cap. Claims | In 1996-98, 14-32% of non-MC enrollees had capitated claims, suggesting some managed care enrollment may not have been |
| | | | | Recip. Status | In 1998, 89% of the aged are reported to be recipients of services, a slightly lower than expected proportion. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|----------------|---|
| MO | PSF | Eligibility | All | Plan Codes | Generally, the MO MC levels in all years are considerably lower than other CMS managed care data sources. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. About 49-69 SSNs were used in more than one record. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|----------------|-------------|---------------|---|---|
| MS | Claims | All | All | Family Planning | There aren't any claims with a Type of Service of Family Planning in the claims files. |
| | | IP | Crossover | Service Codes | The crossover claims do not have service codes. |
| | | LT | All | Leave Days | Leave days aren't reported in the LT file. |
| | | | Crossover | Claim Count | There aren't any crossover claims in the 1996-97 LT claims files. |
| | | | Non-Xover | Aged/MH | The only claims with a Type of Service of Aged MH are crossover claims. |
| | | | OT | Crossover | Diagnosis |
| | | TOS | | | There is a very limited number of types of service reported in 1996-97 crossover claims. They are almost all Physician or Lab. |
| | | Non-Xover | | Service Place | In 1996-97, there aren't any claims with a Place of Service of IP or |
| | | | Service Codes | Only about half the claims have the correct service code indicator. | |
| | | PSF | Eligibility | All | Recip. w/o Elig |
| | Duplicate SSNs | | | | There were minor problems of duplicate SSNs in the files for 1996-98. About 25-50 SSNs were used in more than one record. |
| | Recip. Status | | | | The proportion of aged who were recipients (users of Medicaid services) was 88% in 1998, a slightly lower than expected proportion. In addition, the proportion of children in 1998 who were recipients was 79%, a slightly lower than expected proportion. |
| | Cap. Claims | | | | While less than one percent of non-MC eligibles had capitation claims in 1996, 1-3% of non-MC eligibles had capitation claims in 1997-98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| MS | PSF | Eligibility | All | Unifm Elig Grps | Two mapping changes from 1995 to 1996 caused shifts in enrollment. First, an age sort was used for child/adult, instead of relying on BOE. Second, some children previously mapped to other eligibility groups were changed to uniform group 34. MS data have some quarterly seam effect problems throughout 1996-98, with enrollment highest in the 1st month of the quarter, declining the 2nd and 3rd months, then increasing noticeably in the 1st month of the next quarter. |
| | | | | Race/Ethnicity | In 1996-1998, 5% of eligibles were coded as “unknown”. |
| | | | | Plan Codes | MS does not show any MC enrollment until 10/97-9/98 when all current enrollees (>400,000/mo.) are reported to be in PCCMs. This is not consistent with other CMS MC data. The 10/98-12/98 MC data appear reliable. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 20% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|---|
| MT | Claims | IP | Crossover | Procedures | All claims with procedures have a procedure code flag of ICD-9, but in 1996-97, less than 5% of the claims have procedure codes with a ICD-9 format. The situation improves in 1998 due to the reporting in the MSIS FFY Q1 1999 files. |
| | | | All | UB-92 Codes | The percent of claims with Accommodation and Ancillary Charges drops from almost 100% in 1996/97 to 65% in 1998, even though almost all FFY Q1 1999 IP claims have UB-92 revenue codes. |
| | | | Non-xover | Service Flag | The Service Flag does not match the format of the service codes in about 65% of the claims in 1996/97. |
| | | LT | | Patient Status | MT was able to include Patient Status in the MSIS files prior to MSIS 1999. Starting with Q1 1999, they say this information is not |
| | | | | TOS | There aren't any claims in the file for TOS 02 - Aged/Mental Health or TOS 4 (IP psych. < 21) |
| | | | Crossover | Claim Count | MT does not submit LT crossover claims. This situation continues into the MSIS 1999 files. |
| | | OT | | Service Codes | Most of the crossover claims do not have service codes. |
| | | | | Claim Count | The number of crossover claims increases from 113,190 in 1996 to 166,187 in 1998. |
| | | | Non-xover | Diagnosis | The percent of claims with a diagnosis code drops in 1998 due to the increase in the number of capitation claims in the file. |
| | | | | FQHC | There aren't any claims with a TOS of FQHC/RHC in 1986. |
| | | | | Home Health | There aren't any HH claims reported in the 1996-97 OT files. |
| | | | | Service Place | The Place of Service is coded as 'other' in almost 90% of the 1996 OT records. It decreases to 43% in 1997 and to 25% in 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| MT | PSF | Eligibility | All | Length of Enrol | <p>Preliminary tables showed that <40% of eligibles were enrolled 12 months each year in 1996 and 1998, a lower than expected proportion.</p> <p>In addition, a table showing the distribution of eligibles by length of enrollment for the year, showed more enrollment at the 3, 6 and 9 month intervals than usually occurs across 1996-98.</p> |
| | | | | Date of Death | In 1997, no persons were reported to have died. |
| | | | | Plan Codes | <p>MT did not report any MC enrollment until 10/97. After that point, the MT MC data are generally consistent with other CMS data and indicate that the vast majority of enrollees were in some form of</p> |
| | | | | Cap. Claims | <p>There are some problems with capitation claims in 1997-98. In 1997, 37% of non-MC eligibles have capitation claims. This proportion jumps to 52% in 1998. These levels are significantly higher than expected.</p> |
| | | | | Recip. w/o Elig | <p>MT reported claims for about 1,600-6,200 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files.</p> |
| | | | | Unifm Elig Grps | <p>MT did not report any state eligibility codes until 10/98; MPR had to use MASBOE values to create uniform groups eligibility codes. As a result, foster care children (uniform group 48) and poverty-related eligibles (uniform groups 31-35) could not be identified until 10/98. MT data have some quarterly seam effect problems throughout 1996-98, although the direction of the pattern is not consistent.</p> |
| | | | | Private H.I. | <p>From 9/98 to 10/98, there is a noticeable increase in the number of persons with private insurance, suggesting that this coverage may have been underreported earlier.</p> |
| | | | Crossover | Xover Status | <p>The number of EDB-confirmed crossovers in 1996 was 34% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data.</p> |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|---------------|--|
| ND | Claims | IP | Non-xover | Service Codes | In 1996-97, all the claims have a Service Code Indicator of CPT-4, but none of the service codes are in CPT-4 format. In 1998 half of the claims with CPT-4 indicator don't have the proper format. The claims coming from MSIS 1999 are correct. |
| | | | Crossover | UB-92 Codes | Very few claims have UB-92 revenue codes, or procedure codes. |
| | | | All | Diagnosis | None of the claims have diagnosis codes. |
| | | LT | Non-xover | Covered Days | The average number of MH Aged covered days per claim is 47 in 1996, 77 in 1997 and 34 in 1998. The field is probably improperly '8' or '9' filled. |
| | | | OT | EPSDT | There aren't any claims with a TOS of EPSDT. |
| | | | | Service Codes | During most of 1996 and 1997 and most of 1998, claims with a Service Code Indicator of HCPCS don't have the HCPCS format. |
| | | PSF | Crossover | Home Health | Service Codes are not reported on crossover claims. |
| | | | Non-xover | | The percent of HH claims dropped from 10% in 1997 to less than 1% in 1998. |
| | | | Eligibility | Private H.I. | The private insurance code does not appear reliable until possibly 10/98. Until 1/98, all eligibles were reported as having an invalid private insurance code. From 1/98 to 9/98, only 1% - 3% of eligibles were reported to have private insurance, while most eligibles still had an invalid code. In 10/98, 18% of monthly eligibles were reported to have private insurance, which is somewhat higher than expected. |
| | | | | Cap. Claims | About 34-54% of the non-MC eligibles in 1997-98 had capitation claims. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| ND | PSF | Eligibility | All | Unifm Elig Grps | ND is a 209b state. This explains why the number of enrollees in uniform groups 11-12 in 1998 was less than the number of SSI patients. In 1996-97, the number of enrollees in uniform groups 11-12 was slightly higher than the SSI counts. It is difficult to determine what was going on during this period, since there were some shifts in enrollment across the aged/disabled uniform groups, and the state specific eligibility codes are not very detailed. |
| | | | | Recip. w/o Elig | ND reported claims for about 1,500-3,800 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Duplicate SSNs | There were problems of duplicate SSNs in the ND files for 1996-98. Just over 1,000 SSNs were used in more than one record in 1996 and 1997. This problem was reduced to 34 SSNs in 1998 data. |
| | | | | Plan Codes | ND began reporting PCCM enrolment in 10/97. After that, the enrollment levels are consistent with other CMS managed care data |
| | | Eligibility | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 64% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|--|
| NH | Claims | IP | Crossover | Procedures | The crossover claims don't have procedure codes. |
| | | | | Diagnosis | In 1996, 100% of crossover claims had diagnosis codes. It drops to 50% in 1997 and 1998. |
| | | | | All | Almost all crossover claims and about 70% of the non-crossover claims have diagnosis codes with a length of 5 indicating the codes were probably padded at the end with zeros. |
| | | LT | Crossover | Adjustments | Slightly less than 50% of adjustment sets used the standard state specific scenario in 1998. |
| | | | | Diagnosis | In 1996 all claims had a diagnosis code. In 1997 this percent dropped to 30% and to less than 1 percent in 1998. |
| | | | | Patient Status | In 1996-97, everyone was coded as 'still a patient'. |
| | | | Non-xover | Claim Count | The number of crossover claims doubles in 1998 from 1996/97. |
| | | | | IP Psych <21 | The is a decrease from 21 covered days per claim in 1996 to 13 days in 1997/98. This may be due to a change in the billing cycle of those facilities. |
| | | | | Aged/MH | There aren't any claims with a Type of Service of Aged/Mental Hospital. |
| | | OT | Crossover | Service Flag | About 25% of the claims have a Service Code Flag that doesn't match the format of the Service Code. |
| | | | | Diagnosis | All diagnosis codes on crossover claims have a length of 5 indicating that they have been padded on the right with zeros. |
| | | | | Claim Count | The number of crossover claims increased from about 137,000 in 1996 to 230,000 in 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| NH | PSF | Eligibility | All | Unifm Elig Grps | NH is a 209b state, explaining in part why the number of enrollees reported in uniform groups 11 and 12 is lower than the number of SSI recipients. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. About 200 SSNs were used in more than one record. |
| | | | | Private H.I. | From 1/96-9/98, about 16% of current eligibles are reported to have state-purchased private insurance (an unusual pattern), in addition to another 3,000-4,000 persons/month with regular private insurance. Effective 10/98, no state purchased insurance is reported, which brings into question the reliability of the earlier data. |
| | | | | Cap. Claims | In 1996-98, only 77-82% of the MC eligibles had capitation claims. In addition, 3-7% of the non-MC enrollees had capitation claims. |
| | | | | Plan Codes | There may be problems with the NH MC data. In 1996, the number of eligibles in HIOs is less than reported in other CMS data. The 1/97 through 9/98 data may be ok, but the 10/98-12/98 data are lower than reported in other CMS MC data. |
| | | Crossover | | Xover Status | The number of EDB-confirmed crossovers in 1996 was 43% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| NJ | Claims | IP/FFS | Non-xover | Claim Count | The number of claims decreased from 1996 (104,575) to 1997 (72,754) to 1998 (65,606) |
| | | | All | Encounters | The 1996-97 files do not include any encounter data. In 1998, 16% of the claims are encounter records. |
| | | LT/FFS | Crossover | Claim Count | The number of LT crossover claims decreased about 29% from 1996-1997 and 1997-1998. |
| | PSF | Claims | Non-xover | NF Amt. Pd. | The average Medicaid Amount Paid per NF user was \$6,577 in 1996, \$18,454 in 1997 and \$9,216 in 1998. |
| | | | | Dental Users | The number of dental service users increase from less than 400 in 1996-97 to 15,649 in 1998. |
| | | Eligibility | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 45% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. In addition, NJ had a somewhat lower proportion of aged crossovers than expected (86-87%) across 1996-98. |
| | | | | All | There were minor problems of duplicate SSNs in the files for 1997-98. About 149 SSNs were used in more than one record. |
| | | | | Unifm Elig Grps | There appears to be a reversal in the number of poverty-related aged and disabled (uniform groups 31 and 32) from 1995 to 1996. However, there was an error in the implementation of the 1995 eligibility crosswalk, probably involving the age sort. If the 1995 crosswalk had been correctly implemented, the transition to 1996 would have been smooth. From 7/98 to 12/98, the number of eligibles classified as uniform group 99 increases; these are S-SCHIP children who are considered Medicaid enrollees. Finally, enrollment by eligibility group is generally smooth across 1996-98, except that there is an unusual 9,000 drop in enrollment from 3/98 to 4/98 in uniform group 45, other adult. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|----------------|---|
| NJ | PSF | Eligibility | All | SSN | The percent of records with valid SSNs was about 88% in 1998, a somewhat lower than expected proportion. |
| | | | | Race/Ethnicity | From 1996-98, about 10% of eligibles were coded as “unknown.” |
| | | | | Recip. Status | The proportion of aged who were recipients (users of Medicaid services) ranged from 78 to 81% from 1996-98, a lower than expected proportion. |
| | | | | Private H.I. | From 1996-98, 3-4% of eligibles were reported to have private insurance coverage, a somewhat lower than expected proportion. |
| | | | | Plan Codes | Throughout 1996-98, NJ reports HMO enrollment that appears to be generally consistent with other CMS MC data. Throughout this period, enrollment in other managed care and PHP plans is also sporadically reported. |
| | | | | Cap. Claims | While less than one percent of non-MC eligibles had capitation claims in 1996, 3-5% of non-MC eligibles had capitation claims in 1997-98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|----------------|---|
| NM | Claims | All | All | Encounters | There are no encounter claims in the files. |
| | | | | Indian HS | There are numerous IP claims for people covered by the HIS. These claims are billed on a I.H.S. form instead of a UB-92 so are missing several standard MSIS data elements such as the UB-92 revenue codes and procedure codes. |
| | | LT | Crossover | Procedures | Procedure codes are missing on IP crossover claims. |
| | | | | Diagnosis | The IP crossover claims do not include diagnosis codes. |
| | | | All | Patient Status | Patient status is missing on LT crossover claims. |
| | | | | Diagnosis | Very few claims have diagnosis codes. |
| | | OT | Non-xover | Leave Days | There aren't any claims with leave days in 1996-97. |
| | | | | Diagnosis | Only about 1/2 of the physician/clinic/other practitioner claims had diagnosis codes in 1996-97. |
| | | | Crossover | | Few crossover claims have diagnosis codes. |
| | | | | Capitation | There aren't any capitation claims in 1996 and a shortfall of capitation claims in 1997. |
| | PSF | Eligibility | Crossover | Service Codes | Most OT crossover claims don't have service codes. |
| | | | All | Recip. Status | NM had a somewhat lower proportion of aged recipients (86-88%) than expected. |
| | | | | Race/Ethnicity | In 1996-1998, 2-5% of eligibles were coded as “unknown”. |
| | | | | Plan Codes | The SMRF data on managed care enrollment appear to be consistent with CMS data beginning 10/97 (when the state began reporting PCCM enrollment). It is difficult to judge the reliability for the earlier |
| | | | Crossover | Xover Status | No SMRF crossover data for 1995. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|---|
| NM | PSF | Eligibility | All | Restricted Bene | Individuals in state-specific eligibility group 29 only qualify for family planning benefits. |
| | | | | Unifm Elig Grps | Generally, NM's eligibility data are smooth for 1996-98. NM did not participate in SMRF for 1995. The decline in uniform groups 44-45 in 1998 appears to be related to a decline in transitional assistance enrollees. |
| | | | | Cap. Claims | In 1996, no managed care or non-managed care enrollees had capitation claims, even though 75,000 eligibles/month were reported to be in HIOs. In 1997, 79% of MC eligibles had capitation claims, as well as 29% of non-MC eligibles. In 1998, all MC enrollees had capitation claims, as well as 8% of non-MC eligibles. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|---|---|--|
| PA | Claims | IP | All | UB-92 Codes | Only 50% of the claims have Accommodation and Ancillary Charges in 1996 because IP claims were not billed on the UB-92 form. That percent increases to almost 100% in 1997. |
| | | LT | Non-xover | Covered Days | Most claims for IP Psych. < 21 Years do not have covered days in 1996/97. |
| | | OT | Crossover | Service Codes | The OT crossover claims do not have service codes. |
| | Non-xover | | Only about 1/2 of the claims with a Service Code Indicator of HPCPS (II & III) have a Service Code with HCPCS format. | | |
| | PSF | Eligibility | All | Plan Codes | It is difficult to assess the reliability of PA's PPHP data. PCCM enrollment could not be reported until 10/97 and there are major fluctuations in enrollment by plan type, making it difficult to compare to other CMS managed care data. In addition, about 15,000/mo. enrollees were coded "999" (invalid) 10/97-9/98. From 10/97-9/98, all enrollees are reported either to be in HMO/HIOs (about 725,000) or PCCMs (about 650,000). Then, 10/98, no further PCCM enrollment is reported and about 670,000 enrollees/month are switched to having no managed care. |
| | | | | | |
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| | | | | Private H.I. | PA reports 16-18% of eligibles with private health insurance, a higher than expected proportion. |
| | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 131-182 SSNs were used in more than one record in | |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 41% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. In addition, PA had a somewhat lower proportion of disabled crossovers than expected (25-27%) across 1996-98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| PA | PSF | Eligibility | All | Unifm Elig Grps | <p>Enrollment was overcounted in PA's 1996-1998 SMRF data. The following state-specific groups should not have been included as Medicaid eligibles: D 00, PD00, PD29, PS95 (if over 20 years of age), TD00, and TD55. In addition, some (but not all) persons in state-specific group PS16 were reported as eligibles by mistake. Finally, some state groups were not mapped to the correct uniform eligibility groups. These problems were not identified in time to be corrected in the 1996-98 SMRF data.</p> <p>Generally, the transition from 1995 is smooth, except for one mapping change. To be consistent with 99 MSIS, the disabled over 65 were mapped to the aged groups beginning in 1996. In 10/98, PA stopped reporting the uniform groups 16 and 17. Finally, overall enrollment increase by about 31,000 in 10/98 (cause unknown); most of that increase was in uniform groups 15 and 45.</p> |
| | | | | Recip. Status | From 1997-98, 88-89% of the aged and 68-78% of adults are reported to be recipients of services. These rates are somewhat lower than expected. |
| | | | | Cap. Claims | Only 67-73% of managed care enrollees were reported to have capitation claims in 1996-97. In addition, 6-9% of non-managed care enrollees had capitation claims. |
| | | | | Date of Death | In 1996, no persons were reported to have died. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|---|
| RI | PSF | Eligibility | All | Race/Ethnicity | In 1996-1998, 8-12% of eligibles were coded as “unknown”. |
| | | | | County Codes | County code information is not reported for about 10% of enrollees, a higher than expected proportion. |
| | | | | Recip. Status | MSIS claims data were not processed for 1996-98 in RI; therefore, recipient status could not be determined. |
| | | | | Unifm Elig Grps | Throughout 1996-98, RI had an 1115 demonstration that extended eligibility to persons who otherwise would not have qualified for Medicaid. These persons are reported in state specific groups Q1, Q2, 2C, 33, 42, 43, 53, 61, 63, 71, and 73. In 1996-98, they were reported into uniform groups 34-35. RI data have some quarterly seam effect problems from 1/96 – 9/98, with enrollment highest in the 1st month of the quarter, declining the 2nd and 3rd months, then increasing noticeably in the 1st month of the next quarter. |
| | | Crossover | All | Xover Status | The number of EDB-confirmed crossovers in 1996 was 114% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | | Private H.I. | RI data on private health insurance may have been miscoded for 1/96-9/98. Until 10/98, over 25,000 eligibles/month are coded as having insurance. Then, it drops to about 10,000. |
| | | | | Plan Codes | The SMRF data on HMO enrollment are consistent with CMS MC data for 1996-98. However, the PCCM enrollment for 10/97-9/98 appears to be a miscoding. Other CMS data indicates that RI did not have any PCCM enrollment. These eligibles should have been coded as not enrolled in capitated plans. |
| | | All | All | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 5-106 SSNs were used in more than one record in 1996-98. |
| | | | | Restricted Bene | Adults in state specific eligibility groups 71, 73, and 74 (mapped to uniform group 35) only qualify for family planning benefits. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| TN | PSF | Eligibility | All | Unifm Elig Grps | Throughout 1996-98, TN had an 1115 demonstration that extended eligibility to persons who otherwise would not have qualified for Medicaid. These persons are reported in state specific groups 17, 27, 37, 67, 77, 87, and 97. In 1996-98, they were reported into uniform groups 32-35. In 10/98, enrollment increased by 43,000, and there are major changes in enrollment by state specific group. Most of the new eligibles were in state specific groups 12, 42 and 99. These groups include QMB only and SLMB only enrollees who are reported for the first time. TN reports a higher than expected number of aged and disabled enrollees in uniform groups 11 and 12. This may relate to a long standing court case, requiring the state to maintain Medicaid eligibility for persons leaving SSI. |
| | | | | MSIS ID | There were people in the source MSIS files with multiple MSIS ID's in different quarters. The files were unduplicated using a cross-reference file provided by the state; however, the 1996-98 files may still have some people with multiple MSIS ID's. |
| | | | Crossover | Xover Status | No SMRF crossover data for 1995. |
| | | | All | Recip. Status | Recipient status cannot be determined with TN SMRF data, since almost all enrollees were enrolled in HMOs. |
| | | | | Duplicate SSNs | There were problems of duplicate SSNs in the files for 1996-98. Between 207-2,285 SSNs were used in more than one record in 1996-98. |
| | | | | Plan Codes | The SMRF data on HMO enrollment are consistent with CMS data for 1996-98. The vast majority of TN eligibles were enrolled in HMOs throughout this period as part of the TennCare 1115 demonstration. |
| | | | | Race/Ethnicity | In 1996-1998, about 3% of eligibles were coded as "unknown". |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| UT | Claims | LT | All | Patient Status | UT does not collect information on patient status, except on crossover claims for patients who died. |
| | | | Non-xover | Leave Days | There aren't any claims for leave days in 1996-1997. |
| | | | All | Service Type | There aren't any claims for TOS 2 - Aged Mental Hospital or TOS 04 -Inpatient Psych. < 21 Years in 1996 or 1997. |
| | | OT | | Cap. Claims | The number of capitation payments does not match with the number of people in managed care. It is unclear if UT actually had PCCM enrollment or only PHP/HMO enrollment. |
| | | | Non-xover | Service Place | There aren't any claims with a Place of Service of Home in 1996/97. Around 20% of the claims have a Place of Service of Other. |
| | PSF | Eligibility | All | Length of Enrol | Preliminary tables showed that <40% of eligibles were enrolled 12 months each year in 1996-98, a lower than expected proportion. In addition, a table showing the distribution of eligibles by length of enrollment for the year, showed more enrollment at the 3, 6 and 9 month intervals than usually occurs. |
| | | | | Private H.I. | A large group of eligibles were coded as invalids (code value 9) for private health insurance from 1/96 to 9/98. These were probably persons who did not have private insurance (code value 1). |
| | | | | Plan Codes | UT did not report any MC users until 10/97 when about 130,000 eligibles were reported in PCCMs. This pattern continued until 10/98. At that point, no further PCCM enrollment was reported and 57,000 eligibles were reported in PHPs and about 60,000 were reported as PHP/HIO. Generally, the SMRF data on managed care are not consistent with other CMS MC data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| UT | PSF | Eligibility | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 94% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. In addition, UT had a somewhat lower proportion of aged crossovers than expected (88-89%) across 1997-98. |
| | | | All | Recip. w/o Elig | UT reported claims for about 28,000 persons each year in 1997-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Cap. Claims | In 1997-98, from 52%-61% of non-MC enrollees had capitation |
| | | | | Unifm Elig Grps | From 1995 to 1996 mapping changes caused approximately 5000 eligibles to move from other child to poverty-related (uniform group 34) and 3,000 eligibles from other aged to poverty-related and medically needy (uniform groups 31/21). In addition, in 6/97, Utah moved about 27,000 children from state specific groups A67, A69, A80 and A81 (which mapped to uniform group 34) to state specific group A5 (which mapped to uniform group 44) (cause unknown). Monthly enrollment data for 1996-98 often showed quarterly seam effect problems. In many quarters, enrollment declined from the first month to the third month. Then, there was a noticeable increase in the first month of the next quarter. Utah requires SSI recipients to apply separately for Medicaid. As a result, the number of eligibles in uniform groups 11-12 is less than the number of SSI recipients. |
| | | | | Recip. Status | In 1996, the proportion of recipients in all uniform groups was lower than expected, but in 1997-98, was at expected levels. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. About 180 SSNs were used in more than one record in 1996. This dropped to about 60 in 1997-98. |
| | | LT | | Amount Paid | The average amount paid per user of NH services dropped about 50% from 1996/97 to 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| VT | Claims | IP | Non-xover | Claim Count | The number of IP claims decreased in 1998 due to increased enrollment in managed care. |
| | | | Crossover | DX & Procs | Very few crossover claims had diagnosis or procedure codes. |
| | | | All | Adjustments | The percent of claims with standard adjustment sets is low because many sets did not fit into the state specific scenario and had limited information to use to create final bills. |
| | | IP,LT,OT | Crossover | Claim Count | The percent of crossover claims increases dramatically in 1998 when many non-crossovers were moved into managed care. |
| | | | LT | Diagnosis | There were very few claims with diagnosis codes in 1996-97. The percentage increased to 80% in 1998. |
| | | | | Claim Count | The number of LT crossover claims and the average Medicaid amount paid more than doubled between 1996/97 and 1998. |
| | | OT | Non-xover | Cap. Claims | There were capitation payment claims in 1996-97, but no managed care enrollment reported by the state in the MSIS files. About 37% of non-MC enrollees had capitation claims in 1997 and 18% in 1998. These may be PCCM capitation claims. |
| | | | Crossover | Claim Count | The number of OT crossover claims doubles in 1998 indicating a probable difference in the way the state coded crossover claims across years. The average Medicaid Amt paid on OT crossover claims also doubled in 1998. |
| | PSF | Eligibility | All | Recip. w/o Elig | VT reported claims for about 1,700-1,900 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1998. 23 SSNs were used in more than one record in 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| VT | PSF | Eligibility | All | Recip. Status | From 1996-97, 89% of the aged are reported to be recipients of services. In addition, 78% of adults are reported to be recipients of services in 1996. These proportions are somewhat lower than |
| | | | | Private H.I. | From 1/96-9/98, over one-third of monthly eligibles were reported to have private insurance, which seems unlikely. Only the data from 10/98-12/98, which show about 11% of monthly eligibles with private insurance, appear reliable. |
| | | | | Plan Codes | VT's PPHP data have problems for 1997 and 1998. No PPHP enrollment was reported in 1996, consistent with other CMS managed care data. However, 9/97-9/98, the majority of current eligibles are reported to be in PCCMs. Other CMS data for 1997-98 indicate no PCCMs in VT. Only the 10/98-12/98 PPHP data (>50,000/mo. in HIOs) are consistent with other CMS data. |
| | | | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 59% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. Probably as a result of expansions in eligibility, the number of EDB-confirmed crossovers increased by 10% from 1996-97 and then 6% from 1997-98, a much higher growth rate than other states. |
| | | | All | Unifm Elig Grps | From 1995 to 1996 mapping changes caused approximately 2,600 eligibles to move from uniform groups 31/32 to 21/22. Otherwise, the transition from 1995 is smooth. In SMRF 1996-98, MSIS correction records caused many enrollees to have interruptions in their monthly enrollment that were incorrect. As a result, person years of enrollment (PYE) are undercounted. This error also caused monthly enrollment data for 1996-98 to show quarterly seam effect problems. Enrollment always increases from the first month of a quarter to the third month. Then, there is a noticeable decline in the first month of |
| | | | | Cap. Claims | In 1996, 2% of non-managed care enrollees had capitation claims. This increased to 37% in 1997 and then dropped to 18% in 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------------|-----------|-------------|---|--|---|
| WA | Claims | IP | All | Procedures | WA does not report any procedure codes in the IP files. |
| | | | | Encounters | IP encounter data is included in the 1998 file. |
| | | LT | Non-xover | TOS | There aren't any claims with a type of service of Inpatient Psychiatric under 21. |
| | | | | Leave Days | Leave days are not reported in any of the claims. |
| | | | | Patient Status | The patient status of 'died' is never reported. |
| | | All | OT | Diagnosis | The state doesn't report diagnosis codes in their LT files. |
| | | | | Service Codes | Not all claims have service codes. Most of the claims with a service code indicator of HCPCS, do not contain service codes with the HCPCS format. |
| | | | | Waiver | WA did not submit claims for waiver services in the MSIS files. |
| | | Crossover | Service Codes | The crossover claims do not include service codes. | |
| | | | Claim Count | There is a 50% decrease in the number of OT crossover claims in 1998 compared to 1997. | |
| | All | RX | Serv. Codes | The state has multiple state defined service code systems. The same codes appear in more than one system with different definitions. The state used the same service code indicator for all state defined codes, making it difficult to determine what service was actually performed in some instances. | |
| Claim Count | | | There is a 25% increase in the number of drug claims between 1997 and 1998. | | |
| | PSF | Eligibility | | SSN | WA did not submit SSNs in the 1996-1998 MSIS files. They are only available from the 1999 MSIS files for October - December 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| WA | PSF | Eligibility | All | Unifm Elig Grps | From 1995 to 1996, some mapping changes caused shifts in enrollment by uniform group. Affected groups included: SSI disabled, poverty-related adults and AFDC adults. MPR also noticed two unusual patterns in the 1996 data. From 3/96-7/96, the number of foster care children doubled. Except for these 4 months, the monthly foster care enrollment level was steady at about 12,000 in 1996-98, suggesting researchers should investigate these 4 months before using 1996 foster care data. Two other months with abrupt enrollment changes include: 10/96 – uniform groups 14, 15; and 5/97 |
| | | | | Cap. Claims | 52-64% of the non-MC eligibles in 1996-98 have capitation claims, which probably relates to the reported MC enrollment problems. |
| | | | Crossover | Xover Status | Some unusual crossover patterns should be noted. First, because WA did not submit SSNs to MSIS/SMRF in 1996-1997, EDB confirmation of crossover status could not be undertaken. For 1996-97, we only have identification of crossovers according to MSIS. The number of EDB-confirmed crossovers in 1996 was 43% greater than the number of crossovers identified in SMRF 1995, suggesting crossovers may have been undercounted in 1995. In 1998, SSNs became available in October. Using SSNs for the last 3 months of 1998, EDB-confirmation showed a slightly lower number of crossovers than 1996-97. However, this could have been caused by the partial availability of SSNs during the year. In addition, throughout 1996-98, only 75-87% of the aged were identified as crossovers, a significantly lower proportion than expected. |
| | | | All | Plan Codes | Washington's PPHP data are problematic throughout 1996-98. To start, PPHP enrollment (of any type) never exceeds 30,000/month until 10/98 when it is 195,000/month. Other CMS managed care data suggest PPHP enrollment should have been about 700,000/month throughout this period (including 10/98-12/98). Second, the PPHP enrollment patterns that are reported prior to 10/98 are implausible. Each quarter, PPHP enrollment is highest in month 1, then halves in month 2, and then almost disappears in month 3. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|--|
| WA | PSF | Eligibility | All | Recip. w/o Elig | WA reported claims for about 25,000 persons in 1998 who did not have eligibility records (about 2% of total records). These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|----------------|--|
| WI | Claims | All | All | Encounters | There are not any encounter claims in the 1996-98 files. |
| | | IP | | Claim Count | The number of claims drops from 84,804 in 1996 to 59,580 in 1998. This is most likely due to the increase in managed care enrollment. |
| | | IP/FFS | Non-xover | Procedures | Approximately 75% of the claims in 1996-97 have invalid ICD-9 codes because there is an added leading character. There is only one 3 byte procedure code. |
| | | | | TOS | There are no claims with a Type of Service of Family Planning in |
| | | | Crossover | Revenue Codes | There aren't any Accommodation and Ancillary Charges and procedure codes. |
| | | OT/FFS | Non-xover | Procedures | There are very few procedure codes. |
| | | | | Transportation | There is a big increase in the percent of claims with a type of service of transportation from 1996-1997 and 1997 to 1998. |
| | | | All | Adjustments | The percent of standard adjustments drop from 100% in 1996-97 to 40% in 1998. |
| | | | Non-xover | Service Codes | Only about 5% of the claims in 1996-97 with a service code indicator of HCPCS have a service codes with a valid HCPCS format. That percent increases to 43% in 1998. |
| | | | All | Waivers | Individual claims for waiver services are not included in the file as they are processed by other agencies. |
| | PSF | Claims | Non-xover | Drug Expend. | The average expenditure for drugs tripled between 1996 and 1998. |
| | | | | IP Expenditure | The average expenditure for hospital stays went from \$5,384 in 1996 to \$9,937 in 1998. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|--|
| WI | PSF | Eligibility | All | Recip. w/o Elig | WI reported claims for about 9,000-18,000 persons each year in 1996-98 who did not have eligibility records. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Unifm Elig Grps | From 1995 to 1996, some mapping changes caused shifts in enrollment by uniform group. Affected groups included: AFDC-U, poverty-related children and adults, and other children and adults. MPR also noted unusual enrollment patterns in the 1997 data for children and adults. From 4/97 to 9/97, uniform groups 14/15 values declined while uniform groups 44/45 values increased by the same number. This trend began to reverse in 10/97, but was not stabilized until 3/98. This accounts in part for the annual declines in uniform groups 14-17 in 1997, and the increases in uniform groups 44-45. These declines in enrollment for uniform groups 14-17 are not consistent with AFDC/TANF administrative data. Enrollment in 1998 for uniform groups 14/15 appears to include both TANF and non-TANF 1931 eligibles. |
| | | | | Duplicate SSNs | From 1996-98, WI had from 3,035-5,587 SSNs used in more than one record. WI officials indicated 90% of these records could be unduplicated, and this problem primarily involves children who are assigned pseudo MSIS IDs (beginning with an 8) until a permanent ID is assigned. |
| | | | | Managed Care | PHP enrollment doesn't show up until October 1997. Some HMO enrollment prior to 10/98 is moved to Other Managed Care starting with 10/98. |
| | | | | Race/Ethnicity | 1996-98, over 40% were coded as "unknown." |
| | | | | Plan Codes | WI's overall MC numbers, particularly for HIO plans, are generally consistent with other CMS MC data. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|--------------|---|
| WI | PSF | Eligibility | Crossover | Xover Status | The number of EDB-confirmed crossovers in 1996 was 26% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers were probably undercounted in the 1995 data. |
| | | | All | Cap. Claims | About 3% of the non-MC eligibles in 1998 had capitation claims. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|-------|-----------|-------------|-------------|-----------------|---|
| WY | Claims | IP | Crossover | Procedures | None of the IP crossover claims have procedure codes. |
| | | | Non-xover | Family Planning | None of the 1996-97 IP claims have a type of service of family planning. |
| | | | | UB-92 Codes | Approximately 1/2 the claims do not have UB-92 Accommodation Charges. |
| | | | | Patient Status | Patient status is missing on most of the 1996-97 claims and many of the 1998 claims. |
| | | LT | | Diagnosis | None of the 1996-97 claims have diagnosis codes and very few of the 1998 claims have them. |
| | | | Crossover | | Only the claims from the 1999 MSIS files have diagnosis codes. |
| | | | All | Patient Status | Patient status is missing on most LT claims. |
| | | OT | Non-xover | Service Codes | Approximately 1/2 of the claims with a HCPCS Service Code indicator don't have service codes in HCPCS format. |
| | | | | | |
| | | PSF | Eligibility | All | Recip. Status |
| | Crossover | | | Xover Status | The number of EDB-confirmed crossovers in 1996 was 52% greater than the number of crossovers identified in SMRF 1995, suggesting that crossovers may have been undercounted in the 1995 data. |
| | All | | | Duplicate SSNs | There were minor problems of duplicate SSNs in the files for 1996-98. Between 15-29 SSNs were used in more than one record in 1996-98. |

| State | File Type | Record Type | X-Over Type | Measure | Issue |
|--------------|------------------|--------------------|--------------------|-----------------|---|
| WY | PSF | Eligibility | All | Unifm Elig Grps | Monthly enrollment data for 1996-98 showed quarterly seam effect problems. Enrollment always declined from the first month of a quarter to the third month. Then, there was a noticeable increase in the first month of the next quarter. In 1997 and 1998, more children and adults were reported in uniform groups 14-15 than received AFDC/TANF benefits. This may reflect use of 1931 provisions by |
| | | | | Plan Codes | WY did not report any MC users 1996-98. |
| | | | | Recip. w/o Elig | WY reported claims for about 1,700-2,200 persons each year in 1996-97 who did not have eligibility records. By 1998, the state had fewer than 400 ineligible recipients. These records do not have MSIS IDs or SSNs that link with the identifiers in the MSIS Eligibility files. |
| | | | | Length of Enrol | Preliminary tables showed that <40% of eligibles were enrolled 12 months each year in 1996-98, a lower than expected proportion. In addition, a table showing the distribution of eligibles by length of enrollment for the year, showed more enrollment at the 3, 6, and 9 month intervals than usually occurs. |