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MEDICAID ANALYTIC EXTRACT STATE CLAIMS ANOMALIES (2006)

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ABBREVIATIONS AND ACRONYMS IN THE ANOMALY REPORTS

Abbreviations

DIV	division
ID	identifier or identification number or Idaho
Pharm	pharmacy
Psych	psychiatric

Acronyms

ACF	Administration for Children and Families
AIDS	acquired immunodeficiency syndrome
BCCPTA	Breast and Cervical Cancer Prevention and Treatment Act
BHO	behavioral health organization
CADI	Community Alternatives for Disabled Individuals waiver
CDCE	Consumer Directed Care for the Elderly waiver
CIDC	chronically ill disabled children
CLTC	community long-term care
CMS	Centers for Medicare & Medicaid Services
COPES	community options program entry system
DME	durable medical equipment
DMO	disease management organization
DRG	diagnosis related group
DSCYF	Department of Services for Children, Youth, and Families
DSH	disproportionate share hospital
EDB	Medicare Enrollment Database
EPSDT	Early Periodic Screening, Diagnosis, and Treatment program
ER	emergency room
ERC	Enhanced Residential Care waiver
ESI	employer-sponsored insurance
FFS	fee-for-service
FFY	federal fiscal year
FIPS	Federal Information Processing Standards
FP	family planning
FPACT	Family Planning, Access, Care and Treatment program
FPL	federal poverty line
FQHC	Federally Qualified Health Center
FY	fiscal year
HCBS	home- and community-based care services
HCFA	Health Care Financing Administration

Acronyms	
HCPC	Health Care Common Procedure Code
HCPCS	Health Care Common Procedure Coding System
HH	home health
HIFA	Health Insurance Flexibility and Accountability
HIO	health insuring organization
HIPAA	Health Insurance Portability and Accountability Act
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndr
HMO	health maintenance organization
ICF/DD	intermediate care facility for people with developmental disabilitie
ICF/MR	intermediate care facility for the mentally retarded
ICN	internal claim number
IHS	Indian Health Service
IP	inpatient hospital claims file; inpatient
KFF	Kaiser Family Foundation
LT	institutionalized long-term care claims file
LTC	long-term care
MAX	Medicaid Analytic Extract
MAXTOS	MAX type of service
MC	managed care
MC+	Managed Care Plus waiver
MCCN	Managed Care Community Networks
M-CHIP	Medicaid Children's Health Insurance Program
MCO	managed care organization
MEDS-AD	Medicaid for Aged or Disabled waiver
MFP	Money Follows the Person program
MH	mental hospital
MH/MR	mental hospital for people with mental retardation
MMIS	Medicaid Management Information System
MR/DD	mental retardation/development disability
MR/RD	mental retardation/related disabilities
MSIS	Medicaid Statistical Information System
NDC	National Drug Code
NET	non-emergency transportation
NF	nursing facility
NHIC	National Heritage Insurance Company
OT	other, non-institutional claims file; occupational therapy
PACE	Program of All-Inclusive Care for the Elderly
PAHP	Prepaid Ambulatory Health Plans

Acronyms	
PCCM	primary care case management
PCN	primary care network
PEP	Physician's Enhanced Program
PHP	prepaid health plan
PIHP	prepaid inpatient health plan
PMAP+	Prepaid Medical Assistance Project Plus waiver
PSARR	Pre-admission Screening and Resident Review
PSF	MAX person summary file
PT/OT	physical therapy/occupational therapy
QI	Qualified Individuals
QI-1	Qualified Individuals 1
QI-2	Qualified Individuals 2
QMB	Qualified Medicare Beneficiary
RHC	Rural Health Clinic
RNIP	Relief to Needy Indian Person
RX	prescription drug claims file
SCAN	Senior Care Action Network
S-CHIP	state-financed State Children's Health Insurance Program
SEDS	CHIP Statistical Enrollment Data System
SIPP	Statewide Inpatient Psychiatric Program
SLF	supportive living facilities
SLMB	Specified Low-Income Medicare Beneficiary
SNF	skilled nursing facility
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
TANF	Temporary Assistance for Needy Families
TB	tuberculosis
TBI	traumatic brain injury
TCM	targeted case management
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
TMA	transitional medical assistance
TOS	type of service
TPL	Third-Party Liability
UB, UB92, UB-9	uniform billing form/code
UEG	uniform eligibility group
UHN	Universal Health Network
VHAP	Vermont Health Access Plan

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	All	All		Dual Eligibiles	Only people who are verified as also enrolled in Medicare are flagged as EDB Dual Eligibiles. People who are classified as dual eligibilies by the state who do not link with the EDB are considered as non-duals.
_ALL	All	All	Crossover	Medicaid Payment Amount	There are a variety of ways that the states reimburse providers for crossover services and also different ways of reporting them into MSIS. The decision was made not to contact all states to obtain their Medicare reimbursement methodologies so the quality of crossover reimbursement data in MAX has not been assessed.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	All	All		MSIS ID	States are supposed to submit all records in the MSIS files using a unique, permanent MSIS ID across record types and years. However for a variety of reasons this does not occur for some states. People whose MSIS ID from the claims don't link with the MSIS eligibility file may have an eligibility record, but it appears that they don't as a different MSIS ID is used in claims and eligibility. Cross reference files are requested from those states and the files for most states can be corrected. In MAX 2006 after the application of the cross reference files there were only 3 states that exceeded the 2% error tolerance level (% FFS claims that don't link to eligibility records). They are CA (2.9%), LA (4.5%) and WA (2.6%). Here are some of the reasons for the linkage problems; 1. States change processors who implement a new MSIS ID scheme; 2. MCO's don't always use the same Medicaid ID numbers as the state MMIS; 3. Claims administered by other departments like Mental Health sometimes use differed MSIS ID's; 4. SSN states assign a temporary ID until an enrollee obtains an SSN and they are supposed to submit a MSIS eligibility record that links the temp ID to the SSN, but sometimes fail to do so.; 6. A person may inadvertantly be assigned 2 different MSIS ID's, especially if there is a break in enrollment.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	All	All		Validation Tables	Some measures in the MAX validation tables are changed or added between years. This results in some measures being shown as missing and some changes in the values reported. It is important to note the changes in definition when doing cross year comparisons.
_ALL	Claims	All	Crossover		Crossover claims are missing many key data elements that are present on non-crossover claims. Procedure and service codes, UB-92 Revenue Codes, Quantity, and Place of Service are often not reported.
_ALL	Claims	All		Adjustment	Some claims cannot be properly adjusted as the source MSIS files do not include ICN which helps link the original claim with its adjustments. The ICN will be included in MSIS and this problem will be fixed starting in October 2008.
_ALL	Claims	All		All	Expenditures submitted by the states as Service Tracking claims (lump sum payments to providers for more than 1 person and multiple services) are not included in MAX as they cannot be linked to specific beneficiaries. For the most part, these expenditures are for DSH payments,cost settlements, etc. but they can also include adjustments, payments for waiver services, and capitation claims.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	All		CHIP	PSF records for people enrolled any time during the year in CHIP (M-CHIP or S-CHIP) are kept in the PSF. These records are identified using the CHIP Indicator codes. Some states included claims for S-CHIP services in the source MSIS files. They should not be included as they are not paid for by Title 19. These claims were excluded from MAX starting with MAX 2004. M-CHIP claims are included as they are for services paid for by Medicaid.
_ALL	Claims	All	Crossover	Crossover	The percent of crossover claims varies by state and over time due to changes in state rules for reimbursement methods for crossovers.
_ALL	Claims	All		Crossover/Dual Eligibles	There is a difference between the definition of dual eligibles and crossover claims (claims paid in part by Medicare). The PSF has the EDB verification of dual status added to the file. However, in the claims file, crossover claims are identified based on the values in the Medicare Coinsurance/Deductible fields. Dual eligibles can have non-crossover claims.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	All		Encounter Claims	Encounter claims in the source MSIS files have not been evaluated for completeness or data quality. Most states do not submit encounter claims for all services and often they do not submit any, even if they have people enrolled in managed care. The encounter claims reported by the few states that submit a large number of encounter claims cannot be relied upon to be complete or accurate without an independent evaluation. Encounter claims should not be used for any purpose at this time.
_ALL	Claims	All		Medicaid Payment Amount	Expenditures reported as Service Tracking claims are not included in MAX as they can not be attributed to specific persons for specific services.
_ALL	Claims	All		Medicaid Payment Amount	Claims with $0 Medicaid Amount Paid but with positive Medicare Coinsurance, Medicare Deductables, TPL or Patient Liability are included in the files. All other $0 Medicaid Amount paid claim are excluded.
_ALL	Claims	All	Crossover	Medicaid Payment Amount	The Medicaid Payment Amount on crossover claims is dependent on the state's methodology for reimbursing Medicare, which varies by state.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	All		Procedure Codes/ Type of Service	There were many state system changes to accommodate the implementation of HIPAA particularly during late 2002 and 2003. In some states, these have a noticeable impact on the MAX files (and source MSIS files). One of the biggest changes is the switch to using national service codes for most claims instead of a mix of national and state defined codes. This impacted the reporting of MAX TOS in some cases, as the national codes are not always as specific as the local codes.
_ALL	Claims	All		Program Type	Program type indicates certain special circumstances under which a claim was paid, included special Federal matching rates or coverage type. Values 6 and 7 identify services covered under home- and community-based care waivers (Section 1915(c) waivers), but the states did not always differentiate between values 6 and 7 so users should sum services with these values.
_ALL	Claims	All		Third Party Payment	Third Party Payment Amount is not reported on individual claims in some states depending on the TPL collection process. Some states are 'pay and chase' states, sometimes TPL collection is included in managed care contracts and some times it is not collected on an individual claim basis.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	All		Type of Claim	Changes within states in the level and type of managed care has an impact on the distribution and number of FFS claims. These changes are often most noticable in the TOS distributions. States with a high percentage of their enrollees in comprehensive managed care often show an unusual distribution of service use as the non-managed care enrollees often have quite different characteristics.
_ALL	Claims	IP		Covered Days	All claims for contiguous hospital days through the date of discharge are included in a stay record. Claims for new hospital stays that begin on the date of discharge from a previous stays are used to create a new stay record, even if the claims are for the same facility. This is because a person can be re-admitted to the same facility on the day of discharge. Some states submitted claims for additional payments for a hospital stay with the begin and ending dates of service the same as the discharge date. If these are submitted as original and not adjustment claims, there is no foolproof way to determine if they are additional payment for the old stay or a new stay. In the 1999 - 2000 MAX files, debits that are not reconciled as an adjustment set end up as separate hospital stays (except for IL 2000 that was corrected).
_ALL	Claims	IP		Delivery Indicator	The delivery indicators are set properly in the IP files. However until MAX 2006, the maternal delivery indicator in the PS file also included newborns.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	IP		MSIS ID	In some states, claims for care of the infant are filed under the mother's MSIS ID for the first few months of life.
_ALL	Claims	IP/LT/OT	Crossover	Crossover Claim Flag	During the MSIS Valids editing, a claim is flagged as a non-crossover if the Medicare Coinsurance & Deductible fields are 8-filled, otherwise it is flagged as a crossover. A few states erroneously 0-filled those fields on non-crossover claims resulting in the indicator being set to "crossover" in the early years of MSIS manditory submission.
_ALL	Claims	LT		Adjustments	Several states submit separate claims for services provided by long-term care facilities that are not part of the bundled rate. Some of these claims have an Adjustment Indicator of Debit.
_ALL	Claims	LT	Crossover	Crossover	Only a small number of crossover claims in the long-term care file is expected because once a person transitions from a Medicare Skilled Nursing Facility (SNF) to Medicaid, Medicare no longer is the first payer of services.
_ALL	Claims	LT		Days	The states use a variety of time periods for billing long term care services ranging from weekly to monthly and sometimes reflecting the actual time period with covered days. This means that the number of covered days per claim varies between and within states. Also, patient liability and third party liability (TPL) amount is not usually reported on all bills for less than a month and are only reported on one bill during the month.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	LT		Medicaid Payment Amount	There are a few claims in some states with negative LT days, coinsurance and deductibles, and leave days. Adjusted claims that resulted in a final bill with a negative Medicaid Payment Amount were deleted from the file, but single original claims with negative amounts remain in MAX.
_ALL	Claims	OT		Lab/Xray	Claims with procedure codes for lab or x-ray services are coded with the MAX Type of Service of Lab/X-ray, even if they were reported into MSIS with another type of service such as Physician or Clinic.
_ALL	Claims	OT		OPD/HH	There are fields in the MSIS OT file for both a service code and a UB-92 revenue code as often outpatient hospital and home health (HH) claims are billed on a UB-92. Some claims have either a service code or UB-92 code and a few states provide both.
_ALL	Claims	OT		Plan IDs	Plan ID's on capitation claims were inadvertantly 8-filled during the MAX processing due to an error in the historical software. It will be corrected in 2008.
_ALL	Claims	OT		Type of Claim	Supplemental payments to managed care plans (usually for maternal care) are included in the premium payment summary in the Person Summary tables.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	OT		Type of Service	States define Clinic Services (MAX TOS 12) in different ways, although most states include free-standing (non-hospital affiliated) ambulatory care centers such as ambulatory surgical centers, public health clinics, independent dialysis centers, multi-specialty group practices, FQHCs, and RHCs. Some include community mental health centers, although others report these services in Rehabilitation (MAX TOS 33). Users of MAX data will see large discrepancies in the rate of use of Clinic Services, and in the per user cost of such services, due to program differences and definitional differences.
_ALL	Claims	OT		Type of Service	Type of Service categories with only a few users can result in wide swings in expenditures from year to year.
_ALL	Claims	OT		Type of Service	The coding of Rehabilitation Services varies by state. It is an optional rather than a manditory service. Also some states report community mental services with a MSIS Type of Service of Rehabilitation.
_ALL	Claims	OT		Type of Service	MSIS TOS 19 is a catch-all 'Other' category, where states report a wide range of services. Many of these services are recoded to other MAX TOS codes. However, a substantial number of claims (including many waiver services) are still reported to MAX TOS 19 in many states.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	OT		Type of Service	The switch from local codes that described specific services to the HIPAA mandated national HCPCS codes starting in 2003 means that some services can no longer be identified in a specific type of service category and many of these services end up with a Type of Service code 19 (Other Services). The implementation dates varies by state. Also some states continue to maintain the old local codes in their system as well as the new national codes and are able to properly classify services.
_ALL	Claims	OT		Type of Service	As described in more detail in the data element dictionary, several MAX TOS -- lab/xray, durable medical equipment/supplies, residential care, psychiatric services, and adult day care -- differ from MSIS TOS categories that were reported by states. The original MSIS TOS is also available on each claim.
_ALL	Claims	OT		Types of Service	Claims submitted in the MSIS RX file without a valid NDC code are moved to the MAX OT file.
_ALL	Claims	RX		Medicaid Payment Amount	The Part D Medicare drug benefit was implemented in 2006 resulting in a large decrease in the number of drug claims and drug expenditures for dual eligibiles.
_ALL	Claims	RX		Medicare Coinsurance & Deductible	Medicare coinsurance and deductible are fields that exist in the MAX RX file. However, these data elements were not obtained from the MSIS claims file, thus, these fields are simply 0-filled and are currently considered to be fillers.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
_ALL	Claims	RX		NDC	Some states report compound drugs in the NDC field as "COMPOUND."
_ALL	Claims	RX		Prescribed Date	The Prescribed Date is not available in some states.
_ALL	Claims	RX		Prescribing Physician	The prescribing physician ID is not available in most states as it is not collected by the states.
_ALL	PSF	LT		Leave Days	Leave days vary by states as there are different state Medicaid rules concerning how many leave days are covered and under what circumstances.
_ALL	PSF	LT		LT Days	The long term care covered days fields are no longer capped at 365 days. Some states erroneously report days on claims for supplemental services as well as the bundled rate claim. Also, days paid for by the patient as Patient Liability may be included on the claim. The level of institutionalization can be reported more easily by using months of institutional long term care, rather than days.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
AK	Claims	IP		DRG	AK does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
AK	Claims	IP		Medicaid Payment Amount	The average Medicaid Payment Amount on IP hospital claims is higher than expected, but the state confirms that it is correct.
AK	Claims	IP		UB-92	About 20 percent of the IP claims are billed on the IHS (Indian Health Service) claim form rather than the UB-92 and therefore do not have UB-92 ancillary codes.
AK	Claims	LT	Crossover	Diagnosis	In 2006, AK started reporting diagnosis codes on crossover claims.
AK	Claims	LT		Medicaid Payment Amount	The average Medicaid Payment Amount per NF day is about two times higher than expected, but is consistent across years.
AK	Claims	LT		Type of Service	Relatively few Medicaid enrollees have NF claims because AK has a small elderly population and an active HCBS waiver program. They also have a state operated Pioneers Home System, not included in Medicaid, that provides services to many people who might otherwise be in NFs.
AK	Claims	OT		Procedure Codes	Claims with state-defined Procedure Codes are incorrectly reported with Procedure Code Indicator = 6 (HCPCS).

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
AK	Encounter	OT		Claim Count	AK does not have a managed care program but reports a small percentage of EPSDT claims as encounter claims due to the method of reimbursements.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
AL	Claims	IP	Crossover	Claim Count	A larger than expected percent of IP claims are flagged as crossovers.
AL	Claims	IP		DRG	AL does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
AL	Claims	IP		Managed Care	There are few non-crossover FFS claims in the IP files as people who are not enrolled in Medicare Part A are enrolled in an IP managed care plan. In addition, pregnant women are in a separately administered non-risk plan. Until 2008, the IP files contained the global prenatal/ delivery claims. At that time they were moved to the OT file.
AL	Claims	IP		Patient Status	Patient Status is missing on some claims due to global billing for deliveries.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
AR	Claims	IP		Diagnosis	AR reports a maximum of two Diagnosis Codes on IP claims.
AR	Claims	IP		DRG	AR does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
AR	Claims	LT		Patient Liability	The state does not report Patient Liability on LT claims.
AR	Claims	OT		Plan ID	1999-2007 the Plan ID numbers on capitation claims are different from the Plan ID's in the eligibility files. All PHP's in the eligibility file have the Plan ID = NET and in the claims they are all long numeric bytes (from the old system). This is to be corrected starting in 2010.
AR	Claims	OT		Program Type/ CLTC	There were some inconsistencies between reported Section 1915(c) waiver enrollment and service use in AR. About 20 percent of 1915(c) waiver enrollees had no waiver claims (Program Type 6 and 7) in 2006. Waiver expenditures may be underestimated.
AR	Claims	OT		Type of Claim	In 2002-2009, AR reported their transportation capitation claims as FFS.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
AZ	Claims	All		Managed Care	Most people are enrolled in managed care plans and more than half of the people not enrolled in managed care are in the IHS, so conclusions drawn from FFS data are inaccurate representations of Medicaid service use.
AZ	Claims	IP		UB-92	About one quarter of the claims are missing UB-92 Revenue Codes. These are IHS claims.
AZ	Claims	LT		Type of Service	There are no FFS non-crossover claims for Mental Hospital Services for the Aged or and very few for Inpatient Psychiatric Facility Services for Individuals Age 21 Years and Under, because AZ covers these services under managed care.
AZ	Claims	OT		Managed Care	AZ did not start including capitation claims for LT managed care until 2008.
AZ	Claims	OT		Program Type	There are no Federally Qualified Health Center (FQHC) claims because AZ doesn't have a FQHC program.
AZ	Claims	OT		Program Type/ CLTC	There are no FFS claims with a Program Type of Waiver Services because AZ covers HCBS under managed care.
AZ	Claims	OT		Type of Claim	Very large supplemental payment (Type of Claim 5) claims in AZ are for transplant reinsurance.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
CA	Claims	IP		Diagnosis	CA reports a maximum of two Diagnosis Codes on IP claims.
CA	Claims	IP		DRG	CA does not use DRGs for reimbursement, but rather a negotiated daily rate amount, and consequently does not report DRGs on its files.
CA	Claims	IP		Patient Status	The percent of claims with a patient status of "still a patient" is higher than expected because of the inclusion of Short/Doyle (psychiatric) and LA Waiver facilities.
CA	Claims	IP		Procedure Codes	The state only captures a maximum of two procedures in its claims processing system.
CA	Claims	IP		UB-92	Claims for Short/Doyle and LA Waiver facilities are not billed on the UB-92 forms and therefore are missing the UB-92 Revenue Codes.
CA	Claims	LT		Diagnosis	CA reports a maximum of two Diagnosis Codes on LT claims.
CA	Claims	LT		Patient Liability	The percent of claims with patient liability is lower than expected.
CA	Claims	OT		Dental Capitation	It often takes up to a year before dental capitation claims are finalized. The result is that the OT MAX file may not include all dental capitation payments.
CA	Claims	OT		Type of Service	CA claims include cases where the procedure code is of the form 99nnccc where nn=two digit code and ccc=three byte character. We corrected the algorithm in 2005 but the algorithm excluded some claims that shoud have been fixed. So, 2006 numbers are much higher than in 2005 for MSISTOS=19 claims.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
CA	Claims	RX		NDC	The NDC field is 8-filled for all 12 bytes on crossover drug claims as the NDC is unknown on these claims.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
CO	Claims	OT		Private Insurance	CO purchases private health insurance for some enrollees. The premium payments are reported with Type of Claim = 2 (capitated payment), Type of Service = 19 (Other).
CO	Claims	OT		Service Codes	Service codes are missing on home health (HH), Waiver, Hospice and outpatient hospital claims as they are billed on a UB-92 form.
CO	Claims	OT		Type of Service	Lab/X-ray claims have diagnosis codes as that is how they receive them from providers.
CO	Claims	OT		Types of Service	Expenditures for Residential Care services (MAX TOS 52) and Psychiatric Services (MAX TOS 53) declined by 14 and 44 percent, respectively, while those for Other Services (TOS 19) increased substantially. CO reports that TOS updates in their MSIS data began in 2005 and were ongoing in 2006.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
CT	Claims	IP		DRG	CT does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
CT	Claims	OT		Types of Service	Due to changes in the mapping of procedures to TOS, expenditures for Rehab (MAX TOS 33) and Hospice (MAX TOS 35) services appear to increase, and those for Adult Day Care (MAX TOS 54) and Other (MAX TOS 19) appear to decline, between 2005 and 2006.
CT	Claims	RX		Medicaid Payment Amount	The Medicaid expenditure per FFS Non-Dual user of drug claims is higher than other states.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
DC	Claims	IP		Length of Stay	The average length of stay is about 8 days which is higher than expected. The average amount paid is also higher. The District confirms it is correct.
DC	Claims	IP		UB-92 Codes	About 9 percent of the claims don't have UB-92 accommodation revenue codes due to bills for partial hospitalizations.
DC	Claims	IP/OT		Service Code Indicator	There are some claims with an incorrect Service Code Indicator value for the format of the service code.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
DE	Claims	IP		Bundled Claims	The state pays for bundled services for Services for Children, Youth and their Families (DSCYF) that include inpatient care. These claims do not have UB-92 revenue codes, patient status or "Admission Date."
DE	Claims	IP		DRG	DE does not use DRGs for inpatient care reimbursement and consequently does not report DRGs on its files.
DE	Claims	LT		Drugs	Some drugs are part of the LTC rate, so specific information on these drugs is not available.
DE	Claims	OT		Program Type	The files do not contain any claims with a Program Type of Rural Health Centers.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
FL	Claims	IP		DRG	FL does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
FL	Claims	LT		Admission Date/ Patient Status	Patient Status and Admission Date are missing on most claims.
FL	Claims	LT		Diagnosis	Diagnosis Codes are missing on almost all claims in the LT file.
FL	Claims	LT		Type of Service	There are no IP Psychiatric Services for Under 21 (MAX TOS 04) claims even though this is a service covered under FL's state plan.
FL	Claims	OT		Types of Service	State-identified Clinic claims (MSIS TOS=12) declined 24 percent (from $335 to $279 milion) between 2005 and 2006.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
GA	Claims	LT		Leave Days	Very few claims have Leave Days even though GA covers leave days in several circumstances.
GA	Claims	LT		Patient Liability	The percent of claims with Patient Liability is lower than expected.
GA	Claims	LT		Type of Service	There were no Mental Hospital Services for the Aged (MAX TOS 02) or Inpatient Psychiatric Facility Services for Individuals Age 21 Years and Under (MAX TOS 04) because GA does not cover these services under its state plan.
GA	Claims	OT		Capitation	Capitation payment claims for non-emergency transportation are not included in the OT file until FFY 2005. No PHP enrollment is reported in 2005 or 2006.
GA	Claims	OT		Type of Service	FFS expenditures declined by 14 percent (about $344 million), and capitation claims increased ninefold (by about $800 million), between 2005 and 2006 due to a managed care expansion implemented in June 2006. Enrollment in HMOs, primarily among children and adults, grew from 0 in May, to 440,000+ in June, to over 740,000 in December.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
HI	Claims	IP		DRG	HI does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
IA	Claims	IP		Program Type	There are no Family Planning (Program Type 2) claims in the IP file because they are billed separately on CMS 1500 forms.
IA	Claims	OT		Type of Service	There are no claims with a type of service of personal care services (PCS) (Type of Service 30) and Hospice.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
ID	Claims	IP		DRG	ID does not report DRGs and KFF reports that the state does not use DRG-based reimbursement for inpatient services.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
IL	Claims	LT		Patient Status	Patient Status is missing on all claims.
IL	Claims	OT		Program Type/ CLTC	There were some inconsistencies between reported Section 1915(c) waiver enrollment and service use in IL. About 31 percent of 1915(c) waiver enrollees had no waiver claims (Program Type 6 and 7) in 2006 (cause unknown). However, waiver expenditures are 15 percent higher than those reported in Form 64 for FY 2006.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
IN	Claims	LT		Type of Service	The number of NF claims increased in 2005 due to the inclusion of separate claims for non-bundled services.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
KS	Claims	LT		Covered Days	If the state does not pay for all covered days on a claim, the covered days field is not corrected on the claim, only the payment is changed for the approved number of covered days.
KS	Claims	LT		Medicaid Payment Amount	There is a higher percent of claims with $0 "Medicaid Amount Paid", due to the application of spend down. These claims are not included in MAX.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
KY	Claims	IP		DRG	KY does not report DRGs in the MSIS files although KFF reports that the state does use DRG-based reimbursement for inpatient services.
KY	Claims	LT		Program Type	KY reported all claims for people enrolled in waivers as waiver services, including non-waiver services. To correct this problem, starting in MAX 2006 any LT claim with a Program Type of 6 or 7 was changed to Program Type '0'. However, non-waiver services for waiver enrollee in the OT and RX files can not be identified and corrected.
KY	Claims	OT		Type of Service	The percentage of Home Health claims with Procedure Codes declined substantially between 2005 and 2006.
KY	Claims	OT		Type of Service	There are no Personal Care (MAX TOS 30) and few Rehab (MAX TOS 33) claims because KY does not cover personal care or mental health rehabilitation under its state plan and many waiver services are reported to Other (MAX TOS 19).

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
LA	Claims	All		All	Users of LA's 2005 and 2006 data should keep in mind Hurricane Katrina and the impact it had on services, billing ability, and provider and recipient movement in and out of the state.
LA	Claims	IP		DRG	LA does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
LA	Claims	IP		Procedure Code	The principal procedure code date is missing.
LA	Claims	LT		Admission Date	The Admission Date is missing on most records.
LA	Claims	OT		All	Beginning in 2003, the state began paying a fixed rate for FQHC and RHC services. They submitted summary claims for bundled services with total Medicaid Amount Paid but without detailed TOS.
LA	Claims	OT		Type of Service	There are no Residential Care, Adult Day Care or Residential Type of Service claims.
LA	Claims	OT		Types of Service	In 2006, the LA Legislature expanded the services that could be billed by nurses in the state, resulting in a large increase in nurse practitioner (MAX TOS 37) claims and a large decrease in nurse midwife services (MAX TOS 36).

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
MA	Claims	LT		Diagnosis	Diagnosis Codes are missing on almost all claims in the LT file.
MA	Claims	LT		Leave Days	No Leave Days are reported on the files although MA covers up to 35 days of leave per year.
MA	Claims	OT		Managed Care	PCCM payments are only made if there is actually a PCCM visit (2002-2006).
MA	Claims	OT		Place of Service	Place of Service is missing on many original, non-crossover claims. Most of these claims are Outpatient Hospital department claims (MAX TOS 11) or Lab and X-ray claims (MAX TOS 15).
MA	Claims	OT		Program Type	Most claims for children under age 21 are reported as EPSDT (MSIS Type of Program 1).
MA	Claims	OT		Program Type/ CLTC	Until 2007, MA included waiver claims in the files, but did not identify many of them as waiver claims (Program Type 6 or 7).

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
MD	Claims	All		Managed Care	Most Medicaid recipients are enrolled in the HealthChoice Program. The remaining enrollees tend to be either aged or disabled (many institutionalized). As a result, the distribution of MD's FFS claims may seem quite different from the distribution for other states.
MD	Claims	IP		DRG	MD does not use DRGs for reimbursement and consequently does not report DRGs on its files.
MD	Claims	IP		Medicaid Payment Amount	The IP file contains some claims from long term specialty hospitals. These claims are typically for a longer length of stay and as a result, sometimes a higher Medicaid Payment Amount.
MD	Claims	IP		UB-92	There are some per diem hospitals that do not report the UB-92 Revenue Codes because the claims are reimbursed on a daily rate.
MD	Claims	LT		Leave Days	MD does not report Leave Days on its files even though the state covers leave days in various circumstances.
MD	Claims	OT		Managed Care	The PHP capitation claims were submitted with a Type of Service of 20 (HMO) instead of 21 (PHP) until 2007. They can be identified by Plan ID.
MD	Claims	OT		Managed Care	The ratio of HMO capitation claims to person months of enrollment decreased between 2005 and 2006 indicating a possible under reporting of capitation claims.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
ME	Claims	All		All	Starting in January 2005, ME has not been able to submit complete, good quality MSIS IP, LT, or OT files as they do not have a functioning MMIS. This situation will probably not be remedied until 2010. They do submit RX files. The MAX files for ME 2005-2006 only include the RX claims and the PS files with only eligibility/ demographic information and RX summary information.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
MI	Claims	OT		Procedure Codes	There are no Procedure Codes or UB-92 Revenue Codes on outpatient hospital claims.
MI	Claims	OT		Program Type/ CLTC	Section 1915(c) waiver claims (Program Type 6 and 7) are substantially underestimated in MI. Almost half of 1915(c) waiver enrollees had no waiver claims in 2006 and 1915(c) expenditures were 80 percent lower than those reported in Form 64 data for FY 2006.
MI	Claims	OT		Type of Service	A change in the MAX TOS crosswalk resulted in a reallocation of some Hospice (MAX TOS 35) claims to Residential Care (MAX TOS 52), and about $6 million in Outpatient (MAX TOS 11) claims to Lab & X-ray, Prescription Drugs, DME and Psychiatric Services (MAX TOS 15, 16, 51, 53), between 2005 and 2006.
MI	Claims	OT		Types of Service	In 2006, 311K claims accounting for $6.3M with MSISTOS=11 were recoded to a MAXTOS=15, 16, 51, & 53 compared to 0 recoded in 2005. Whereas all MSISTOS=11 claims in 2005 only contained 8-filled procedure codes, more than 300,000 claims in 2006 contained valid procedure codes that allowed recoding of MSISTOS categories to MAXTOS categories.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
MN		OT		Program Type/ CLTC	Many Section 1915(b)(c) enrollees are erroneously reported to be enrolled in both Section 1915(b)(c) and Section 1915(c) waivers in the MAX PS file, and many enrollees have no waiver (Program Type 6 and 7) claims. The claims reporting is more reliable.
MN	Claims	LT		Covered Days	The ICF/MR days are missing on many ICF/MR claims.
MN	Claims	LT		Diagnosis	The Diagnosis Code is "00000" on many claims.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
MO	Claims	IP		Crossover	There is a drop in the number crossover IP claims in 2006 due to a legislative change restricting aged/disabled enrollment for duals to 85% of poverty.
MO	Claims	IP		DRG	MO does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
MO	Claims	OT		Procedure Codes	Outpatient hospital claims have Procedure Codes instead of UB-92 Revenue Codes.
MO	Claims	OT		Program Type/ CLTC	There are inconsistencies between reported Section 1915(c) waiver enrollment and service use in MO. About 91 percent of 1915(c) waiver enrollees had no waiver claims (Program Type 6 and 7) in 2006. However, HCBS expenditures (excluding CLTC codes 16-20) are only 6 percent lower than those reported in Form 64 (cause unknown).
MO	Claims	OT		Type of Service	There is a substantial decrease in claims for Physician services (MAX TOS 08) in 2006 probably due to the change in the percent poverty criteria for low income parents.
MO	Claims	RX		Prescribed Date	Prescribed Date is always missing.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
MS	Claims	IP		DRG	MS does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
MS	Claims	OT		Capitation	The state reports that they have been submitting capitation payments for disease management as service tracking claims starting with 2006.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
MT	Claims	LT	Crossover	Crossover	There are no crossover claims in the LT file. The state does not process long term facility claims as crossovers.
MT	Claims	LT		Patient Status	Patient Status is missing on most claims. MT says that only a few facilities ever report anything in the field, and that when something is reported it is almost always "unknown."
MT	Claims	LT		Third Party Payment	Third Party Payment Amount is typically combined with Patient Liability due to state system reporting.
MT	Claims	OT		Program Type/ CLTC	Expenditures for Section 1915(c) waiver claims (Program Type 6 and 7) are almost 70 percent lower than those reported in Form 64 for FY 2006 and may be substantially underestimated.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NC	Claims	All		Adjustments	There are very few adjustments as the state does most of their adjustments as cost settlements.
NC	Claims	IP		Adjustments	There are probably some duplicate claims in the file as a result of how adjustments were reported into MSIS. The state sometimes submitted the original claim and the resubmittal - coded as an original - without a void.
NC	Claims	OT		Type of Service	Some personal care services are reported as Other (MAX TOS 19) and some as Personal Care (MAX TOS 30). Researchers may want to use Procedure Codes to better identify personal care services in NC.
NC	Claims	OT		Types of Service	Between 2005 and 2006, expenditures for Psychiatric Services (MAX TOS 53) increased by about 60 percent, driven by increased usage of community psychiatric support services.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
ND	Claims	LT		Type of Service	Almost 40% of duals had institutional LTC claims in 2006, a higher percentage than in any other state.
ND	Claims	OT		Procedure Codes	ND has some state-defined Procedure Codes that are a single letter (e. g. M, L, E).

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NE	Claims	OT		Procedure Codes	In 2005, NE starting using a Procedure Code format 'NFxxxx', where xxxx=4 digit numeric, for claims paid through a state computer system called NFOCUS. The state's MR/DD and Aged & Disabled waivers, medical transportation, and personal assistance services are paid through this system.
NE	Claims	OT		Type of Service	Two big ticket items that were classified as MAXTOS=19 (Other services) in 2005 were moved to MAXTOS=52 (Residential) causing an increase of $17 million to the MAXTOS=52 category. Two others were moved to MAXTOS=54 (Adult Day Care) causing an increase of $37 million to the MAXTOS=54 bucket.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NH	Claims	LT		Adjustments	Many claims could not be properly adjusted because of how adjustment claims were submitted to MSIS. There are likely to be duplicates because only the original and replacement claims were reported and the voids were not included. Days are repeated on every claim, also overstating covered days.
NH	Claims	RX		Record Count	The New Hampshire MAX 2006 RX file released prior to September 2010 contains duplicated RX claims records. A corrected file was produced for use in September 2010. The correct RX file record count is 1,193,585.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NJ	Claims	OT/RX		Capitation	From 1999-2007, NJ reported the dispensing fees paid to pharmacies for LTC residents as individual PHP capitation claims rather than Service Tracking claims. They were lump sum payments made to pharmacies for multiple enrollees. This will be corrected in the MSIS 2008 Q1 and forward files. All PHP capitation claims during this time period are dispencing fees.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NM	Claims	IP		DRG	Approximately one-quarter of NM's IP claims correctly do not show DRGs. These include Indian Health Service (IHS) claims that are reimbursed on a per diem basis.
NM	Claims	IP		UB-92	Approximately one-quarter of the original, non-crossover claims do not have ancillary codes. These include IHS inpatient per diem claims.
NM	Claims	OT		Managed Care	In 2006, most BHO capitation claims were reported with a Type of Claim of HMO capitation. This was corrected in the MAX file using the Plan ID number (71006010)

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NV	Claims	IP		DRG	NV does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
NV	Claims	LT		Leave Days	There were only a few claims with Leave Days reported even though NV covers up to 24 leave days per year.
NV	Claims	OT		Revenue Codes	There are no revenue codes on outpatient hospital department claims. These claims do have service codes, however.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NY	Claims	IP		DRG	NY reports DRGs on only some of its IP claims. NY uses a DRG reimbursement methodology, except for certain psychiatric and rehabilitative service providers that are paid on a per diem basis.
NY	Claims	IP/OT		Type of Claim	NY reports Public Good Pool and Lombardi claims as supplemental claims (Type of Claim 5) in the IP and OT files because they represent payments over and above the standard FFS payments.
NY	Claims	IP/OT		UB-92	The NY State Medicaid program does not utilize the UB-92 Claim Form for Hospital Inpatient services nor the HCFA-1500 Claim Form for Hospital Outpatient services. Instead the state uses the EMC Version 4.0 or 5.0 and its own rate codes. Therefore, there are no UB-92 Revenue Codes on the IP or OT file (Outpatient Hospital Department claims).
NY	Claims	LT		Medicaid Payment Amount	The bundled NF rate includes maintenance drugs. Therefore, claims for these specific drugs are not available in the RX file and claims in the LT file have higher than expected expenditures.
NY	Claims	OT		Place of Service	The Place of Service of "home" is reported on about 40 percent of the OT claims. This corresponds to the number of claims for home health (MAX TOS 13) or personal care services (MAX TOS 30).
NY	Claims	OT		Procedure Codes	Many claims have local procedure codes, most of which are NY state specific rate codes.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
NY	Claims	OT		Program Type/ CLTC	Although 32 percent of 1915(c) waiver enrollees had no waiver claims in 2006, total HCBS expenditures (excluding CLTC codes 16-20) were within 2 percent of those reported in Form 64 for FY 2006. This could potentially be explained by over-reported waiver enrollment or under-identified waiver claims in MAX but the cause is unknown.
NY	Claims	RX		All	The bundled NF rate includes maintenance drugs. Therefore, claims for these specific drugs are not available in the RX file and claims in the LT file have higher than expected expenditures.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
OH	Claims	LT		Admission Date	Admission Date is missing.
OH	Claims	LT		Patient Status	Patient Status is missing on most claims, and accordingly, no one is reported as "died."
OH	Claims	OT		Program Type	There were some inconsistencies between reported Section 1915(c) waiver enrollment and service use in OH. About 20 percent of 1915(c) waiver enrollees had no waiver claims in 2005 (cause unknown).
OH	Claims	OT		Type of Service	There are no claims for Personal Care Services (MAX TOS 30) or TCM (MAX TOS 31).
OH	Claims	OT		Types of Service	Expenditures for Adult Day Care (MAX TOS 54) increased from $15 to $210 million between 2005 and 2006, driven by increased use of waiver-covered day habilitation. However, expenditures for Rehabilitation (MAX TOS 33) declined from $175 to $32 million, and those for Private Duty Nursing declined from $119 to $67 million during the same time period.
OH	Claims	RX		Days Supply	Days Supply is not reported.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
OK	Claims	IP		DRG	OK does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
OK	Claims	OT		Type of Claim	Some encounter claims have erroneous TOC of PHP (about 3% of PHP claims).

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
OR	Claims	IP		Patient Status	According to the state, there are no claims with a Patient Status of "still a patient' because claims aren't generated until the patient is discharged.
OR	Claims	LT		Patient Liability/ TPL	The Patient Liability field contains both third-party payment amount and patient liability. This cannot be corrected until OR's system is revised.
OR	Claims	OT		Types of Service	TOS=33 shows a drop of about 33% in 2006 vs. 2005.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
PA	Claims	IP		UB-92	Some IP claims are billed on non-UB92 claim forms and therefore are missing UB-92 Revenue Codes.
PA	Claims	OT		Capitation	Global payments to managed care plans for deliveries are billed as PHP capitation claims. This is a supplemental payment.
PA	Claims	OT	Crossover	Crossover	The number of crossover claims increased substantially in 2006 (cause unknown).
PA	Claims	OT		Diagnosis	The diagnosis code on some EPSDT screens is coded as "EPSDT."
PA	Claims	OT		Program Type/ CLTC	Section 1915(c) waiver claims (Program Type 6 and 7) are substantially underestimated in PA. Over half of 1915(c) waiver enrollees had no waiver claims in 2006.
PA	Claims	OT		Type of Service	There is a large increase in the number of claims reported with a Type of Service of Rehabilitation from 2005 to 2006. This is the result of CPT code 92507 now being coded by state into that Type of Service instead of into Type of Service of Physicial, Occupational, Speech and Hearing therapy. And also due to a increase in usage for HCPCS=T1016 that also maps into Rehabilitation.
PA	Claims	OT		UB-92	Most outpatient hospital claims do not have UB-92 Revenue Codes as they are not billed on a UB-92 form.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
RI		OT		Program Type/ CLTC	Section 1915(c) waiver claims (Program Type 6 and 7) are substantially underestimated in PA. Over half of 1915(c) waiver enrollees had no waiver claims and 1915(c) expenditures were 85 percent lower than those reported in Form 64 data for FY 2006.
RI	Claims	IP	Crossover	Crossover	An unusually large percentage of IP claims are crossover claims because most non-duals receive their inpatient care under a managed care arrangement.
RI	Claims	IP		Deliveries	There are about 3 times as many FFS claims for newborn deliveries as for material. This may be the result of managed care reimbursement for the mother only.
RI	Claims	IP		DRG	RI does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
RI	Claims	IP		Procedure Codes	Very few Procedure Codes are reported.
RI	Claims	IP		UB-92	RI included only one UB-92 Revenue Code on each claim. Most of claims have an accommodation code and a few have only an ancillary code.
RI	Claims	LT		Leave Days	No Leave Days are reported and RI does not specify coverage of leave days in its state plan.
RI	Claims	OT		Type of Service	There are no claims for Physical Therapy, Occupational Therapy, Speech Therapy and Hearing/Language Services (MAX TOS 34) because RI does not cover these services under its state plan.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
RI	Claims	OT		Types of Service	Claims for Psychiatric Services (MAX TOS 53) increased by 50% from about $108M to $162M, and claims for Residential Care (MAX TOS 52) decreased by 70% from $116M to $36M between 2005 and 2006. According to the state, these changes were associated with the implementation of national Procedure Codes in May 2006.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
SC		OT		Program Type/ CLTC	Section 1915(c) expenditures were 58 percent lower than those reported in Form 64 data for FY 2006. However, total HCBS expenditures (excluding CLTC codes 16-20) were within 2 percent of those reported in Form 64, suggesting that some waiver claims may be included but not identified by Program Type in MAX.
SC	Claims	IP		Medicaid Payment Amount	The state submits very large expenditures on Service Tracking claims. Since Service Tracking claims cannot be linked to individuals, they are not included in MAX.
SC	Claims	IP		Patient Status	There are no claims with a Patient Status of 'still a patient'. The state reports they do not bill for IP claims until discharge.
SC	Claims	LT		Admission Date/ Patient Status	The Admission Date and Patient Status are usually missing.
SC	Claims	LT		Diagnosis	Diagnosis Codes are reported only on claims for Inpatient Psychiatric Facility Services for Individuals Age 21 Years and Under (MAX TOS 04).
SC	Claims	LT		Leave Days	No Leave Days are reported although SC covers leave days in many different situations.
SC	Claims	LT		Patient Status	Patient Status is missing on most claims.
SC	Claims	RX		Prescribed Date	Prescribed Date is missing.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
SD		OT		Program Type/ CLTC	There were some inconsistencies between reported Section 1915(c) waiver enrollment and service use in SD. About 40 percent of 1915(c) waiver enrollees had no waiver claims in 2006 (cause unknown).
SD	Claims	All		Revenue Codes	Indian Health Service (Program Type 5) claims are often billed on forms that do not include UB-92 Revenue Codes.
SD	Claims	LT		Covered Days	IP covered days are missing on most claims for Inpatient Psychiatric Facility Services for Individuals Age 21 Years and Under (MAX TOS 04).
SD	Claims	LT		Diagnosis	Diagnosis Codes are missing on virtually all claims on the LT file.
SD	Claims	OT		UB-92	Indian Health Service (IHS) claims are billed on a UB-92, with a MAX TOS of 12 (Clinic). These claims have Revenue Codes, but do not have Procedure Codes.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
TN	Claims	All		Managed Care	In 2006, 2 BHOs returned to risk-based managed care. The remaining HMOs operated on a no-risk basis. Both the risk and non-risk managed care plans continue to submit capitation payments into MSIS but those for the non-risk plans were for administrative fees only and were deleted from MAX 2006 files. TN is phasing in the risk plans. PACE continued to be risk-based managed care.
TN	Claims	IP		DRG	TN does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
TN	Claims	OT		Managed Care	The HMO capitation claims that paid only administrative fees for non-risk HMO's were deleted from the MAX 2006 file.
TN	Claims	OT		Managed Care	In 2006, people enrolled in LT managed care are classified as PHP enrollees in the eligibility file, but since they receive comprehensive care, their capitation claims are reported as HMO claims (MAX TOS 20).
TN	Claims	OT		Medicaid Payment Amount	The state disenrolled more than 140,000 enrollees (about 8 percent of enrollees) and saw an associated decline in expenditures between June 2005 and June 2006.
TN	Claims	OT		Program Type	TN reports very few or no RHC and FQHC (Program Type 3 and 4) claims.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
TX	Claims	IP		Procedure Codes	Texas uses the following procedure codes: "MXXX" and "KXXX"; these are codes on the National Heritage Insurance Company (NHIC) Procedure Master File. NHIC previously used these codes for: MXXX: Medicaid prior approval; KXXX: Chronically Ill Disabled Children (CIDC) Inpatient Prior Authorization.
TX	Claims	LT		Patient Status	Patient Status is missing on most claims.
TX	Claims	OT		Place of Service	The Place of Service is missing or invalid on about 10-15 percent of the claims.
TX	Claims	OT		Transportaton	Capitation payments for transportation managed care are submitted as service tracking claims so are not in the MAX files.
TX	Claims	OT		Type of Claim	The $3 PCCM fee is included with any expenditures for medical services during the visit. The only PCCM capitation claims reported in MAX are those that are paid for case management only. The combination claims (PCCM + service) are assigned a TOS based on the type of medical service provided.
TX	Claims	OT		Type of Service	Expenditures for Transportation (MAX TOS 26) services increased by over 50 percent between 2005 and 2006, driven by airline costs.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
TX	Claims	OT		Type of Service	TX is an outlier in the high proportion of FFS Non-Duals using psych services (33%). However, these users' per person "Medicaid Amount Paid" for these services averages only $333, substantially below the national median of $1786. The high user proportion might be related to what populations are not covered under managed care.
TX	Claims	Sources		All	TX has a large number of state agencies responsible for the administration and processing of Medicaid claims for different parts of the program making it difficult for them to collect and report Medicaid services uniformly in MSIS.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
UT	Claims	IP		Patient Status	There are no claims with a Patient Status of "still a patient'.
UT	Claims	LT		Admission Date/ Patient Status	The Admission Date and Patient Status are missing on most institutional claims because UT does not retain the data on the input record.
UT	Claims	LT		Diagnosis	In MAX 2005-2007, 14% of the LT claims contain a Diagnosis Code whose first 2 characters are spaces. These are invalid diagnosis codes.
UT	Claims	OT		Capitation	There are no Primary Care Case Management (PCCM) capitation claims in the OT file as they are paid on a FFS basis as the service occurs. (1999-2003)
UT	Claims	OT		Managed Care	LT capitation claims are reported with TOS 20 (HMO capitation) because the plan provides comprehensive services.
UT	Claims	OT		Managed Care	In 2006-2007, UT reported BHO capitation claims as Service Tracking claims and they were therefore not included in MAX.
UT	Claims	OT		Type of Service	The number of TCM (MAX TOS 31) users dropped from 7,317 in 2005 to 150 in 2006 and expenditures declined from $16 million to $34K (cause unknown).
UT	Claims	OT		Type of Service	There is a large drop in TCM users between 2005 and 2006 along with a decline in the average TCM expenditure from $2,282 to $221.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
VA	Claims	IP		Covered Days	VA has a 21 day limit on adult IP care.
VA	Claims	IP		Crossover	An unusually large percentage of IP claims are crossover claims because most non-duals receive their inpatient care under a managed care arrangement.
VA	Claims	OT		Type of Service	Expenditures for Clinic (MAX TOS 12) services increased 72%, those for Psychiatric (MAX TOS 53) services increased 415 and those for Dental (MAX TOS 09) services doubled between 2005 and 2006.
VA	Claims	RX		NDC	VA does not have the capacity to use HCPCS inputs on pharmacy claims. Universal codes or '9' filled values are used for DMEs without NDCs. Pharmacy claims without NDCs can be compounds or other unidentifiable items.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
VT	Claims	All		Managed Care	In 2005, a new 1115 waiver in VT turned their federal Medicaid reimbursement into a block grant, giving the state the flexibility to modify Medicaid coverage and to pay for non-Medicaid health services. Although the state considers itself to be an MC organization under this waiver, since it pays providers on a FFS basis, services are not classifed as MC services in MSIS or MAX files.
VT	Claims	IP		DRG	VT does not use DRGs for inpatient care reimbursement (confirmed by KFF) and consequently does not report DRGs on its files.
VT	Claims	LT		Leave Days	Very few Leave days are reported in the file.
VT	Claims	OT		Diagnosis	The state system requires diagnosis codes on all claims regardless of TOS.
VT	Claims	OT		Managed Care	From 2004-2006, PCCM capitation payments were reported as Service Tracking claims and were therefore excluded from MAX.
VT	Claims	OT		Program Type/ CLTC	There is a very large decrease in expenditures for 1915(c) HCBS waiver claims (Program Type 6 and 7) between 2005 and 2006 because the state began covering HCBS under its 1115 Long-Term Care waiver.
VT	Claims	OT		Revenue Codes	The State has State-specific Revenue Codes for Home Health and Hospice Services.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
WA	Claims	LT		Diagnosis	Diagnosis Codes are missing on almost all claims in the LT file.
WA	Claims	OT		Adjustment	The state reported resubmitted claims as originals but included no voids so the file contains a small number of duplicated claims.
WA	Claims	OT		Capitation	Some records have a Type of Claim of encounter and MSIS Type of Service of HMO capitation. These appear to be encounter claims with the wrong MSIS TOS. This began in 2002 on a small scale and since them the numbers have increased (2002-2009).
WA	Claims	OT		Managed Care	From 2002-2006, all BHO capitation claims and some waiver claims were submitted to MSIS as Service Tracking claims and were therefore excluded from MAX.
WA	Claims	OT		Managed Care	The capitation payments made to managed care plans that use FQHCs do not include the FQHC supplemental payments. These were erroneously reported with a Type of Claim of Supplemental in 2004-2006.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
WA	Claims	OT		Program Type/ CLTC	There are 7 agencies that administer waiver claims that have had difficulty reporting them as individual claims in MSIS, in which case they are not included in MAX. WA data did not include any individual waiver claims until 2003. Starting in 2003, the following agencies have been submitting individual claims: 13 Division of Alcohol and Substance Abuse, 14 Aging, and 16 Children's Administration and probably 17 Juvenile Rehabilitation Administration. Agency 11-Division of Developmental Disability submits a combination of individual claims and Service Tracking claims. Finally, waiver data from the following agencies have never been included in MAX: 12 Mental Health Disabled, 15-Economic Services Administration. WA is converting to a new system in January 2010 and is planning to improve their ability to report individual claims during the following 18 months.
WA	Claims	OT		Types of Service	Revised procedure coding resulted in reallocation of claims for the COPES demonstration to Residential Care (MAX TOS 52) in 2006.
WA	Claims	RX		Type of Service	Drugs provided under a bundled rate for people who are institutionalized are not separately reported in the RX file, resulting in the under-reporting of drugs.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
WI	Claims	OT		Date of Service	WI changes the date of service on capitation claims to match the date of payment since HMO capitation claims are made prospectively and their system won't allow payment for a service before it is rendered. This means that if a capitation payment for April is made in March, the dates of service will be changed to March resulting in the payments always being one month prior to the managed care enrollment. Also, this results in adjustments not linking to the original claims by date of payment.
WI	Claims	OT		Diagnosis	The state system requires diagnosis codes on all claims regardless of TOS.
WI	Claims	OT		Managed Care	The PHP capitation rate is very high as it is used to cover managed care services for aged and disabled beneficiaries.
WI	Claims	OT		Managed Care	The average paid on Primary Care Case Management (PCCM) capitation claims is very high as they include some other services.
WI	Claims	OT		Place of Service	The Place of Service of ER is under-reported because it is only picked up using UB-92 revenue codes. The state plans a system change to pick up ER for all ER services.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
WI	Claims	OT		Type of Service	Some procedure code indicator values are incorrect. Procedure codes 71110, 71111, 71120, 71130 have service indicators of both 01 and 99. Because these procedure codes can be either national or local codes, the procedure indicators should be a combination of national values and something between 10 and 87 (local). However, the codes are all mapped to either 01 or 99. This makes it impossible to distinguish the national values from the local values.
WI	Claims	OT		UB-92	UB-92 code 1 occurs on many outpatient hospital claims as the state uses it for rate reimbursement.
WI	Claims	RX		NDC	Prior authorization drugs are coded with "88888888888".

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
WV	Claims	All		Managed Care	The number of FFS claims declined in 2006 as a result of an increase in HMO enrollment.
WV	Claims	IP		Delivery - Newborn	In accounting for services for newborn deliveries, the state appears to have created temporary ids that look like month/year values, in the form 000000000YYYYMM often (but not always) corresponding to the admission date or the service begin date, instead of using the mother's id. This has resulted in claims belonging to different newborns as being attributed to the same beneficiary.
WV	Claims	IP	Crossover	UB-92	Starting in MAX 2006 most crossover IP claims starting reporting UB-04 rather than UB-92 Revenue Codes.

MAX 2006 State Claims Anomalies

State	File Type	Record Type	Crossover Status	Measure	Issue
WY	Claims	IP		DRG	WY does not use DRGs for inpatient hospital reimbursement and DRGs are therefore not included on the files.
WY	Claims	OT		Managed Care	Wyoming has no managed care and therefore no capitation claims.
WY	Claims	OT		Types of Service	Expenditures for Outpatient hospital (MAX TOS 11) services doubled from $18M to $40M between 2005 and 2006.